

**VET CENTERS AND THE VETERANS HEALTH
ADMINISTRATION: OPPORTUNITIES AND
CHALLENGES**

FIELD HEARING
BEFORE THE
SUBCOMMITTEE ON HEALTH
OF THE
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
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VET CENTERS AND THE VETERANS HEALTH ADMINISTRATION: OPPORTUNITIES AND CHALLENGES

THURSDAY, APRIL 5, 2012

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

The Subcommittee met, pursuant to notice, at 2:24 p.m., at the American Legion Hall, 1001 South Santa Cruz Avenue, Modesto, California, Hon. Jeff Denham, a Member of the Committee presiding.

Present: Representatives Denham and McNerney.

OPENING STATEMENT OF HON JEFF DENHAM, ACTING CHAIRMAN

Mr. DENHAM. Thank you, Commander. The House Committee on Veterans Affairs Subcommittee on Health will come to order.

Good afternoon and thank you for being here today. It's certainly good to be home and have great weather here. Before we begin, I'd like to read a short statement from my friend and colleague Ann Marie Buerkle from Syracuse, New York. She's the Chairwoman on the Subcommittee on Health and she intended to be here today, but unfortunately, because of a personal family medical situation, she had to cancel at the last minute. Her statement reads: "I sincerely regret that I'm unable to be with you and my colleagues Jeff and Jerry this afternoon to discuss the importance of Vet Centers and learn more about how they are being used and ways in which services can be improved.

"Vet Centers are a vital homefront support system for our veterans and their families; a place where they can connect with their peers and give voice to their concerns as they go about the business of making a successful transition to community life.

"Your Congressman Jeff Denham is a valuable asset for veterans of the California Central Valley and across the country. It's an honor for me to sit alongside him on the Subcommittee on Health. I look forward to hearing from him about your discussion today and how we can best work together to insure a better future for America's veterans and their families.

I wish all in attendance today the best and appreciate your taking the time to come. To all those who served our Nation in uniform I thank you for your brave and loyal service to our country."

Though I wish the Chairwoman could be here with us in Modesto today, I'm proud to be joined by fellow Committee Member, and fellow California, Congressman McNerney. Mr. McNerney represents our neighbors in the nearby 11th District and I'm glad he's able to be here to share in our discussion this afternoon.

Most importantly, I'm delighted that you're all here, It's an immense honor to represent you and all the citizens of California's 19th District. I'm grateful you took the time out of your busy schedules to meet with us today and bring Congress actually home here to Modesto.

I was proud to serve in the United States Air Force both on active-duty and as a member of the Air Force Reserves for 16 years. During that time, some of which I spent in combat in Desert Storm and Somalia, I became intimately familiar with the service and sacrifices of those who volunteered to serve our Nation in battle. And the tremendous respect I have for my fellow veterans is something I have carried with me since my own days in uniform.

Last October I once again returned to the combat theater, this time as a Member of the Congressional delegation to Afghanistan. In the next two years, several hundred thousand of our servicemembers will return home from overseas. And what I saw on that trip makes it clear more than ever we must be vigilant about safeguarding the health and mental well-being of our servicemembers and veterans. In that endeavor we have perhaps no greater tool than VA Vet Centers.

The Vet Center program was established in 1979 to help Vietnam veterans who faced a Department of Veterans Affairs that was in many ways unprepared to respond to their transition needs. For these veterans and for those of every conflict since, Vet Centers have provided confidential, community-based readjustment counseling and referral services with an emphasis on peer-to-peer interaction. Free from the necessarily more bureaucratic structure of other VA programs and services, the Vet Centers have helped many who have otherwise fallen through the cracks.

As your representative, I've heard time and time again from veterans of families in our community about the important work being done in Central Valley's Vet Centers. We will hear from four such veterans today. We will also hear from individuals who worked at the local VA Vet Centers, VA Medical Centers, and County Veteran Service Officers. They work day-in and day-out to provide our veteran neighbors and their families with the supportive services they need to live healthy and productive lives.

Last fall I introduced H.R. 3245, the Efficient Service for Veterans Act, a bill to streamline the bureaucratic process for veterans of Vet Centers by allowing Vet Centers access to electronic records of servicemen and women. This legislation will be a focus of a Subcommittee on Health legislative hearing when Congress returns from recess on April 16th.

Today, we will discuss the services provided to our veterans and families in Vet Centers including recent initiatives to expand services to active-duty servicemembers and the immediate family of returning veterans. We will also evaluate the role of such centers within the larger VA health care center.

A field hearing is a chance for the Subcommittee to really hear and understand the reality of the situation on the ground and for that purpose I could not be more pleased with the witnesses that have agreed to testify here today. Both the veterans and the professional staff on these two panels have insights across the spectrum of the VA and Vet Center program and I look forward to their testimony.

Before I yield to Mr. McNerney for his opening statement, I'd like to take a moment to recognize all the veterans in the room with us today.

[Applause.]

Mr. DENHAM. Thank you for your service.

Again, I thank you all for joining us here this afternoon. Now I'd like to recognize Mr. McNerney for any opening remarks he may have.

[THE PREPARED STATEMENT OF HON. JEFF DENHAM, ACTING CHAIRMAN APPEARS IN THE APPENDIX]

OPENING STATEMENT OF HON. JERRY McNERNEY

Mr. McNERNEY. Thank you, Mr. Denham. I'd also like to thank you for serving our great country. You said it was 16 years. That deserves a lot of praise. Also, thank you for serving with me on the Veterans Committee.

You may not realize it, but the Department of Veteran's Affairs is the second largest department in Washington and the work of the Veterans Committee is very important in terms of providing services for our veterans, making sure the VA is doing what it's been tasked to do, and making sure that the money is well spent. It's good work and I appreciate the service of my colleague Mr. Denham.

I want to thank the American Legion Post 74 for hosting this event today.

I also want to thank our witnesses for coming today. It's not easy to come in front of a Congressional Committee, so thank you for your sacrifice as soldiers and for your sacrifice today personally.

I know the issues pertinent to health care and benefits at the Department of Veterans Affairs are of utmost importance to you as they are to all of us.

On a personal note, as Ranking Member of the Subcommittee on Disability Assistance Memorial Affairs—which has oversight over VA's compensation, pension, and other benefits—it's a special privilege for me to participate in this hearing so close to my home and to our homes. It's an honor to be able to address the issues facing veterans in the Central Valley and across the country, and I'm glad the Committee is hearing directly from veterans and service officers in our area. When I'm home in California, I frequently hear about the difficulties many veterans experience when transitioning to civilian life.

Today we are here to discuss the Vet Centers. The benefits that they have provided to our veterans and the important and growing role they will have in helping veterans who are recently returning from service. These centers provide an alternative environment outside of the regular VA systems for a broad range of counselling,

outreach and referral services. Most importantly, Vet Centers provide an environment in which veterans can speak openly to other veterans about their experiences.

There are approximately 300 Vet Centers across the country. We are here today to determine how Vet Centers can continue to fulfill their unique and critical role within the VA continuum of care with a specific focus on readjustment counselling services provided at these facilities.

Vet Centers have expanded the services offered and as a result their workload continues to increase. This trend will likely persist as returning servicemembers, veterans and their families deal with everything from mild readjustment issues to serious health and mental health challenges.

Mental health care is at the forefront of our agenda and for good reason. Of the veterans from recent conflicts who have had access to VA health care, more than 50 percent have displayed mental health issues, including post-traumatic stress, substance abuse and mood disorders. Veterans' mental health conditions not only affect them, but also have a significant impact on their families. The VA has made some progress addressing the mental health needs of returning heroes, but far more needs to be done especially for their families.

A bill that I supported last Congress, the Caregivers and Veterans Omnibus Health Services Act, required the VA to establish a program to provide mental health services and readjustment counselling to veterans, their families, as well as the members of the National Guard and Reserve.

I've been concerned that the VA has not made sufficient progress in implementing these provisions. I'm working with a bipartisan group of my colleagues on this Committee to make sure that the VA is meeting its obligations under the law. I will continue fighting for implementation of this program so that the needs of our Nation's veterans are met. Each generation of veterans has its own unique challenges. It is important that Vet Centers are prepared to meet the needs of our new veterans and their families while still caring for those from previous conflicts.

I look forward to hearing from our witnesses on, first of all, how we can maintain and improve services provided by the Vet Centers; progress being made for full implementation of the Caregivers and Veterans Omnibus Health Services Act; if we have appropriate facilities and staffing; what role other resources within our communities should play to help veterans and improve care; and what we should do to strengthen the invaluable peer-to-peer group counseling available through Vet Centers.

We must all work together to ensure our veterans receive the care they deserve. One veteran falling through the crack is too many and we've seen too many fall through the cracks.

I'm glad the Committee is here today to learn about the specific issues affecting veterans in the San Joaquin Valley.

I'd like to thank everybody for attending today. This is a great turn out. It shows the community is interested in veterans affairs and engaged and this is exactly what we need to see.

Thank you, Mr. Denham. I yield back.

[THE PREPARED STATEMENT OF HON. JERRY MCNERNEY APPEARS IN THE APPENDIX]

Mr. DENHAM. I would agree we all need to work together and we are. And in that same vein not only Members of Congress, but certainly Federal and state government and I do want to recognize that while this is a congressional hearing, there are staff Members for Senator Berryhill—Assembly Member Berryhill and Assembly Member Olsen in attendance. We appreciate you being here today as well.

Now I'd like to invite our first panel to the witness table. With us today is Mr. Bruce Thiesen, the past National Commander of the American Legion Parliament of California.

Also joining us is Mr. Chris Lambert from Citrus Heights. Mr. Lambert is a Marine veteran of the Vietnam War and three-time recipient of the Purple Heart.

Mr. Ryan Lundebly, is a U.S. Army Ranger and Purple Heart recipient who served six tours in Iraqi Freedom.

And Mr. Phillip White, a Marine wounded warrior and a veteran of Iraqi Freedom. Both from right here in Modesto.

Mr. DENHAM. Gentlemen, I am so grateful to each of you for taking time out of your busy lives to be here with us this afternoon to share your stories and expertise. And most importantly, for your honorable service to our Nation in uniform. It's an honor to have you testify before our Subcommittee today. I'm looking forward to all of your comments and, Bruce, if you'll start.

STATEMENTS OF BRUCE THIESEN, VETERAN, FRESNO, CALIFORNIA; RYAN LUNDEBY, VETERAN, MODESTO, CA; PHILLIP WHITE, VETERAN, MODESTO, CALIFORNIA; AND CHRIS LAMBERT, VETERAN, CITRUS HEIGHTS, CALIFORNIA

STATEMENT OF BRUCE THIESEN

Mr. THIESEN. Thank you, Congressman McNerney and Congressman Denham.

It gives me great pleasure to be here to represent the American Legion and the Subcommittee as well. The American Legion's views on the Department of Veterans Affairs readjustment counseling service.

From 1969 to 1979 congressional hearings were held which identified the presence of readjustment difficulties in some veterans returning from duty during the Vietnam era. In 1979 Congress passed legislation that required the Department of Veterans Affairs to provide readjustment counselling to eligible combat veterans.

In response to this legislation the Department of Veterans Affairs Health Administration established a nationwide system of community-based programs separate from the Veterans Affairs Medical Centers. The separation was based partially on the premise that many Vietnam era veterans were so distrustful and suspicious of government institutions that they would not go to a Veteran's Administration Medical Center for care.

In 1981 the Veterans Health Administration initiated the new organizational element, the readjustment counselling service, to administer the Vet Centers and the provisions of readjustment counselling.

In April of 1991, in response to the Persian Gulf War, Congress extended the eligibility to veterans who served during other periods of armed hostilities after the Vietnam era.

On April 1st, 2003, the Secretary of Veterans Affairs extended eligibility for Vet Center services to veterans of Operation Enduring Freedom, and on June 25th, 2003, to veterans of Operation Iraqi Freedom and subsequent operations within the Global War on Terrorism. Family members of all veterans are eligible for Vet Center counselling, including marriage and family counselling.

On August 5th, 2003, the Secretary of Veterans Affairs authorized Vet Centers to furnish bereavement counselling services to surviving parents, spouses, children and siblings of servicemembers who had been killed while serving on active-duty, including federally activated Reserve and National Guard personnel.

Vet Centers assist war-zone veterans and their families through various services, including psychological counselling and psychotherapy, individually and in groups; screening and treatment for post-traumatic stress disorder, commonly known as PTSD; substance abuse screening and counselling; employment and education counselling; bereavement counselling; military sexual trauma, MST counselling; marital and family counselling; referrals through the VA benefits, community agencies and substance abuse.

Over 40,000 veterans were counseled for PTSD at Vet Centers and approximately 4,000 clients were seen for other clinical issues, according to the Office of Health Information and information request results.

Readjustment counselling services offered at Vet Centers are not part of the VA medical benefits. Meaning they don't have to apply for benefits to receive services at a Vet Center. To be eligible for readjustment services you must have the qualifying periods and combat theaters including: World War II, the three eligible categories are European, African, Middle Eastern Campaign Medal from December 7th, '41 to November 8th, 1945; Asiatic Pacific Campaign Medal from December 7th, 1941 to March 2nd, 1946; the American Campaign Medal, December 7th, 1941 to March 2nd, 1946; American Merchant Marines in oceangoing service during the period of armed conflicts; Korean War, June 27th, 1950 to July 27th, 1954, (eligible for Korean Service Medal); Vietnam War, February 28th, 1961 to May 7th, 1975; Lebanon, August 25th, 1982 to February 26th, 1984; Grenada, October 23rd, 1983 to November 21st, 1983; Panama, December 20th, 1989 to January 31st, 1990; Persian Gulf, August 2nd, 1990 to a date yet to be determined; Somalia, September 17th, 1992 to a date yet to be determined; Operation Joint Endeavor, Operation Joint Guard and Operation Joint Forces; Global War on Terrorism—veterans who serve or have served in the military expeditions to September 11th, 2001, and before a date yet to be determined, campaigns include Operation Enduring Freedom and Operation Iraqi Freedom.

Family members may receive bereavement service if a loved one died in the line of duty, though the death need not be combat related. Service may have been in peacetime or wartime. Family members of persons who died while in Reserve or National Guard training also qualify.

As part of the January 3rd, 2011, Department of Defense Integrated Mental Health Strategy, eligibility will be expanded to include active-duty servicemembers who served in Operation Enduring Iraqi Freedom, including members of the National Guard and Reserve who were on active-duty for readjustment counselling and other services through readjustment counselling services. The VA's Mobile Vet Center program expansion to increase access for active-duty servicemembers, National Guard and Reserve member families and veterans in rural areas who are geographically distant from existing programs.

The concerns, initially Vet Centers allowed veterans to receive peer-to-peer counselling—as you stated in the opening remarks, Congressman Denham—counselling from readjustment counselors who offered personal experiences, giving the counselors the ability to relate to the veterans' daily struggles. However, as time passed, many Vet Centers were unable to keep up with the increased amount of clients and were unable to hire strictly veterans counselors. An emphasis should be placed on hiring Operation Enduring Freedom and Operation Iraqi Freedom and Operation New Dawn veterans.

According to the 2009 American Legion System Worth Saving report on Vet Centers, there is a growing need for increased funds within the Vet Center to address staffing and facility needs. Many rural areas have Vet Centers serving as many as 23 counties due to the large geographical areas they serve.

Vet Centers currently offer counselling services for military sexual trauma for male and female veterans. However, it is not noted in any of the VA literature that veterans may receive counselling for military sexual trauma if it's not incurred in a combat zone.

Recommendations: The American Legion recommends that the VA expand its Vet Centers to the most rural areas to address the access of care and concerns of veterans living in the most rural areas. The American Legion also recommends that the VA allow compensation benefits. Information to be disseminated to all transition and access points to include Vet Centers so that all veterans are aware of all benefits that they may be eligible for. Funds should be directed towards more holistic treatments for those veterans who are counseled for PTSD to include Yoga and horseback riding. The VA should update its literature to include information directing male and female veterans who are victims of military sexual trauma that counselling services are available even if the incident did not occur in a combat zone.

Mr. DENHAM. Mr. Thiesen, I want to ask you to wrap it up so we can include all of our witnesses. I'll just remind all witnesses that your written testimony will be included in the Congressional Record for all the Veterans Committee when we get back to D.C.

Mr. THIESEN. The VA should recognize how precious an asset combat veterans are to the Vet Centers, especially those who successfully managed—that successfully managed their PTSD and are willing to share their experience with other veterans. The VA should establish a training program that recognizes this experience as being equivalent and transferrable for those veterans seeking a required education to become a peer-to-peer readjustment counselor.

The American Legion recommends that readjustment counselling services conduct a needs assessment to ensure proper staffing (psychiatrist and psychologist, licensed medical and social workers and ancillary staff).

I do feel that these Vet Centers are a necessity in counties like we serve here, like one Vet Center probably in the Modesto area, in many mountain areas—there are residents in the mountains. As Secretary of Veterans Affairs in the State of California, we held a stand down in Grass Valley. The first one that was ever held. Out of 105 veterans that served that came in, because this was a local and isolated area out of the hills of the mountain country, 95 percent of those veterans had never had any VA medical care at all and were brought in and qualified for eligibility in a VA Medical Center. It shows how drastically we need Vet Centers in all the rural areas to serve the many veterans in the state, not only in the State of California, but across this country.

Thank you and I'll take questions later.

[THE PREPARED STATEMENT OF MR. THEISEN APPEARS IN THE APPENDIX]

Mr. DENHAM. Thank you.

STATEMENT OF RYAN LUNDEBY

Mr. LUNDEBY. Sir, I got a Purple Heart. My name is Ryan. I served in the Army Reserve National Guard. Finally found a home on active-duty as an Airborne Ranger. I was with C-Co, Charlie Company, 3rd Ranger Battalion 75th Ranger Regiment as far as special operations. I served in Iraq, Afghanistan, got out of the military in a hurry just as quick as I got into it. I had a great time.

I had found out about the Vet Center through my good friend Randall Reyes, a student here. When I got out of the Army I didn't know anything about the Vet Centers. I had no idea what my benefits were. No one really took the four days to tell me what it was. It was just kind of like pushing you through the door like a rotary door.

What's great about the Vet Center is all it took was my DE 314, your combat vet. They took me in. I wasn't married at the time. Although my wife and I had been together dating, living together for three years, we were seen for marital counselling because I had problems communicating. Little fights turned into big fights. I was blowing up at every awesome thing like that.

With counselling now I can communicate with smaller problems that de-escalate situations and don't turn into such a big deal. If it wasn't for the Vet Center I don't think I would be as happily married to my best friend today.

Another big thing, the most common correlation on suicides is that the victim feels alone, isolated, and that's why I think Vet Centers can come in with knowing that it's purely confidential or no servicemember is going to go and seek help. Once they get to that point where they know they want to end their life, they don't think it's worth going to because they are afraid of chain of command coming down on him and not being confidential. That's the big advantage the Vet Center has is that they can see active-duty

military and it's completely confidential and so hopefully they find a friend and find somebody to help them out.

We're losing too many vets. Over 58,000 servicemembers beyond Vietnam, I'm sure times two committed suicide after getting home. What is more, less than one percent of Americans—less than one percent of Americans serve in the military and about one percent of those people serve in combat, so we're talking a tenth of a percent of citizens have served to defend our freedoms and I don't get it how other people say health care costs so much. We can't be spending that money.

I risked my life, five deployments. I said send me, I'll go. I'll do it. Went to Iraq three times. Went to Afghanistan twice. And I wasn't the norm for my unit. That's about all I can talk about in the military because the stuff is still classified.

The burden of our society rests on such few shoulders and who are we to say that we're not going to turn people away. We're not going to have Vet Centers open. So I just really hope with your help that we can go off Mr. Thiesen, off what he said about not enough servicemembers getting help, being aware of the Vet Centers out there, and what they can do for me. If it wasn't for my friend Randall Reyes bumping into me, being the outreach counselor he is, pulling me into the Vet Center saying let's hang out. I would never know, one, they existed; two, what services they offered; and three, I definitely wouldn't be happily married today with my best friend Mary who is here today. It's just a great thing. I'm really happy that I could receive help from the Vet Center.

Thank you for having me here today.

[THE PREPARED STATEMENT OF MR. LUNDEBY APPEARS IN THE APPENDIX]

Mr. DENHAM. Thank you, Mr. Lundeby.
Mr. White.

STATEMENT OF PHILLIP WHITE

Mr. WHITE. First, I would like to thank my wife who is sitting next to his best friend and my father's here for support as well. There's a few people in the crowd, Carol Hebenstreich. She's a big part of getting my life back. And Derrick McDaniels (phonetic) who is somewhere out there. He's one of my heroes as well.

I got a chance to meet Mr. Lambert and Mr. Lundeby and I haven't had a chance to meet Mr. Thiesen. These guys are my heroes, what they've had to go through to get here. I'll try to read this and make it as quick as possible. I have read it because of the emotions that will go through me as I talk about my experience with the Vet Centers and the VHA.

Thanks to the Chairwoman and Congressman for the invitation. I'm here today to talk about how we can better veterans benefits. Not to argue politics, the fine panel in front of me was elected to do so by the people. Today the media and many other issues of the day are surrounded in pettiness. We owe a debt to the men and women who gave some and especially those that gave all. To start to pay that debt, it's time we take arguments to a place of relevance. I'm proud to say Veterans is one of those places as well as Social Security, Medicare and the freedom of speech.

We are seeing veterans and active-duty under tremendous strain. This can be evidenced by the growing unemployment and homelessness among our vets. Not too long ago in Afghanistan, staff Sergeant Bales acted unmercifully in a way that could only be described as a travesty. My family's prayers are with all the Afghanistan people and the family of Mr. Bales. Unfortunately, incidents like these—I'm sorry, incidents like these should not be fuel for having to be punished. Rather it should be an eye-opening moment that Congress should do more to lessen the burden off of our vets. There are more veterans than just active-duty that are acting out in these ways. There are veterans who have succumbed to the trauma and acted violently. As a Nation we must do more to help veterans who are facing these traumas.

The first thing vets have been telling me when I ask them how do we fix this, veterans on the GI Bill have lost their break pay and had it taken from them. This is where in between waiting semesters they lose their lifeline and money. To triple the trauma of these heroes, the economy is in the gutter. Veteran unemployment is two to three times the level of normal unemployment depending on areas. This loss of income is putting terrible strain on the families lives of vets. Taking what should be a safe haven called home and turning it into a conducive environment of failure. Vet Centers do a great job of raising awareness, how to manage the strain within the home. There is only so much that can be done with counseling and at this point it is on Congress to do the right thing and restore what was taken. After all, this is what we had paid into.

Upon returning from Iraq in 2003, I was given 90 days to get out of the military or resign a contract. The shame I felt from my time overseas, I knew four more years was not an option for me. My DD214 did not have my OIF/OEF, my Iraq campaign, on it. This was because the person in charge did not see a need for it. I tried to get them to change it and they said they would have to extend my contract to do it.

Another cause for concern is they asked if I was having difficulty sleeping or adjusting back. My answer was simply yes. Once again, they said they would have to put me on medical hold. I had so much shame that I did not want to stick around the Marine Corps and have my head messed with, so I changed my mind immediately and told them I was fine and the DD214 did not matter and left.

This is a perfect example why our combat should be screened on the way out by an independent agency. This could be a perfect fit for the mission of the Vet Centers across America. The Vet Centers could be a crucial factor in having success in the transition. They could identify problems and conduct follow-up at their local Vet Centers once the veterans reach a final destination called home. This would be—this would help the veteran identify where he or she could go in time of need and highlight what the government does well and increasing the resource—an increase of resources in this department is a must, to filter through the weekly reports and logistically process every veteran resource will be the key.

I'll be done with this real soon.

My experience with the local Vet Center is that they are masters with doing a whole lot with very little. They accomplish this mission with great relationships with programs such as Rivers of Re-

covery, Boots and Saddles, and many more. I myself have been part of Rivers of Recovery and spent a day with Boots and Saddles. ROR has an outstanding mission that can have a life-altering experience. Dan Cook, the founder, is a different kind of human being. His compassion towards vets is hard to match. My first day on the river he had just been given a new fly rod that was designed for fishing with one arm. He spent the whole day using his teeth and one arm. The other was behind his back, literally. I asked Dan, "Why the one arm?" His response was a typical Dan response, "Not all combat vets have two." The cost of this experience is pretty close to nothing. The veteran only needs to provide a ride to the airport.

This is another thing that the Vet Center can take ownership of with the proper resources. Many returning and older vets have many disabilities that do not give them the ability to drive. Transportation to events would open the door for all vets to discover that they are not alone and people care.

The Vet Center and ROR have forged a great relationship and without the Vet Center I do not know if ROR would be a great part of my life today.

The restrictions on the Vet Centers should be eased. The mobile Vet Centers should be reinstated in full, swag and all. Recreational therapy should be funded and pushed through the Vet Centers. Access to the VHA system has too many avenues. This would be a great thing, but they do not communicate. There are too many ill-prepared avenues. This should be an easy, painless process that takes minutes. Veterans are experiencing wait times as long as seven months.

The VA is currently expanding in Stockton which is a head scratcher because we cannot fully staff what we have now. There needs to be a committee that can explore, discuss, and reveal where this process can be fixed and streamlined. The experience that you receive at a VA hospital or Vet Center right now is sub par at best. It's time we take every dollar spent and make it effective. This will also allow a reality check to see if the increase is necessary. At the very least it will help us identify the issues to make sure that every veteran has a chance of success upon his return from combat or service life today. Also the income restrictions will stop veterans from getting their care they deserve.

And to wrap it up, today's environment is a fiscal mess and it's unprecedented. I do not have the answers of how to accomplish all the increases and I will leave that to you. I can say it's easier to get on welfare than it is to get veterans benefits. This seems backwards, but obviously I am biased in my opinion. I can only say that I'm grateful for everything that I have. The veterans that are returning now are in grave trouble. The same system is in place with two, possibly three times the veterans, so I thank you for your time and look forward to future talks and the questions.

Thank you.

[THE PREPARED STATEMENT OF MR. WHITE APPEARS IN THE APPENDIX]

Mr. DENHAM. Thank you, Mr. White.

STATEMENT OF CHRIS LAMBERT

Mr. LAMBERT. Congressman, if you guys don't think I'm not going to say my wife is my best friend, she is right behind me, too. You don't know that Vietnam vets have three wives.

Congressman, Chris Lambert. Hopefully I'll be able to—you know, if America could see the life, you two gentlemen's lives, and the sacrifices you make on airplanes going back to D.C. and living out of suitcases and how often you really see your friends and family, they'd have probably a different opinion of that job. You have to vote on one of those votes, that there's no right or wrong, you have to take the lesser of two evils.

Hopefully when I finish—I don't want to see that red light. When I finish you'll have an idea of what the veteran goes through. Something that was—I'm also the son of a combat wounded Marine. I watched my dad spend 40 years wrenching in pain and when he died, he really died for the war. And he died with the quality of life that he didn't have to sacrifice.

When I was told I was going to be on this panel, I asked the VA if I could take some pictures to show the trip, how difficult it is to navigate that system over there and the first person in public relations said yes, no problem. The other thing I hear, you can't do that.

The VA system is a great system. I'm not here to knock any system. I'm just saying as a combat vet when you've got PTSD that place is terrible for some of vets, and I've got a guy behind me that spent 13 months in the hospital getting an amputation, just the smell of alcohol triggers some stuff in Baghdad that he doesn't need to have triggered.

So when they wouldn't tell me how hard it is to get to the VA, I want to tell you exactly what happens. You walk through the Veteran's Administration at Mather. I volunteer there three days a week in the chaplain's office. If you're there after 8:30, you're not going to get a parking place. They are trying to rectify that. Right now it's a mess.

To be a vet walking in you approximately will cover eight football fields. You'll go down 10 breezeways. You'll be in five hospital hallways, two trailers, two ramps. You'll make fifteen 90-degree turns and then you'll get to a building that has big signs that says "mental health." In fact, I saw a DAV—Jaime's (phonetic) here from DAV. If I sent you to his office, I would tell you to go around the cafeteria, go to the dippy dumpster that looks like you're done, turn left and go about 15, 16 yards up a ramp and then turn. It's absolutely crazy.

When you get to the window, unless you're 51/50 triaged, the best shot you've got is about 35 days out. Two years ago when I had the golf cart in the garage and Bud Light was a great handicap, finally after all these years the war started tearing me up. I did exactly what my dad did. I sat in the chair and I didn't shave. I didn't move. And my wife took me to the VA. When I walked in they said three weeks. At 60 years old one of the best salesmen you'll ever meet said, okay, and I walked away. Then she got tough. She got up and said, "He's seeing somebody today, now." Since then I've done a lot of work. I've been sober 31 years so I'm pretty familiar with that system.

I brought a board that I use now with the younger vets that's over there. We don't have time to cover it all now. That shows a 17-year-old class president. Less than a year later he's killed more people than you ever want to see die. He's been wounded three times. If somebody doesn't—wants to know what a vet goes through, and the pain, that the Vet Centers can provide for us because they get it from us. You've got a couple of those, Dr. Keenan and Lovely (phonetics) at Citrus Heights that I've done my work with, they can walk point for me any time. You've got Al Lawson and his crew, some of the Ph.D.'s later. They hear what we need and this is medicine. It isn't pills. It's my soul. It's my heart.

The biggest pain that I can tell you about on December—excuse me, on March 31st, 1968, what was left of (inaudible). There were 45 Marines, 12 Army. When they dropped it off, we thought they were really in (inaudible) they were going to give us a break. Our outfit was wiped out in the city just a few months before. We thought it was really neat. Man, there's a river we can swim in. They gave us plenty of food and my platoon sergeant said they are carrying too much ammo, something is wrong. For the first time—I can appreciate this. For the first time in my life in Vietnam I took my boots off because I had jungle rot. That night we got hit with—I walked point all the time I was there and I was proud of it. When I woke up to put my boots on, somebody else was in my place. He took two steps and got blown completely apart. The same round took out the rest of my fighting team. They were inside a wire. And we had to keep fighting and some of us were hit again, but when I got home it wasn't the men I killed. It was the guy that died in my place that didn't—and without these Vet Centers where we're not treated like a second class citizen, we'll have a lot of hope for these guys are doing multiple tours.

The kid I was talking about, Anthony Cheek. I rode down to the wounded warriors session with him. I was in the truck he was traveling in, in a big truck down on the freeway, two miles down the road and immediately he made a lane change and scared the dog side out of me. A little bit farther down the road there was a brown paper bag beside the road and another vicious lane change. He says a lot of things are going on in this world we don't know how to even deal with.

This DSM-IV—I was given this yesterday. There's not one thing in this book they use at the VA to diagnosis what our problem is. Right now you're dealing with a 12-week cookie cutter. The therapy session was actually made for women going through trauma. The paperwork wasn't changed for the vets. There's nothing in here about killing. My whole statement is that at the Vet Centers the men and the women that run them listen to our needs. They provide a safe place for our pain and then they hear and change their treatment modalities. There is a group of men whose therapy was over 10 years ago at Citrus Heights. They still meet weekly for breakfast. We will have a team. We died for each other.

Thank you, Congressmen. We'll find a way to provide an empire and a staff to work at something that in Washington that says they are going to fix us in 12 weeks, then we have a chance.

Thank you.

[THE PREPARED STATEMENT OF MR. LAMBERT APPEARS IN THE APPENDIX]

Mr. DENHAM. I want to thank you all for your testimony today. I know that many of these things are not easy to talk about, but talking about them is what's going to help us to fix the problem.

Let me start with Mr. White.

How did you first find the Vet Center? Walk me through the experiences you had just starting off.

Mr. WHITE. About three and a half years ago, some of the injuries that I had taken when I was in the service, the alcohol abuse, the—I had destroyed every relationship and I had someone say to me over at the CBSO—and I had no idea what it was. I couldn't walk any more and I just couldn't suck it up any more. And made an appointment, took me five weeks to get in to—she was like my hero today, Carolyn Hebenstreich, I'm sitting in the chair. I really had nothing left. She did all the paperwork for me. She said it all looks great. She bent over backwards to make sure I could be in the clinic in weeks. She couldn't make it any faster.

Then I went over to the Vet Center and I finally got to talk to someone. It's so hard to explain to you how hard it is to come back and there's so little there for us. Sat in Derrick's office and found out that he was in my unit about a year after I was and he took an IED and he's talking about the pain he went through and then told me that I wasn't—I was normal. Ever since I spent time—I met my wife. She's been a blessing and I almost ruined that a couple of times. There's just so much pain, just so much loss.

There's so much—but the Vet Center does a really good job with relationships and Rivers of Recovery, and Boots and Saddles, and there's people that care. There's just not a lot of words for it. They literally kick your ass out of the military and say fend for yourselves. There's nothing there.

I had 90 days to get out. That means I had 90 days to establish a job. I had to find what I was going to do with my life. I got back from Iraq and it was like a daze. There was no transitional. There was no—I remember TAPS. They had a TAPS program, but I wasn't sober enough to pay attention. So I sat in the office and my life has been changed since. I spend a lot of time with veterans now and they just don't know what's out there for them. Sorry I took so long to answer.

Mr. DENHAM. Thank you. Take your time.

Mr. Thiesen, has the American Legion studied the benefits of holistic counselling? And do you believe that they could be effective, perhaps—more effective than traditional methods?

Mr. THIESEN. It depends on the situation, but I do feel the American Legion has studied. They are in and out of the VA system continuously, annually, I should say in different areas. They work very close with the Vet Centers in the states that have them and the provisions and the care that was given in that area. It's something that's new that I think that needs to be addressed.

Mr. DENHAM. Given the level of veteran unemployment that we have right now, nationally we're above eight percent unemployment. Veterans are about 12.2 percent, and here in the Central Valley, you are close to 20 percent unemployment. Veteran community unemployment goes up exponentially.

Do you know why the VA has had difficulty hiring more veteran counselors for Vet Centers?

Mr. THIESEN. Probably like some of the private practice. The veterans—sometimes—I don't want to say that. In fact, I know for a fact as I look at some of the graphs (inaudible). You've got these admitted young men and women who are in the National Guard Reserve today who are trying to get a job, but there's no stability in their position and their local area. And I think that's what the employer in the private sector is afraid of. How long are they going to be with them before somebody deploys them? They need to come back and they can get a job in six months or a year, at least they can find themselves established because there's a lot of experience in these young men and women who are serving in today's military. I think that that needs to be addressed. Don't be afraid to hire a vet because you don't know how stable he is going to be in your particular area.

Mr. DENHAM. Thank you. My time is expired. Mr. McNerney.

Mr. MCNERNEY. Thank you. Well, your testimony we heard was pretty compelling, to say the least. One of the things that's clear to me is the value of Vet Centers. It's not those giant institutions. It's a place that's personal where a person can go in and get service. That's important for someone—like Mr. Lambert. He hasn't been there. Going into the VA was just a monumental trauma itself. Going into the Vet Center, it really is accessible. It's helpful.

So what I'd like to concentrate on is how do we make sure that that service is available to more and more veterans. We're going to have a lot of veterans coming home as we draw down from Iraq and Afghanistan. We have to have these services. They are absolutely essential.

One of the things I was surprised, Mr. Lundeby, was that you just left the service in 2010; is that right?

Mr. LUNDEBY. Yes, sir.

Mr. MCNERNEY. By 2010, the Department of Defense was supposed to have programs to let people who are leaving the armed services know what services are out there. It sounds like from your experiences that just didn't happen; is that right.

Mr. LUNDEBY. Well, I was really blessed. I got into the Ranger Regiments as special operations, so unlike—Phil is 90 days. We have an exemption. I had 30 days just because it's an awesome unit. I wouldn't trade it for the world. But like I said, I was just—everything that he went through with this DD214 is hundred percent true. No one gives up on anything. It's like get out of here, get out of here. I was just blessed that my chain of command, everyone wanted to be there and cared about me.

But nowhere in the TAP corps or anything like that, that said—basically the TAP force was a huge waste of my time. It was how to write a resume. I didn't need that. What there should be instead of no—let's see, join the Army at 17, you get out at 20, 21 or let's say join a couple of years later, you're still the same rambunctious guy. No one stationed at Fort Benning, Georgia, about 90 miles south of Atlanta cares that you're going to need a resume. I just want to go home, see my family and friends.

What they need to have is a 10-day or a 15-day or something mandatory that, all right, you're out of the military. That's good.

Now report to your local Vet Center. Make your contacts. Get in with a group of guys that want to care about you as a person. You're not just like, I'm unemployed working on Fort Benning. I'm going to be in my office from 10:00 to 10:30, take lunch, come back from 2:00 to 2:15 and then good luck trying to sign out of the military. It was harder to get out of the military than it was to get in it. I was running around like a chicken with my head cut off trying to get people to sign off. I had to go to an elementary school to get a paper signed that my kids are checked out of school. I don't have any kids. That's how ridiculous it was.

Instead of how to build a resume class, some job most vets are never going to have, they really do need to just hand them a pamphlet, here, go to a Vet Center. Meet a core group of guys that care about your well-being. Been there, done that. And I'm two years out of the military now. Here's how I am helping Phil. Here's what we can do for you. The TAP class, that's why special operations we only had 30 days minimum.

I was in Iraq—excuse me, I was in Afghanistan 32 days before I got out of the military. Came home, shoved all my stuff in cardboard boxes, threw it on the U-haul truck. Grabbed my fiance at the time. We got engaged before my last trip to Afghanistan because if I died, I accepted the fact I could die any second, not a big deal, but I wanted her to know how I felt, and so that was my mentality, death, whatever, I want my future wife to know how I feel.

Literally packed my stuff in a U-haul truck, went to the two-second TAP classes, learned how to write a resume, like a 16-year-old kid taking high school classes. It was a huge waste of time and I didn't know anything about the Vet Centers. If it wasn't for Randall Reyes bumping into me at a local gun store, hey, man, you should come hang out with us. We're going to have fun. So eventually I went and started hanging out with him and became friends with him one on one, had our own relationship. Otherwise, I would have never gone to a Vet Center. I would have never admitted that I needed help. I would never have—Airborne Ranger, I don't need help. But without it I wouldn't have my wife right there.

The arguments we got into over a blender in the sink. I'm talking about smashing picture frames, this guy, and not learning how to express myself and deal with the small stuff before the next big stuff. It really made a world of difference and that's why I'm so passionate, so upset is because how I found out about the Vet Center. It's just one in a million chance bumping into Randall.

Mr. MCNERNEY. Is that the typical experience as far as you all on the panel know; Word of mouth is how you hear about Vet Centers?

Mr. LAMBERT. The Vet Center at Citrus Heights I think is the fastest growing Vet Center in this region which is supposedly the largest region in the United States, but it's all word of mouth.

Mr. MCNERNEY. The VA tells me that they can't advertise. But statutes I've seen say they can advertise. It's up to us to make it clear to the Secretary that he needs to reach out more than he's done on this issue.

Another question I have is do they provide—adequate services to your families or—because they are the ones that are shouldering the burden. You guys have been through combat. You've been

through hell, but the families, they are the ones that are shoring the long-term burden of having to help you through this.

Mr. LAMBERT. Right now they are trying to get involved in that. There's virtually nothing right now for the families and you're right. It's a tremendous problem. The collateral damage—one day I can be really sweet to my wife and the next day I can destroy a blender.

In my case a few years back there was nothing left of my kitchen. Nothing. I wasn't drunk. I went into a rage and there are triggers and I'm second generation and my son was a combat soldier also. And he heard the same thing—it's really tragic. He heard the same thing that I heard, that my dad heard, from our wives. You're not the same person. All three of us were divorced within a year from returning from combat.

By the way, my grandson made a present for both of you guys I want you to know.

Mr. MCNERNEY. I've gone over my time.

Mr. DENHAM. Mr. Lambert, I certainly think that it's a different time right now when there's an increased awareness of PTSD and at least making an attempt, while still need to be greatly improved, to address PTSD for those that are returning. But I don't see the same attempt for those that are carrying on the lifetime burden of the effects of the war.

I just wanted to know if you could just share some more of your experience on mental trauma for how that can persist over a lifetime and how you deal with that differently than those that are just experiencing PTSD?

Mr. LAMBERT. I was really fortunate. My fourth wife, actually my best friend. She is number four. Forty-two different jobs of which I was in business for myself for 25 years. Drunk driving and rage, physical altercations like a 16-year-old in high school. I didn't know how to deal with my rage. To be honest with you, I'm just learning now. At one time it became money, another time it became power.

The awareness is here. You're absolutely right, Congressman. Congressman, you hit a great point. The VA tells you that they are not supposed to advertise. Well, the paper that I got said that Vet Centers are part of the VA. We're not asking to advertise. If I walk up to the window and I want to see a shrink because I want to kill somebody and you tell me I'm 21 days out, but you go down to Citrus Heights and see a Ph.D. in an hour, give me a break.

The one thing I have found—I worked as a volunteer there three days a week. I've probably lost that job being here and saying what I said.

Mr. MCNERNEY. We'll put in a good word for you.

Mr. LAMBERT. That doesn't work. Someone ought to take pictures. The VA, this sounds terrible, but if you want something to happen there, don't go there Friday afternoon at four o'clock. If you want to find some real solutions and you walk in and that's your boss and I'm asking you a question, because I'm the Congressman, right, and you're going to say, what's keeping him off your table. It's brutal that we get so caught up over there and when I say we, I'm not involved. I don't pay nothing, right. \$5.99 lunch for eight hours' work. You do the math.

Everybody gets caught up and forgets the vets, right. It's really funny; one-tenth of one percent, so looking at it from a business point of view we understand. Right. If I'm going to talk to one percent and I have 99 other patients, I really have to focus on them. The problem is that PTSD is such a multifaceted—the kids pay the price. The wives pay the price. Ultimately we pay the price. It's fathers, grandfathers. It's multifaceted. The whole family pays the price.

My grandmother told me when I left in January of '68 for Vietnam, she leaned over the table, she said, "Chris junior, don't you dare come back and let that war change you like it did your dad."

And I beg you to look at those pictures over there and see how much I did change in 11 months. We had solutions if you Congressmen can get these facilitators one on one behind closed doors and listen to those solutions. We've got some great programs and we know how to fight for each other. Right then, when this guy was getting emotional and he gets to 62 and finds out getting emotional is okay now. I had to reach out to him. I learned that 47 years ago on these little—Marine Corps duty. We'll protect each other if you give us the (inaudible.)

Mr. DENHAM. Let me ask the question slightly different. There seems to be a greater awareness now of PTSD. Those that are returning home today if there is an incident, then at least there are some areas that you can go out and seek help. I think the military men and women that are leaving active-duty have a greater awareness that PTSD is real and there may be a problem and they may be able to recognize that and have a greater awareness to realize they have a problem and need to seek help.

I don't know that there was that same belief from my aunt and uncle and my grandparents, many members of other generations that could use that same type of help today knowing that it's PTSD now, but not realizing in the past.

My question to you is, your generation—I don't want to refer to you as being older.

Mr. LAMBERT. It's okay. When you get older it doesn't make any difference.

Mr. DENHAM. When you win an election they don't teach you how to be politically correct. I was trying to choose my words wisely.

I want to make sure those that are out there that are realizing at a later age that they've got a lifetime issue and are seeking help.

Do you think there's that same type of awareness of PTSD? And how do we make others aware?

I think we are doing our best to work in bipartisan fashion to address today's problem, to make sure we don't make any more mistakes, that those that are getting off of active-duty today and coming back home, that we're trying to change the system so that we don't repeat the mistakes in the past.

With that being said, we know there's a huge problem that's out there, how do we address today's problem for the future?

Mr. LAMBERT. Well, I need to read you a paragraph. This is a couple of years ago. I found this on the Internet. This is a man in that picture over there that has a beret on. He was medivac'd with me. I found this on the Internet and I almost ended up in the funny farm.

“The following is a letter I wrote on behalf of my friend who sought help at the Veteran’s Administration. He had been paying for his own psychotherapy since 1984.” This was written in ’98, by the way. “While I was in the process of writing the letter to verify he was wounded so that he could get the treatment he was entitled to, he tried to commit suicide. While the VA got the message and put him in the hospital for 30 days, all of his doctors said he had a serious psychiatric problem. Yet, 19 days—at 19 days a social worker at the hospital had him dismissed because if he stayed any longer he’d receive a hundred percent disability.”

Now, you guys have copies of this whole thing. The last line reads—he’s kind of trapped me now. “This is the kind of crap vets have to deal with. I don’t want to do that.”

You’re doing the right thing. If you start with the vet and work out, right, you get the right Ph.D.’s, not the ones that believe in the 12-week process where their Yale buddy is going to fix us. That’s almost disgusting. I’ll talk about it later.

Congress is all we have. I can try to prepare for this, World War I—this has probably been going on for a hundred years, when some vets marched on Washington in 1924 they got killed. Danny McArthur was the one that killed him. They had two understudies, Eisenhower and Patton, but three presidents, Coolidge, Hoover and Roosevelt vetoed bills to help us vets. Congressmen are the ones that cared. They still put down the guns, but the GI’s are still fighting for us.

The only way I agree with being on this panel is because I believe that you two, because I’ve watched you, you having vets’ interests at heart and you’re not up here as a political cookie saying, okay, we care for the vets and I watched these past two years, both you gentlemen—I’m not in either of your districts, both you gentlemen have our vets’ interests at heart.

Does that help?

Mr. DENHAM. Yes. I’m certainly Republican. And he’s certainly a Democrat. This is an American issue and we’re both very committed to that. We have to find a solution for that and we will work across party lines or across houses to get the job done.

Mr. LAMBERT. The biggest nightmare we have—and I’ll close with this. The biggest nightmare we have is over 140,000 Vietnam vets committed suicide when they came home. We only did one tour. I know a young man from a 5th Marine in my outfit, he did 191 missions on his third tour. So the problem—I’m glad you’re involved because it’s needed. Thank you guys for coming.

Mr. DENHAM. Congressman, your turn.

Mr. MCNERNEY. I just have one question. What I want to take away from this Committee hearing is what the Vet Centers need to be there for the veterans. What can we take away from this hearing, go back to Washington and say, okay, this is what we need to do.

A couple of things I’ve gotten are the most common referral to the Vet Center is word of mouth. We need to improve the outreach. That’s clear to me.

The second one is better services for families of veterans from the Vet Centers.

What other messages should I take home to Washington, on the other side of the country?

Mr. THIESEN. I think, Congressman McNerney, I think what you need to do in the Vet Centers is you make sure you hire veterans. You can bring certified people in there to address the PTSD, but if he's a non-veteran, he can't relate to anybody on this panel, period. So I think that somebody that can control their PTSD, can go through the certification or the schooling, should be given some good consideration.

You talk about the vets. World War II, I and II, Korea and Vietnam, sure, there was PTSD, but it wasn't addressed. They came home. They got a job. They started their families, and they worked for 20, 30 years. Their PTSD didn't get started or become really physical until they retired. Now, they are sitting at home doing not too many things and all of these flashbacks start coming back.

Today's veteran, he comes home. He can't get a job. He's already in PTSD. I think you need to hire veterans who can be qualified to work in the Vet Centers, to be one-on-one veterans would be a big help to many of those men and women that are coming home today.

Mr. MCNERNEY. Thank you.

Mr. LUNDEBY. Definitely the outreach part needs to be improved. My life would be a complete 180 if I didn't bump into Randall, if he didn't keep poking me, let's have fun. Eventually I get sucked into that center. What an awesome thing he did to my life. He's a great guy.

Mainly if you were talking to me in 2010 when I was on active-duty, U.S. Army Ranger talking to a kid who's scared of heights, jumped out of planes. Yeah, I don't like roller coasters. But you were asked about PTSD, my brother is a captain in the Army and we had a sergeant that said it's completely phoney. It's just not a man being a man. Let's get rid of the D part. It's not a disorder. It's who I am. It's what made me who I am and how I survived, five combat deployments. I'd be willing to do anything for this country still. Let's get rid of the D part and it's post-traumatic stress. Everybody has it, just at different levels and it affects everybody differently.

I think that they are realizing that no matter what, you're not the same person and it's how you now relate as a combat veteran, somebody who's been shot at, blown up, stepped on one too many land mines, seen their best friend die next to them, have someone that they deeply cared about steal their position on point, like my friend Chris there, and then have to deal with survivors. I think the biggest service you can do is give—just acknowledge that once you go through that doorway of saying you send me, I'll go and I'll serve my country, that when you come back to America you're going to be a little different and it's just acknowledging the fact that it's post-traumatic stress and how you deal with regular civilians.

It's the biggest thing that's helped me and I'll tell you the truth, none of my friends on active-duty will ever say that they have PTSD. None of them probably would go to a Vet Center if I asked them. The only way I could get my best friends to go to a Vet Center is to say, hey, there's a barbecue. Let's hang out. It won't be

any of my civilian friends that ask you stupid questions. It will be just a bunch of brothers hanging out. And then help you work through this problem, how do you deal with this? How do you deal with that? How do you get back to normal life?

So it really needs to drop the disorder and acknowledge the fact that everybody that has seen their best friend in an altered state, missing body parts or completely demolished is going to be different. I'm a different man. I came out pretty cool. I know that I'm different than a normal civilian.

I just address that issue and I just take a little time and step back and go, well, you know, he's probably not thinking—he's not a disrespectful little kid. He just hasn't been yelled at by his drill sergeant for five hours about his sideburns past the center of his ear. It's just different.

If you want to help, drop the disorder part and really focus on the outreach because I consider myself very lucky to have met Randall and still keep my best friend with me.

Thank you.

Mr. WHITE. You can go outside the Vet Center. They don't have what you call swag, little bracelets like this. You guys cut the budget on it because it didn't look right that they would hand stuff out to other veterans. This bracelet right here I can walk in with a bunch of veterans. They say what's that? It's the Vet Center. That's where I go get help. This little pen right here, budget is cut. This is probably a two-dollar pen. This is probably a two-dollar pen. Probably the easiest fix you ever can sign off on, on the history of America is making it easy to have something that we can hand to each other.

Mr. DENHAM. I want to thank all of you again for your service to our country. Thank you for being willing to come in today. This is about veterans helping veterans and your testimony today is going to help other veterans. It certainly will help our Committee and future hearings in working to pass legislation to actually fix this problem.

I'd like to thank each of you for coming and testifying today and sharing your stories. Thank you.

I'd now like to invite the second panel to the table.

[Applause.]

Mr. DENHAM. Ms. Carolyn Hebenstreich, Veterans Service Officer and Stanislaus County Department of Veterans Affairs; Mr. Ron Green, Veterans Service Officer for San Joaquin County Department of Veterans Affairs; Mr. Roger Duke, Readjustment Counseling Therapist for the Modesto Vet Center; and the person we've heard a lot about, Mr. Randall Reyes, an Outreach Coordinator for the Modesto Vet Center; and Lisa Freeman, the Director of the VA Palo Alto Health Care System.

Mr. DENHAM. I thank you all for being here with us this afternoon and for all the good work that you do on behalf of our veteran neighbors. We will begin our discussion.

Again, I'd like to remind each of you that your written testimony will be included into our record, so if you could stick to the green, yellow, red light with your opening statements and that will help us to quickly get to questions. And Congressman McNerney and I have quite a few today.

STATEMENTS OF CAROLYN HEBENSTREICH, VETERANS SERVICE OFFICER, STANISLAUS COUNTY, DEPARTMENT OF VETERANS AFFAIRS; RON GREEN, VETERANS SERVICE OFFICER, SAN JOAQUIN COUNTY, DEPARTMENT OF VETERANS AFFAIRS; ROGER DUKE, READJUSTMENT COUNSELING THERAPIST, MODESTO VET CENTER, VETERANS HEALTH ADMINISTRATION, UNITED STATES DEPARTMENT OF VETERANS AFFAIRS; RANDALL REYES, OUTREACH COORDINATOR, MODESTO VET CENTER, VETERANS HEALTH ADMINISTRATION, UNITED STATES DEPARTMENT OF VETERANS AFFAIRS; AND LISA FREEMAN, DIRECTOR, VA PALO ALTO HEALTH CARE SYSTEM, VETERANS HEALTH ADMINISTRATION, UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

STATEMENT OF CAROLYN HEBENSTREICH

Ms. HEBENSTREICH. Thank you both for letting me come here today.

Mr. Chairman, Members of the Subcommittee, thank you for the invitation to appear before you to discuss veterans benefits. I'm a certified Veterans Service Representative for Stanislaus County. I have been serving the veterans in this county for more than 22 years. Prior to coming here I worked with the VA Medical Center in Livermore, California for approximately 12 years, serving in several different positions.

At the time I was hired as a veterans representative I was aware of Vet Centers, but did not have much information about them. In 1989 when I took this position, the closest Vet Centers were in Fresno, California, and Concord, California, both over 80 miles from here. The closest VA center was over 50 miles from here in Livermore, California. The Vet Center in Concord did contract with counselors in Stockton, California, for a while, even sent some of our veteran services officers here in Modesto.

Around 1993 I started requesting a Vet Center located here in Modesto to help our veterans, as we were filing numerous claims for post-traumatic stress. The VAMC in Palo Alto opened a clinic here in Modesto with mental health availability around '95 and '96, but they were extremely overloaded and getting an appointment there was very difficult.

The Concord Vet Center began contracting with someone in Modesto to see our veterans. Although it was helpful, it was not as helpful as a real Veteran Center would have been. Needless to say, we in Stanislaus County are very grateful to finally have a Vet Center established here. It is a tremendous asset to our veterans and counselors are always willing to go on the extra mile to assist our veterans and families.

After working with VAMCs, VA regional offices and Vet Centers for many years I still find one major thing that does not happen within the Veteran's Administration. It's communication. Whether it be Federal, state or county government, we are here to serve veterans and we need to communicate about our services to each other as well as to our veterans and their dependents.

I believe the VAMCs could do a better job with working with the Vet Centers. I personally have veterans here in my own county be put on fee-service contracts for post-traumatic stress counselling in-

stead of being referred to the local Vet Center. I truly think this is all due to lack of communication.

Please understand, I have been serving veterans for over 35 years and I have seen VA change for the better in many, many ways. And I am proud of making these changes to improve these services to our veterans, but the VA still needs to do more in the way of communication and becoming one VA.

Thank you for this opportunity to appear before you.

[THE PREPARED STATEMENT OF MS. HEBENSTREICH APPEARS IN THE APPENDIX]

Mr. DENHAM. Thank you.

STATEMENT OF RON GREEN

Mr. GREEN. I'd like to thank you for the opportunity to be here today. I'm the San Joaquin County Veterans Service Officer.

My purpose for being here today is to advocate for improvements in medical substance abuse and mental health services for veterans in our region. Efforts are underway to improve and expand veteran services, but I believe the current efforts should be expedited if possible, and then more can be accomplished. I support increasing the number and staff of the Vet Centers. I support expediting the construction of the expanded specialty clinic and long-term care facilities in French Camp and I support open enrollment in the VA health care system to all veterans with qualifying discharge and service.

Before the establishment of the Modesto Vet Center, the Central Valley between Sacramento and Fresno was bereft of a Vet Center. Service was provided on a contract basis by the Concord Vet Center. Even now the Vet Center program needs to be increased with more Vet Centers or increased staffing or both.

About two weeks ago I had a discussion with the director of the Vet Center in Sacramento. He advised me that he was exploring the possibility of twice a month outreach sessions in Lodi in Northern San Joaquin County. He also indicated that he was doing other outreach services.

Demand for the Vet Center services is increasing for two principle reasons. The first is to return to the OIF/OEF veterans and deployed reservists and National Guard. In the past, CDVA had provided us with information about recently discharged veterans. Based on what we were able—based on that we were able to estimate that the number of new veterans returning to San Joaquin County each year would be between 420 and 450 a year.

The second reason is the number of times possible mental health issues have been raised during our claims preparation process. Claimants with mental health issues are provided with contact information and literature regarding the Vet Center and the VA clinic and they are advised to contact them for assistance. The number of referrals for our office averages approximately 20 a month.

There are estimates that 10 to 20 percent of returning OIF/OEF combat veterans are afflicted with PTSD. This is compared with 10 percent for Desert Storm and 30 percent from Vietnam. PTSD is a problem for veterans of other wars. But to the extent—but documenting it has been difficult. I personally recollect three World

War II veterans that I've worked with on PTSD issues. One was a Pearl Harbor survivor. One was in the Battle of the Bulge and the third was on the destroyer that was hit by a kamikaze plane.

PTSD not only affects the veteran, but leaves in its wake failed relationships and a history of substance abuse.

The VA health care system, especially at Palo Alto, has become the leaders in dealing with PTSD. Palo Alto is the parent center for our three CBOC's in San Joaquin, Stanislaus and Tuolumne Counties. All provide mental health care. In addition to the clinics, there are plans for an expanded medical and behavioral health clinic and long-term care facility to be constructed in the Central Valley on 52 acres of land. The construction needs to start as soon as possible considering that the average age of our veteran population is about 60 years old and as high as the service population here in the Central Valley is almost 80,000.

San Joaquin County has partnered with the VA to construct a primary care clinic that opened approximately five years ago. The number of veterans utilizing that clinic has already exceeded the capacity of the facility and plans are underway to open expanded—an expanded modular facility in the next year. I'm also advocating that enrollment in the VA health care system needs to be open to all veterans with qualifying discharges and services. It should be sufficient that a veteran has served honorably for the required length of time in order to enroll in the VA health care system. It should not—it should be just enough that the veteran had served.

I'd like to thank you for the opportunity to be here today. As I've said, I support an increase in the Vet Center program. I favor the accelerated schedule for the completion of the expanded skills clinic in French Camp. And lastly, I would like to see the elimination of the income limits for enrollment in the VA health care system.

Thank you.

[THE PREPARED STATEMENT OF MR. GREEN APPEARS IN THE APPENDIX]

Mr. DENHAM. Thank you, Mr. Green.

STATEMENT OF ROGER DUKE

Mr. DUKE. Good afternoon, Congressman Denham and Congressman McNerney. Thank you for the invitation. My best wishes for Chairwoman Buerkle. Thank you for inviting me to discuss the Modesto Vet Center's practices in providing treatment, readjustment counselling services to veterans and their families within the larger VA health care system.

Having witnessed your own participation in community events with veterans and their families, I'm honored and proud to provide a *boots on the ground* perspective to readjustment counselling services.

From previous testimony we can see how important that the relationship is among the veterans who had previously testified. Vet Centers present a unique service environment, a personally engaging setting that goes beyond the medical model in which veterans can receive professional and confidential care in a convenient and safe community location. Vet Centers are community-based counselling centers, within the readjustment counselling service, that

provide a wide range of social and psychological services, including professional readjustment counselling to eligible veterans and their families, military sexual trauma, both male and female counselling, and bereavement counselling for eligible families who experience an active-duty death.

Modesto Vet Center, like those throughout the country, also provides community outreach, education and brokering of services with community agencies that link veterans with other needed VA and non-VA services.

The core value of the Vet Center is to promote access to care by helping veterans and families overcome barriers that may impede them from using those services. For example, all Veteran Centers have available evening and weekend hours to help accommodate the schedules of veterans and their families, especially those that are students and those in the workforce.

The Vet Center program is the first program in the VA or anywhere to systematically address the psychological traumas of war in combat veterans. The Vet Center program's establishment of a program to treat these invisible wounds of war came a full year before the definition of post-traumatic stress disorder was published in the third edition of the American Psychiatric Association Diagnostic and Statistical Manual in the 1980.

Modesto Vet Center opened four years ago and is part of a larger network of currently 300 Vet Centers located throughout the United States, Puerto Rico, Guam and American Samoa. Vet Center staffs provide a wide range of veteran-centric psychotherapeutic and social services to eligible veterans and their families in the effort to help these veterans make a successful transition from military to civilian life. For eligible individuals, services can include individual group counselling; family counselling; bereavement counselling; military sexual-trauma counselling; educational classes on PTSD; couples communication; anger and stress management; sleep improvement; and transition skills for civilian life.

In addition, we provide substance abuse assessment and referral; screening and referral for medical issues, including mild-traumatic brain injury, depression, anxiety, et cetera. We also provide—Veterans Benefit screening and referral.

Like Vet Centers throughout the country the Modesto Vet Center is a small team reminiscent of a military squad. Modesto Vet Center is staffed by a team leader—our team leader is Steven Lawson—three readjustment counselors, an office manager and an outreach specialist. Two of the clinical staff in Modesto are also designated as a qualified military sexual-trauma counselor and family counselor.

In addition, the Vet Centers partner with VA's vocational rehabilitation staff, veteran service organizations, California Employment Development Department, judicial outreach of the VA Medical Center in Menlo Park and maintains a bidirectional referral process to other VHA facilities.

Community partners are integral to successful support to veterans while they are in the readjustment process. Modesto Vet Center community partners include private citizens and community non-profit organizations offering socialization and recreational activities that are vital to maintaining mental health. Some of the or-

ganizations provide inland and ocean fishing, crabbing excursions, sailing, horseback riding and bowling. Our counselors have also been involved in efforts to reach out to veterans in the criminal justice system along with other stakeholders in the community.

Vet Center counselors have provided education to courts on PTSD assessment and treatments in support of California Penal Code 1170.9. For example, I've been invited to be a regular instructor to the law enforcement academy, crisis intervention training to provide a perspective to crisis negotiators on the issues of facing combat veterans as they return and readjust to the communities. This relationship has played out in a positive manner on the streets of Modesto where in one example, a combat veteran was given a referral to our office in lieu of possible involvement with law enforcement.

Stanislaus County Mental Health Forensic program manager has praised us for our effort in elevating the competence, cultural competence for veterans issues, especially those returning from combat.

The Vet Center program remains unique in the eyes of the combat veteran thanks to the ability of the Vet Center staff to personally engage the individual veteran in a safe and confidential manner that minimizes bureaucratic formalities. Confidentiality with our veterans and their families is of paramount importance. Our staff respects the privacy of all veterans and holds in strictest confidence all information disclosed in the counselling process.

The Vet Center's ability to rapidly and effectively respond to PTSD and other post war readjustment difficulties makes it an integral asset within VA. It is the community's point of first contact with many returning combat veterans. Vet Centers also serve as the front door for referring many veterans for other needed VA services. Vet Centers also promote collaborative partnerships with the VHA health care and mental health professionals to better serve veterans requiring more complex care.

I apologize for taking more time. I'm not an orator or a public speaker. I'm a therapist. I appreciate the opportunity of coming here.

Mr. DENHAM. With that in mind, we would ask you to wrap it up.

Mr. DUKE. My own experiences have helped me appreciate the challenges that come with certain combat veterans. As a Vietnam combat veteran myself and the father of a veteran who served in both Afghanistan and Iraq, I can attest to this need as well as to the great work provided at Vet Centers. I believe Vet Centers, to include Modesto Vet Center, provide a best practice model in fostering veteran-to-veteran relationships. Whether helping the criminal justice community understand veteran readjustment, arranging reintegration for an active-duty soldier or providing bereavement services for family members, or participating in gold star events, or listening to a World War II veteran dealing with the loss he experienced over 60 years ago, the Modesto Vet Center is there to keep the promise.

Thank you again for this opportunity to share with you.

[THE PREPARED STATEMENT OF MR. DUKE APPEARS IN THE APPENDIX]

Mr. DENHAM. Thank you.

STATEMENT OF RANDALL REYES

Mr. REYES. Good afternoon, Congressman Denham and Congressman McNerney. Thank you for the invitation to discuss the Modesto Vet Center's efforts to provide the best care possible to the Central Valley veterans but also to those who are being discharged from active-duty and going to different parts of the United States.

I'm a 13-year veteran of the United States Marine Corps. I have served in areas such as the Horn of Africa, Afghanistan and Iraq. I was introduced to the Vet Center through my father who was also a Vietnam veteran and a Vet Center client. I also have other relatives and friends who have served in Iraq and Afghanistan who currently use Vet Center services. I have seen firsthand the difference the Vet Centers have made in their lives. I believe in the Vet Center's mission and what VA officials do for veterans who have experienced trauma and for their families who want to be there for their veterans and offer support.

VHA Readjustment Counselling Service has implemented initiatives to ensure veterans have access to Vet Center services. Following the onset of current hostilities in Iraq and Afghanistan, the Vet Center program hired 100 Iraqi or Operation Enduring Freedom and Operation Iraqi Freedom and later Operation New Dawn Veteran Outreach Specialists to proactively contact the fellow returning veterans on military installations across the country. Veterans such as myself, with military and combat experience, provide an instant connection for returning servicemembers, making it easier to build rapport, overcome stigma, earn trust and ultimately engage in discussions about access and referral to services.

In my role as outreach specialist, I proactively seek out fellow veterans where they are in the community. This usually includes participation at a variety of Federal, state, locally organized veteran-related events or actually going to places where veterans and servicemembers frequent, such as Unit Armories, universities and college campuses. I also ensure that family members of eligible veterans are aware of services that the Vet Center can provide. I have worked closely with other VA programs, such as vocational rehabilitation, VHA enrollment and veteran homeless programs in hopes that the veteran attending the outreach event can receive information and referrals to all VA services.

The Modesto Vet Center also has access to a local Mobile Vet Center. There's one outside. This program, the Mobile Vet Center, provides access to returning combat veterans via outreach on a variety of military and community events. The vehicles extend the outreach to more rural and highly rural communities that are isolated from existing VA services. Furthermore, the vehicles are also a part of the VHA emergency response leverage readiness in times of national and local emergencies. Each Mobile Vet Center has space for private counselling and is equipped with a state-of-the-art satellite communications package that includes fully-encrypted teleconferencing equipment, access to VA systems and connectivity to emergency responses.

The Modesto Vet Center has used the local Mobile Vet Center at a variety of events such as homeless veteran stand downs. Another

instance, the Mobile Vet Center was used in a setting which provided outreach and referrals to more than 1,500 returning members of the Idaho National Guard after a recent combat deployment.

Finally, the veterans and their family members have access to the Vet Center Combat Call Center. That is at 1-877-WAR-VETS. It is an around-the-clock confidential call center where eligible combat veterans as well as their families can talk about their military experience or any other issues that they may be facing regarding their transition back to civilian life. The staff is comprised of combat veterans and family members of combat veterans from several eras. This benefit is earned through the veteran's military service.

The call center which opened in 2009 is a product of the VA's leveraging technology to condense the national system of toll-free numbers into a single modern center located in Denver, Colorado. The call center staff has access to state-of-the-art technology to provide warm handoffs to the VA National Crisis Hotline, the VA National Caregivers Support Hotline, and the Dayton VA Primary Care Triage Hotline when medical care is needed.

Again, thank you for the opportunity to testify before this Committee.

[THE PREPARED STATEMENT OF MR. REYES APPEARS IN THE APPENDIX]

Mr. DENHAM. Ms. Freeman.

STATEMENT OF LISA FREEMAN

Ms. FREEMAN. Good afternoon, Chairman Denham and Congressman McNerney. Thank you for giving me the opportunity to discuss the VA military system's efforts to provide the best care possible to not only our Central Valley veterans, but all veterans in our catchment area from Sonora to Monterey. I want to also address that excellent collaboration we have with our Vet Centers in Redwood City, San Jose, Capitola, and of course, Modesto.

Let me begin by giving you a bird's eye view of our health care system; one of the largest and most complex VA health care centers in the country. The VA of Palo Alto Health Care System consists of three inpatient divisions located at Palo Alto, Menlo Park and Livermore, in addition to seven community-based outpatient clinics in San Jose, Monterey, Capitola, Fremont, Stockton, Sonora, and Modesto.

Our primary hospital is located at Palo Alto and like most VA hospitals is a teaching hospital providing a full range of patient care services as well as education and research.

The VA Palo Alto Health Care System has more than 800 beds, including three community living centers or nursing homes, and a hundred bed homeless rehabilitation center on the Menlo Park campus. The VA Palo Alto Health Care System is home to a variety of regional treatment centers including a spinal cord injury center, a polytrauma rehabilitation center, the Western Blind Rehab Center, a geriatric research, educational and clinical center, and homeless veteran rehabilitation program, and men's and women's trauma recovery programs. Many of these programs also treat active-duty military servicemembers.

With a construction budget of more than one billion dollars the VA of Palo Alto Health Care System has launched many ambitious building programs on its Palo Alto campus, including a new acute mental health facility that will open this summer and a new polytrauma and blind rehabilitation center, and additional lodging facilities for veteran patients and their families.

I'm very pleased to say that we are investing time, money and clinical skill in Modesto as well, for we have broken ground on a brand new community-based outpatient clinic that will more than double the square footage of the current clinic. This 10.3 million-dollar lease contract awarded to the California Gold Development Corporation from Sonora, California, will also create at least a hundred jobs during the site development, construction and activation of this project. The 23,000 square foot clinic will treat at least 7,000 veterans. We are also expanding our clinic in Stockton, and as Congressman McNerney is well aware, we are also going to be building a large multispecialty clinic along with a 120-bed community living center in San Joaquin County.

To augment our direct clinical care, we are expanding our real-time telehealth care programs throughout the health care system and particularly in the Central Valley. Along with telehealth care programs for pain management, gastroenterology and rheumatology in Modesto, we offer telehealth opportunities for veterans in the mental health arena. In fact, last fiscal year more than 80 percent of our telehealth encounters were for mental health.

We have terrific collaboration between the VA Palo Alto Health Care System and our Vet Centers. I'd like to end today by telling you a story of a very special young man in the audience today, Mr. Derrick McGinnis, that illustrates that collaboration.

Navy Corpsman Derrick McGinnis first arrived at our VA on a gurney having lost a leg and having suffered a traumatic brain injury after an improvised explosive device exploded near him in Iraq in 2004. Following years of painful, arduous rehabilitation he eventually came to work for us as a clerk at our Modesto clinic. He went on to earn his master's degree in social work, and then went to work at the Modesto Vet Center. This January Derrick came back to the VA Modesto clinic and is now working as a medical social worker. If anyone understands the collaboration between the Vet Center and the VA Palo Alto, it would be Derrick.

"What really makes the partnership work is the people," said Derrick. "It's knowing when you call someone at either the VA clinic or the Vet Center they will respond with concern and utmost care to get the veteran what he needs and to do it quickly. It is truly about the people and both from the care I received personally and the care I had administered that the VA Palo Alto Health Care System and the Modesto Vet Center make up the best team ever. I was so privileged to have served my country in the Navy and even more privileged to continue serving my fellow veterans." So Derrick, would you please.

[THE PREPARED STATEMENT OF MS. FREEMAN APPEARS IN THE APPENDIX]

Mr. DENHAM. Thank you.

Mr. DENHAM. Ms. Hebenstreich, in '93 you lobbied to get a VET center here in Modesto. Why did you do it and what did you want to accomplish and what did you need to accomplish?

Ms. HEBENSTREICH. Well, as you know, the—I worked for the VA from '76 to '89 and we had many, many Vietnam vets, but during that time we never really started hearing about post-traumatic stress until the—I would say really started really good in the middle '80s. And then when I came to start filing claims for veterans and then when people became more aware of post-traumatic stress, what it is, used to be neurosis, battle fatigue and all those names. Yeah, it really is post-traumatic stress for everyone. We started filing numerous claims, many, many claims.

We didn't really have anywhere to send them for treatment. At that time it was all the way in Livermore VA. And they were already overloaded and they didn't have enough mental health staff, as far as I was concerned, or Palo Alto, and Palo Alto was just so far away.

I knew of the Concord Vet Center. And so I said get them to send a counselor out sometime. I knew they had some going to Stockton. We were able to work with it, but the last of the record that was there, not the gentleman that's there now, I used to bug him all the time along with Mr. Edgecomb (phonetic) here who is American Legion. We bugged him and bugged him to try to get somebody out here, get more counselors, just to get us a Vet Center because we have a lot of vets, a lot of Vietnam vets here and in San Joaquin County and all the surrounding counties. The closest, like I said, was Fresno and Concord is just too far for the guys to go to get counselling.

When they finally decided they were going to open some more Vet Centers, they called me and said, well, it looks like you are going to get one. We were really excited about that. It's been great that it happened and has been a great help.

Mr. DENHAM. Thank you.

Why do you think the communication is so poor between the VA and Vet Centers?

Ms. HEBENSTREICH. You know, I could never really put my finger on it even when I worked at the VA. Actually, I worked there when I was 16 years old as a student in the summer. There was some money left from Kennedy, President Kennedy's special program so it was the summer aid to students. Now, that's like in '68, so there was a lot of the Vietnam vets coming home, and then like—I was born and raised in Livermore, so I had been around the veterans and we went there for school plays and always been a part of my life. And then when I was 25, I went back to work out there as the file clerk and as a GS1, believe that, and that was still money from Kennedy. And then I worked my way up to a section chief, did a lot of eligibility.

I don't know what it is, it's just—I'm sure it's throughout the government, but it's like I tried to learn—like I said, I started as a GS1, I went to GS9 and every step of the way I tried to learn as much as I could in every job, not just the job that I have. I ran up against walls all the time. Like if I teach you, you're going to take my job, that kind of attitude. I think it still happens.

I see it now even with the local clinics that are staffed within the VA. Not just at the VA medical centers or clinics, but at the regional offices and throughout the VA, it's like I don't want to teach nothing because you're going to take my job kind of thing. It shouldn't be that way. They should have cross-training in your field, not saying medical field or mental health or whatever, but even the clerical field, anything, they should be cross-trained.

When I worked at the VA I went and talked to the chief of medicine there and at that time I was just an eligibility clerk. I told him, your doctors really need to be aware of eligibility. Well, why do you think so? So I told him and he invited me to their morning meetings for like every three or four months just to tell the doctors about different things. That kind of thing. They need to communicate. They need to share their information, just like the Vet Center.

Believe me, there's a lot of times at the VA they don't tell him, hey, you can go to the Vet Center. I tell him you better come to my office that's been in combat or if you see that they have a problem, to go the Vet Center because I believe in those guys. And let me tell you, I had a guy two weeks ago that his wife was crying and he was on the verge of killing himself and her. And I wasn't about to let him leave my office. I called the Vet Center. The student that answered the phone told me that they were all in a meeting. I said I don't care. You get Steve Lawson. I want to talk to him now. Steve called me right back. I said the family is on its way. He needs help. He got to the Vet Center. Steve seen him personally. He got admitted to VA Palo Alto. They saved a life. You know what I mean.

It wasn't just about the VA stuff. This guy is 80 percent service-connected. He has cancer, he has PTSD, all kinds of issues and he thought Social Security turned him down again and he misread the letter. I couldn't get through to him that that's not what they are saying. Social Security didn't deny him. He just had his wall, everything is over with. Steve got him admitted to Palo Alto and he's okay and he got his Social Security check last week.

They are vital. They are vital to these guys that have had problems. I just want to say one thing that I think that for one thing, for the outreach or for the TAPS program that the other gentleman was talking about, I have so many that come to my office that say, well, nobody told me, nobody told me. I still file claims for PTSD for World War II vets that never knew anything about it. But I think that you have an outreach person from a Vet Center, at least go over the TAPS program at every base when they have separation and let them tell them about the VA and the Vet Center, that would stop a lot of this I never knew stuff. I think that's a big thing that should be pushed from you guys.

Mr. DENHAM. Thank you.

One final question, Mr. Duke. When I was a state senator, I chaired a Veterans Committee and we launched Operation Welcome Home. One of the things we found was just no communication between DoD, VA, VA and Vet Centers and so Operation Welcome Home was trying to capture more California information so we could conduct outreach to the veterans. I think they've come a long way, but still without having that information from DoD, you

might get discharged in Texas even though you're a California resident so you don't have that information.

My question to you is: We had that same challenge between the VA and Vet Centers. I have a Bill H.R. 3245 which will allow Vet Centers to share information back and forth with VA.

Can you tell me your opinion how that would help?

Mr. DUKE. Well, I would first like to just say I think it can help. The operational end of it, how it's operationalized on our level, of course, we want to make sure we maintain confidentiality, we maintain that sort of informal setting that we have with the Vet Centers. I think that any information that will help us to reach out to veterans that are going to need it and then you look at antecedents, those kinds of things that will alert us to maybe veterans that are needing to be reached would be helpful. As a therapist, I could see where that could work.

But I'd also like to defer that to our Regional Manager. I know that there's a lot of study going on about that, just for the record. But from my perspective I don't—we know how to work around information sharing and to make sure that we keep the veterans feeling safe. It's something that we use in a way that they are going to feel comfortable.

Mr. MCNERNEY. Thank you. First comment is that I know that everyone here on this panel has dedicated a tremendous amount of your life towards the veterans and I thank you for that. It's not easy. It's case by case. It's veteran by veteran. There's a lot of veterans out there so keep up that work. We need you guys for doing that.

My first question is to Ron. Who is the Veterans Service Officer for San Joaquin County, one of my main counties?

How often do veterans approach you with questions about Vet Centers?

How many of our veterans from San Joaquin County come down to Modesto for the Vet Center here?

How accessible is the Modesto Vet Center, for our veterans?

Mr. GREEN. Well, as far as being approached about the Vet Center, I wouldn't say it worked so much that way is that what we try to do is attract the veterans to the Vet Center.

One of the things that's part of health care services, myself and my staff have all gone through training in mental health, first aid for first responders. We look at the issue or look at discharges, the service in combat zones and may ask exploratory questions looking for possible issues relating to PTSD and then try to get them over to the Vet Center or to the VA clinic.

Mr. MCNERNEY. What are some of the barriers you think that our veterans face, at the beginning of service whether it's from Vet Center or from the VA Veteran's Administration in general.

What do you think are the biggest barriers that our veterans face in getting service?

Mr. GREEN. Awareness. It's interesting, I was talking to one of the staff members for the CAO last week and for someone that had been involved in veterans issues related to the VA clinic, she didn't totally understand how the Vet Center was positioned in the VA Health Administration.

I also think that the awareness, public relations. I don't think that the veterans are totally aware that the Vet Centers exist.

Mr. MCNERNEY. Miss Freeman, what do you think that my colleague, Mr. Denham and I could do to make—as a result of this hearing or in general to make services more available to veterans.

Ms. FREEMAN. Well, I think that the more veterans hear about the good things that they can get out of accessing the VA versus the way that the VA perhaps hasn't performed as well so they think of the VA as a good system, that truly is there to help them and very sincerely wants to help every veteran. It also would be helpful if on the Web sites there were links to veteran services across the country. Just that when they hear good things about VA, they are going to want to access the VA. The more they hear good stories, they are going to want to be there.

Mr. MCNERNEY. Do you have mental health professionals in your directory.

Ms. FREEMAN. So we have greatly increased the mental health staffing, as I think you both know, over the last several years through funding that you all have provided. We've had about a hundred staff over the last five years specifically in mental health. Now, having said that, I know there was an article in the paper today, USA Today about difficulties in recruiting mental health professionals. That's just a fact there aren't enough psychiatrists and psychologists, so that is a constant challenge for us, so the more we can do to make VA jobs attractive to those scarce professionals, the better.

Mr. MCNERNEY. One of the more common things I've heard this afternoon was from Mr. Lambert was that—suffering from severe post-traumatic stress going to a big VA center was almost incomprehensible.

What can we do? Is there—I mean, I really think the Palo Alto base serves a great purpose. I'm dying to see our veteran center built in French Camp. What can we do to make sure Vet Centers are available, that they feel welcome, that they feel it's close enough they can get to? What can we do to make that service available to people who can't make it to big centers?

Ms. FREEMAN. Well, I think that certainly more education for our staff because what we encourage our mental health professional staff to do is to let veterans know there are three ways to get mental health care now. They can get it through cooperation through primary care teams. We have an embedded psychologist with the primary care or primary care physicians can be getting a warm handoff right in that primary care setting to a psychologist.

There's also the mental health clinic. Paying attention to when we're designing these new facilities, how do we make that way finding much easier for them when we have the opportunity in designing new facilities.

And then the third part is part of our standard work would be talking about Vet Centers and making sure that every mental health professional is giving those three options to every veteran they encounter.

Mr. MCNERNEY. Do you think we have enough Vet Centers? Are we going to see a big influx or a demand for this service.

Ms. FREEMAN. We would always welcome more resources for the Vet Centers, absolutely.

Mr. MCNERNEY. I yield back my time.

Mr. DENHAM. You brought that USA Today article. I read that article as well. It also said we should have more veterans helping veterans.

How can you address that?

Ms. FREEMAN. We absolutely support that peer-to-peer support model you're talking about. It would in no way take the place of other modalities, either inpatient or outpatient, for mental health treatment. Our goal is to reintegrate veterans into the community. We've heard over and over again this afternoon that the best recommendation for a veteran to receive mental health or any other kind of care through VA is from that firsthand experience of a fellow veteran.

Mr. DENHAM. We've heard a lot of very positive things about Vet Centers referring patients to VHA. I don't very often hear about VHA referring people to Vet Centers.

I wonder if you can comment on that as well. I understand Vet Centers have an electronic enrollment system that differs from VHA electronic health records.

What are the challenges and reasons for maintaining separate systems?

Ms. FREEMAN. Your first question about how often do we refer to Vet Centers. I can tell you that in our outreach activities that's probably the most common venue in which we refer to Vet Centers because if you're getting to meet a veteran for the first time, you might understand some of what was discussed this afternoon of a reluctance to come into that maybe scary VA Medical Center setting and recognizing that and offering the Vet Center as an alternative to our medical model of mental health care. So that would be—that's pro forma for us to include the Vet Center as a resource.

And as for my commenting on the separate system, I'm sorry, could you repeat that one?

Mr. DENHAM. Do you have a separate electronic system for your information? Part of my frustration is that VA has their system, VHA has their system, and the Vet Center has their system. None of the systems talk. We have a huge problem with communication.

Ms. FREEMAN. That's part of your bill that's forthcoming right now. I know the department was reviewing your bill, so I really don't have any comment on that.

Mr. DENHAM. Thank you.

Mr. REYES, as one of the Mobile Vet Center operators, you visit a lot of areas throughout the entire region.

What are the particular challenges you have reaching out to our veterans, especially in those rural areas?

Mr. REYES. Well, getting out to the rural areas, we have been able to coordinate with rural areas that work for the VA side. The problem with how it would be, if the community itself is holding an event, they don't get word out to us for an invite. Once they do, then we go ahead and put in a request to get a Mobile Vet Center. We usually can get that out there to them.

Mr. MCNERNEY. Thank you, Mr. Denham.

Miss Freeman, what challenges—this is an issue that was raised here today one or two times.

Do you have them reaching out to the families and providing services to the families of veterans?

Ms. FREEMAN. Well, I think in our experiences of polytrauma center we've gotten much better with that in including the family in the care planning for the veteran. I think the challenge is just having the right modality, so to speak, having the right family therapist or the right way of incorporating the family into the counsellings that we are providing to a veteran and coordinating that time such that the family members could participate. That would be probably the biggest challenge.

Mr. MCNERNEY. Well, some of the testimony I heard was that the Vet Centers are great. They provide a great service, they reach out. They do as much as they can, but they are limited in what they can do for families.

Is there some way we can see that program improve?

Ms. FREEMAN. Certainly with the caregiver support legislature that you had referenced earlier and being able to provide that training to caregivers of veterans has gone a long way of bridging that gap.

Mr. MCNERNEY. Mr. Duke, do you feel that you have a broad spectrum of hours to serve veterans that need help on an emergency basis? Are you there 24/7? What are your limitations.

Mr. DUKE. Sir, we're not there 24/7 physically, but we do have regular extended hours. I'm personally there one evening through 7:30 in the evening to handle a group and we've had another counselor there that was there for a couple of days—two other meetings to accommodate those veterans that need the flexibility of meeting after hours.

If there's a crisis situation, of course, after hours we have the telephone referral. We try to work so that if we do have one of our veterans that are at risk, we have all gone through suicide intervention training and we work proactively to develop plans, to implement those plans if there's a crisis or a situation that elevates. But I think that right now we do adequately meet those needs and it is an area personally that I've been contemplating to open up, but we do as far as offering them that flexibility for individual counselling.

Mr. MCNERNEY. Are you concerned about your resources to deal with a larger influx of veterans who would have needs.

Mr. DUKE. Of course, there are. Concerned only in the sense of what are the numbers and that kind of thing. One of the things that I've learned—I've only been with the Vet Center for a year and a half. I've known about our Vet Center since it started and I've worked different capacities with National Guard, as a psychology professional.

One of the things that I think is really good about the Vet Centers is their ability to look at a situation and be flexible enough to expand out as they need. If personally we can plan ahead and plan that expansion, I think that right now we are meeting those needs. I really like some of the ideas that I've heard previously about vets helping other vets and being part of that healing process and what we as health care providers can do to facilitate that.

We know that we provide a safe environment. But we're also dealing with things that are going to be with us for the duration. And I just—I'm aware of that. I'm not going to probably be around 20 years from now, but I certainly can see that that relationship will be maintained, health care providers is going to have to—

Mr. MCNERNEY. You feel that you provide adequate services to family members.

Mr. DUKE. I do, yes. I make it a point—I'm a marriage and family therapist, so I'm a little biased, but I make it a point to look at the veteran in the context of a family system. I do believe that I could do better by having better knowledge as far as what's out there for peer support. We've done a little networking today. I always appreciate those opportunities to identify those referrals and network with people. It's usually the relationship among the providers that we can really get things done.

In fact, my personal experience working as a clinician is I can get on the horn. If I have a vet that needs hospitalization or needs specialized clinical services that are not going to be met at our level, I can get on the horn with Daryl Silva, who I've known since I was a private practitioner doing these services. I can't even remember how long ago. I can call him and he will pretty quickly direct me where I need to go.

As we identify those key requirements and provide that information, I know that we try to do, we're mission oriented. We do what we need to do to help the vets out and so that's kind of our heart, our soul.

Like I said earlier, it's very much like a military unit, so you got a lot of people working real hard and I think that our leadership is sensitive to that, but the fact that we are working with a population that has some very complex needs at times, diverging issues and I think that like it's there, but we will need to grow that.

Mr. MCNERNEY. With the Chairman's indulgence I have one more question.

Mr. DENHAM. Absolutely.

Mr. MCNERNEY. Has there been an impact on the Mobile Vet Center program.

Ms. FREEMAN. Not that I'm aware of, no.

Mr. MCNERNEY. How about reinstating the Mobile Vet Center.

Ms. FREEMAN. I don't know—I'm sorry. I don't know if anybody on the panel here is addressing—I'm not aware of any cutback of any Vet Center Mobile program.

Mr. MCNERNEY. That's my last question. I'll yield back my time.

Mr. DENHAM. Thank you. Thank you all of you for your testimony today. I'd ask you now to consent that all Members have five legislative days to revise and extend their remarks and include extraneous material. Without objection, so ordered.

These hearings are obviously different from town halls. Town halls we have a much greater opportunity for participation from those in the audience, but we are your local members here. If there are questions that members of the audience would like to ask, if you submit them to our offices, everything that you send in will receive a written response.

Once again, I'd like to thank each of our witnesses and both of our panels for joining today's conversation. It's an honor for me to

serve as your representative in Congress and I look forward to taking your comments back to Washington and continuing to work to improve the lives of our worthy veterans and their families. This hearing is now adjourned.

[Whereupon, at 4:42 p.m., the Subcommittee was adjourned.]

A P P E N D I X

Prepared Statement of Hon. Jeff Denham, Acting Chairman

Good afternoon and thank you all for being here. It is so good to be home.

Before we begin, I would like to read a short statement from my friend and colleague, Ann Marie Buerkle, from Syracuse, New York. She is the Chairwoman of the Subcommittee on Health and intended to participate in today's hearing. Unfortunately, because of a personal family medical situation she could not join us today.

"I sincerely regret that I am unable to be with you and my colleagues Jeff and Jerry this afternoon in the "other California" to discuss the importance of Vet Centers and learn more about how they are being used and ways in which services can be improved.

Vet Centers are a vital home front support system for our veterans and their families—a place where they can connect with their peers and give voice to their concerns as they go about the business of making a successful transition into community life.

Your Congressman, Jeff Denham, is a valuable advocate for veterans in California's Central Valley and across the country. It is an honor for me to sit alongside him on the Subcommittee on Health. I look forward to hearing from him about your discussion today and how we can best work together to ensure a better future for America's veterans and their families. I wish all in attendance today the best and appreciate your taking the time to come. And, to all those who served our Nation in uniform, I thank you for your brave and loyal service to our country."

Though I wish Chairwoman Buerkle would have been able to be with us in Modesto today, I am proud to be joined by fellow Committee member and—fellow Californian, Jerry McNerney. Jerry represents our neighbors in the nearby 11th District and I am so glad he is able to be here to share in our discussion this afternoon.

But, most importantly, I am delighted that you all are able to be here with us. It is an immense honor to represent you and all of the citizens of California's 19th District and I am grateful that you took time out of your busy schedules to meet with us here today as we bring Congress to Modesto.

I was proud to serve in the United States Air Force, both on active-duty and as a member of the Air Force Reserves, for sixteen years. During that time, some of which was spent in combat in Desert Storm during the first Gulf War, I became intimately familiar with the service and sacrifices of those who volunteer to serve our Nation in battle. And, the tremendous respect I have for my fellow veterans is something I have carried with me since my own days in uniform.

Last October, I once again returned to the combat theater, this time as a member of Congressional delegation to Afghanistan. In the next two years, several hundred thousand of our servicemembers will return home from overseas and what I saw on that trip makes it clear that now more than ever we must be vigilant about safeguarding the health and mental well-being of our servicemembers and veterans. And, in that endeavor, we have perhaps no greater tool than VA Vet Centers.

The Vet Center Program was established in 1979 to help Vietnam veterans who faced a Department of Veterans Affairs that was in many ways unprepared to respond to their transition needs. For these veterans and for those of every conflict since, Vet Centers have provided confidential community-based readjustment counseling and referral services with an emphasis on peer-to-peer interaction. Free from the necessarily more bureaucratic structure of other VA programs and services, the Vet Centers have helped many who may have otherwise fallen through the cracks.

As your Representative, I have heard time and time again from veterans and families in our community about the important work being done by the Central Valley's Vet Centers. We will hear from four such veterans today. We will also hear from individuals who work at the local VA Vet Centers, VA Medical Centers and County Veteran Service Officers. They work day-in and day-out to provide our veteran neighbors and their families with the supportive services they need to live healthy, productive lives.

Last fall, I introduced H.R. 3245, the Efficient Service for Veterans Act, a bill to streamline the bureaucratic processes for veterans at Vet Centers by allowing the Vet Centers access to electronic records of servicemen and women. This legislation will be a focus of a Subcommittee on Health legislative hearing when Congress returns from recess on April 16.

Today, we will discuss the services provided to our veterans and their families through Vet Centers - including recent initiatives to expand services to active-duty servicemembers and the immediate family of returning veterans. We will also evaluate the role of such centers within the larger VA health care system.

A field hearing is a chance for the Subcommittee to really hear and understand the reality of the situation on the ground and for that purpose I could not be more pleased with the witnesses that have agreed to testify here today. Both the veterans and the professional staff on these two panels have insights across the spectrum of VA and the Vet Center Program and I look forward to their testimony.

Before I yield to Mr. McNerney for his opening statement, I would like to take a moment to recognize all of the veterans in the room with us today. If you are veteran, please either raise your hand or stand so that we may recognize you. Thank you for your service.

Again, I thank you all for joining us this afternoon.

And now I would like to recognize Mr. McNerney for any opening remarks that he might have.

Prepared Statement of Hon. Jerry McNerney

Thank you, Mr. Denham.

I would first like to thank the witnesses for coming today to appear before the Subcommittee. I know the issues pertinent to health care and benefits at the Department of Veterans Affairs are of utmost importance to you.

On a personal note, as Ranking Member of the Subcommittee on Disability Assistance and Memorial Affairs— which has oversight over VA's compensation, pension, and other benefits— it is a special privilege for me to participate in this hearing so close to home. It's an honor to be able to address the issues facing veterans in the Central Valley and across the country, and I am glad the Committee is hearing directly from veterans and service officers in our area. When I am at home here in California, I hear frequently about the difficulties many veterans experience when transitioning to civilian life.

Today we are here to discuss vet centers—the benefits that they have provided to our veterans and the important and growing role they will have in helping veterans who are recently returning from service. These centers provide an alternative environment outside of the regular VA system for a broad range of counseling, outreach, and referral services. Most importantly, vet centers provide an environment in which veterans can speak openly to other veterans about their experiences.

There are approximately 300 vet centers across the country. We are here today to determine how vet centers can continue to fulfill their unique and critical role within the VA continuum of care, with a specific focus on readjustment counseling services provided at these facilities. Vet centers have expanded the services offered, and as a result, their workload continues to increase. This trend will likely persist as returning servicemembers, veterans, and their families deal with everything from mild readjustment issues to serious mental health challenges.

Mental health care is at the forefront of our agenda, and for good reason. Of the veterans from recent conflicts who have accessed VA health care, more than 50% have displayed mental health issues, including post-traumatic stress, substance abuse, and mood disorders. Veterans' mental health conditions not only affect them, but also have a significant impact on their families. The VA has made some progress addressing the mental health needs of returning heroes, but far more needs to be done.

A bill that I supported last Congress, the Caregivers and Veterans Omnibus Health Services Act, required the VA to establish a program to provide mental health services and readjustment counseling to veterans, their family, as well as members of the National Guard and Reserve.

I have been concerned that the VA has not made sufficient progress implementing these provisions. I am working with a bipartisan group of my colleagues on this Committee to make sure that VA is meeting its obligations under the law. I will continue fighting for implementation of this program so that the needs of our Nation's veterans are met.

Each generation of veterans has its own unique needs. It is important that vet centers are prepared to meet the needs of our new veterans and their families while still caring for those from previous conflicts.

I look forward to hearing from our witnesses on:

- How we can maintain and improve services provided by Vet Centers;
- Progress being made towards full implementation of the Caregivers and Veterans Omnibus Health Services Act
- If we have appropriate facilities and staffing;
- What role other resources within our communities should play to help veterans and improve care; and
- What we should do to strengthen the invaluable peer-to-peer counseling available through Vet Centers

We must all work together to ensure that all of our veterans receive the care they deserve. One veteran falling through the cracks is one too many. I am glad the Committee is here today to learn about the specific issues affecting veterans in the San Joaquin Valley.

I'd like to thank you all for your attendance here today.

Thank you, Mr. Denham. I yield back.

Prepared Statement of Bruce Thiesen

Members of the Subcommittee:

Thank you for the opportunity to provide The American Legion's views on the Department of Veterans Affairs (VA) Readjustment Counseling Service (RCS).

From 1969 through 1979, Congressional hearings were held which identified the presence of readjustment difficulties in some veterans returning from duty during the Vietnam era. In 1979, Congress passed legislation that required the Department of Veterans Affairs (VA) to provide readjustment counseling to eligible combat veterans.¹

In response to this legislation, the Department of Veterans Affairs Veterans Health Administration (VHA) established a nation-wide system of community based programs separate from Veterans Affairs Medical Centers (VAMC's). The separation was based partially on the premise that many Vietnam era veterans were so distrustful and suspicious of government institutions that they would not go to a VAMC for care.

In 1981, VHA initiated a new organizational element, the Readjustment Counseling Service (RCS), to administer the Vet Centers and the provision of readjustment counseling. In April 1991, in response to the Persian Gulf War, Congress extended the eligibility to veterans who served during other periods of armed hostilities after the Vietnam era. On April 1, 2003, the Secretary of Veterans Affairs extended eligibility for Vet Center services to veterans of Operation Enduring Freedom (OEF) and on June 25, 2003, to veterans of Operation Iraqi Freedom (OIF) and subsequent operations within the Global War on Terrorism (GWOT). Family members of all veterans are eligible for Vet Center services including marriage and family counseling.

On August 5, 2003, the Secretary of Veterans Affairs authorized Vet Centers to furnish bereavement counseling services to surviving parents, spouses, children and siblings of service members who had been killed while serving on active duty, including federally activated Reserve and National Guard Personnel.

Vet Centers assist war-zone veterans and their families through various services including:

- Psychological counseling and psychotherapy (individual and groups)
- Screening and treatment for Post Traumatic Stress Disorder (PTSD)
- Substance abuse screening and counseling
- Employment/education counseling
- Bereavement counseling
- Military Sexual Trauma (MST) counseling
- Marital and family counseling
- Referrals (VA benefits, community agencies, and substance abuse)

¹Public Law 96-22, Title I, § 103 (a)(1), 38 U.S.C. 1712A.

Over 40,000 veterans were counseled for PTSD at Vet Centers, and approximately 4,000 clients were seen for other clinical issues according to the Office of Health Information (OHI) information request results.²

Readjustment counseling services offered at Vet Centers are not part of VA Medical Benefits; meaning you do not have to apply for benefits to receive services at a Vet Center. To be eligible for readjustment services you must have the qualifying periods and combat theaters including:

- World War II—Three eligible categories
 - European-African-Middle Eastern Campaign-Medal (Dec. 7, 1941 to Nov. 8, 1945)
 - Asiatic – Pacific Campaign Medal (Dec. 7, 1941, to Mar. 2, 1946)
 - American Campaign Medal (Dec. 7, 1941, to March 2, 1946)
- American Merchant Marines – In oceangoing service during the period of armed conflict,
- Korean War – June 27, 1950, to July 27, 1954 (eligible for the Korean Service Medal)
- Vietnam War – Feb. 28, 1961, to May 7, 1975
- Lebanon – Aug. 25, 1982, to Feb. 26, 1984
- Grenada – Oct. 23, 1983, to Nov. 21, 1983
- Panama – Dec. 20, 1989 to Jan 31, 1990
- Persian Gulf – Aug. 2, 1990, to a date yet to be determined
- Somalia – Sept. 17, 1992, to a date yet to be determined
- Operation Joint Endeavor, Operation Joint Guard, Operation Joint Forces
- Global War on Terrorism – Veterans who serve or have served in military expeditions to September 11, 2001, and before a date yet to be determined, Campaigns include:
 - Operation “Enduring Freedom”
 - Operation “Iraqi Freedom”
- Family members may receive bereavement services if a loved one died in the line of duty, though the death need not be combat related. Service may have been in peacetime or wartime. Family members of persons who died while in reserve or National Guard training also qualify.

As part of the January 3, 2011 Department of Defense (DOD)/VA Integrated Mental Health Strategy (IMHS):

- Eligibility will be expanded to include active duty service members who served in OEF/OIF (including members of the National Guard and Reserve who are on active duty) for readjustment counseling and other services through RCS.
- VA’s RCS Mobile Vet Center program expansion to increase access for active duty service members, National Guard and Reserve members, families and veterans in rural areas who are geographically distant from existing programs

Concerns

Initially Vet Centers allowed veterans to receive “peer to peer” counseling from readjustment counselors who offered personal experiences, giving the counselors the ability to relate to the veterans daily struggles; however as time passed many Vet Centers were unable to keep up with the increased amount of clients and were unable to hire strictly veteran counselors. An emphasis should be placed on hiring Operation Enduring Freedom (OEF) Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) veterans.

According to the 2009, American Legion System Worth Saving report on Vet Centers, there is a growing need for increased funds within the Vet Centers to address staffing and facility needs. Many rural areas have Vet Centers serving as many as 23 counties due to the large geographic area served by the center.

Vet Centers currently offer counseling services for MST for male and female veterans; however it is not noted in any VA literature that veterans may receive counseling for MST not incurred in a combat zone.

Recommendations

The American Legion recommends that VA expand Vet Centers to the most rural areas to address access of care concerns of veterans living in the most rural areas. The American Legion also recommends VA allow compensation benefits information to be disseminated at all transition and access points, to include Vet Centers, so that all veterans are aware of all benefits they may be eligible for. Funds should

²VA Office of Inspector General Healthcare Inspection, Readjustment Counseling Service Vet Center Report, July 20, 2009

be directed towards more holistic treatments for those veterans who are counseled for PTSD to include yoga and horseback riding. VA should update its literature to include information directing male and female veterans who are victims of MST that counseling services are available even if the incident did not occur in a combat zone.

VA should recognize how precious an asset combat veterans are to the Vet Centers, especially those who successfully manage their PTSD and are willing to share those experiences with other veterans. VA should establish a training program that recognizes this experience as being equivalent and transferrable for those veterans seeking the required education to become a Peer to Peer readjustment counselor at a Vet Center.

The American Legion recommends Readjustment Counseling Service conduct a needs assessment to ensure proper staffing (psychiatrists/psychologists, licensed clinical social workers and ancillary staff) as well as protocols are being adhered to in terms of wait times and the number of counseling appointments are available to treat both veterans, as Vet Centers plan to expand to active duty, guard and reservists.

The American Legion thanks this committee for the opportunity to provide this testimony today and we would be happy to answer any questions the committee might have.

Prepared Statement of Ryan Lundeby

Members of the Subcommittee:

My name is Ryan Lundeby I served in the Army as an Airborne Ranger. I was stationed at Ft. Benning, Ga with C-Co 3rd Battalion 75th Ranger Regiment from 2006 until 2010. While with 3rd Battalion I went on five combat deployments to both Iraq and Afghanistan. After I was honorably discharged I moved back to California with my wife.

I found out about the Vet Center from good friend Randall Reyes. When I got out of the Army I did not even know that there was a place for Combat Vets like the Vet Center. After hanging out with the guys at the Vet Center I learned what they were about.

My wife and I went to the Vet Center for marital counseling. I was having difficulty communicating with her. The number of divorces and marital problems among service members is outrageously high. I have had a ridiculous amount of friends get divorce in the military. We were determined to solve our problems. With the help of the Vet Center we learned how to effectively communicate with each other. My wife is my best friend and we have been together for almost three years. I could not be happier.

The most common correlation in suicides is that the victim believes they are alone. No one is ever truly alone. There are always people left mourning the dead. A service member will not seek help unless they know it is confidential. They will refuse help and suffer because they do not want their chain of command finding out. Service members are afraid of the repercussions from their chain of command. The Vet Centers can help because they work in strict confidentiality. Also most of the staff at the Vet Center's are Combat Vets. It is much easier for a service member to talk to someone with a similar background, and can relate to what the service member has been through and is experiencing in their life.

Less than one percent Americans today serve in combat. These brave men and women selflessly risk their lives defending our freedoms. In our history the price of freedom has never been laid on so few shoulders. We owe them more than our thanks. We owe our Combat Veterans every opportunity to readjust to civilian life. With the help of properly staffed Vet Centers we can help our Combat Veterans acclimate to their civilian life.

Sincerely

Ryan Lundeby

Prepared Statement of Phillip White

Ladies and Gentleman:

I am here today to talk about how we can better veteran's benefits. Not to argue politics, the fine panel in front of me was elected by the people to do so. Today the media and many of the issues of the day are surrounded in pettiness. We owe a debt to the men and women who gave some and especially those that gave all. To start to pay that debt, it's time we take the arguments to a place of relevance. I am proud to say that Veterans is one of those places, as well as Social security, Medicare and the right to bear arms. We are seeing veterans and active duty under tremendous strain. This can be evidenced at the growing unemployment and homelessness among our vets. Not to long ago in Afghanistan, staff sergeant Bales acted unmercifully in a way that can only be described as a travesty. My family's prayers are with all the Afghanistan people and the family of Mr. Bales. Incidences like these should not be fuel for how to punish, rather it should be an eye opening moment that congress should be pressed to do more to lessen this burden of our troops and vets. There are more veterans than just active duty who are acting out in these ways. I know of a close friend who is on death row for murder and another that is facing capital murder. These are not the only ones, as many more veterans are succumbing to the pressure. As a nation we must do more to help veterans who are facing these traumas.

Veterans who are on the Gibill have had their "break pay" taken from them. (this is where in between waiting for semesters they lose their lifeline of money). The first thing that vets have been telling me when I say what you would fix is this. To triple the trauma of these heroes' the economy is in the gutter. Veteran unemployment is two to three times the level of normal unemployment. This loss of income is putting unneeded strain on the family life of vets. Taking what should be a safe haven called home and turning it into a breeding environment of failure. Vetcenter's do a great job, on raising awareness, how to manage this strain within the home. There is only so much that can be done with counseling. At this point it is on congress to do the right thing and restore what was taken, after all this is what we pay into.

Upon returning from Iraq in 2003, I was given 90 days to get out of the military or resign a contract. The shame I felt from my time overseas I knew four more years was not an option for me. My DD214 did not have my OIF/OEF on it. This was because the person in charge did not see a need for it, I tried to get them to change it and they said "they would have to extend my contract to do it". Another cause for concern is they asked if I was having difficulty sleeping or adjusting back. My answer was "yes", once again they said they would have to put me on a medical hold. I had so much shame that I did not want to stick around the Marine Corps and have my head messed with. So I changed my mind immediately, told them I was fine and the DD214 did not matter and left. This is a perfect example on why are combat vets should be screened on their way out by an independent agency. This could also be a perfect fit for the mission of the Vetcenter's across America. The Vetcenters could be a crucial factor in having success on the transition. They could identify problems and conduct follow up at a local Vetcenter, once the veteran reaches his final destination in home. This would help the veteran identify where he/she could go in time of need and highlight what the government does well. An increase in resources in this department is a must. To filter through the weekly reports and logistically process every veteran properly resources will be the key.

My experience with the local vetcenter is that they are masters with doing a whole lot, with very little. They accomplish this mission with great relationships with programs such as Rivers of Recovery (ROR), Boots and Saddles and many more. I myself have been a part of ROR and spent the day with boots and saddles. ROR has an outstanding mission that can have a life altering experience. Dan Cook the founder is a different kind of human being, his compassion towards vet's is hard to match. My first day on the river he had just been given a new fly rod, that was designed for fishing with one arm. He spent the whole day using only his teeth and one arm, the other was behind his back. I asked "Dan why the one arm" his response is a typical Dan response, "not all combat vets have two". The cost of this experience is pretty close to nothing, the veteran only needs to provide a ride to the airport. This is another thing that the vetcenter can take ownership of with the proper resources. Many returning and older vets have many disabilities that do not give them the ability to drive. Transportation to events would open the door for all vets to discover that they are not alone and people care. The vetcenter and ROR

have forged a great relationship and without the center I do not know if ROR would be a great part of my life today.

Today's environment of fiscal mess is unprecedented. I do not have the answers as to how to accomplish the increase. I can say that is easier to get on welfare than it is to get veterans benefits. To me this seems backwards but obviously I am biased in my opinion. I can only say that I am grateful for everything I have. The veterans that are returning now are in grave trouble. The same system is in place with two possibly three times the veterans waiting in line. I thank you for the time today and look forward to any future talks.

Sincerely

Phillip Leon White

Prepared Statement of Chris Lambert

I will be stating a brief history of World War 1 to my experience in Vietnam. I will also have a picture board showing the convenience of VA facilities versus Vet Centers. I will further discuss the vets fears and *triggers* which have been eased by their experiences at the Vet Centers and/or VA hospitals..

There will also be a picture board showing me from before and after military service that will show the visual aftermath of combat trauma as seen especially my eyes and my combat comrades.

Chris will focus on what is perceived as a "Cookie-cutter Treatment" that has been *siminated* at the VA versus personal attention received at the Vet Center. How can one assign a general accepted number of number to an individual???

Closing will be with a short poem that encompasses all the above information for those previously served veterans, and those in our future.

Respectfully,

Chris Lambert Jr.
Combat Veteran

Prepared Statement of Carolyn S. Hebenstreich

Mr. Chairman and members of the Sub-Committee, thank you for the invitation to appear before you to discuss Veterans VET Centers. I am a certified Veterans Service Representative for Stanislaus County, and have been serving Veterans in this County for more than twenty-two years. Prior to coming here, I worked for the VA Medical Center in Livermore, CA, for approximately twelve years, serving in several different positions.

At the time I was hired as a Veterans Representative, I was aware of Vet Centers, but did not have much information about them. In 1989 when I took this position, the closest Vet Centers were in Fresno, CA, and Concord, CA, both over 80 miles from here. The closest VA Medical Center was over fifty miles from here in Livermore, CA. The Vet Center in Concord did contract with counselors in Stockton, CA, and for a while, even sent some to our VSO here in Modesto. Around 1993 I started requesting to have a Vet Center located here in Modesto to help our Veterans, as we were filing numerous claims for PTSD. The VAMC Palo Alto opened a clinic here in Modesto with mental health availability around 1995-1996, but they were extremely overloaded, and getting an appointment there was very difficult. The Concord Vet Center began contracting with someone in Modesto to see our Veterans: although it was helpful, it was not as helpful as a real Vet Center would have been. Needless to say, we in Stanislaus County are very grateful to finally have a Vet Center established here. It is a tremendous asset to our Veterans, and the Counselors are always willing to go the extra mile to assist our Veterans and their families.

After working with VAMC's, VA Regional Offices, and Vet Centers for many years, I still find one major thing that does not happen within the Veterans Administration: COMMUNICATION. Whether it be Federal, State, or County government, we are here to serve Veterans, and we need to communicate about our services to each other, as well as to our Veterans and their dependents.

I believe the VAMCs could do a better job working with the Vet Centers. I personally have had Veterans here in my own County be put on Fee Service contracts for PTSD counseling, instead of being referred to the local Vet Center. I truly think this is all due to lack of communication.

Please understand, I have been serving Veterans for over thirty-five years, and I have seen the VA change for the better in many ways, and I applaud them for making these changes to improve their service to our Veterans. But, the VA still needs to do more in the way of communication, and becoming ONE VA.

Thank you again for this opportunity to appear before you.

Prepared Statement of Ron Green

I would like to thank you for the opportunity to be here today. My name is Ronald Green. I am the San Joaquin County Veterans Services Officer. My purpose for being here is to advocate for improvements in medical, substance abuse, and mental health care services for veterans in our region. Efforts are underway to improve and expand Veteran Services but, I believe that the current efforts need to be expedited if possible, and that more can be accomplished. I support increasing the number and staffing of the Vet Centers, I support expediting construction of the expanded specialty clinic and long term care facilities in French Camp, and I support opening enrollment in the V.A. Health Care System to all veterans with qualifying discharge and service.

Before the establishment of the Modesto Vet Center, the Central Valley between Sacramento and Fresno was bereft of a vet center. Service was provided on a contract basis by the Concord Vet center. Even now the Vet Center program needs to be increased with either more Vet Centers or increased staffing or both. As an example of the need, the Vet Center Director from Sacramento has advised that he is exploring the possibility of a twice a month outreach in Lodi in San Joaquin County. He also said that he was doing other outreach elsewhere.

Demand for Vet Center services is increasing for two principle reasons. The first reason is the return of OIF/OEF veterans and deployed reservists and National Guard. In the past, CDVA had provided us with information about recently discharged veterans. Based on that we were able to estimate that the number of new veterans returning to San Joaquin County each year would be between 420 and 450 each year.

The second reason is the number of times possible mental health issues have been raised during our claims preparation process. Claimants with mental health issues are provided with contact information and literature regarding the Vet Center and the VA Clinic and they are advised to contact them for help. The number of referrals from our office alone averages over 20 per month.

There are estimates that 10-20% of returning OIF/OEF combat veterans are afflicted with PTSD. This is compared with 10% for Desert Storm and 30% from Vietnam. PTSD has been a problem for veterans of other wars but the extent has been difficult to document. I have three World War II veterans that I assisted who come to mind. The first was a Pearl Harbor Survivor; the second was in the Battle of the Bulge, while the third was on a destroyer hit by a Kamikaze plane.

PTSD not only affects these veterans but also leaves in its wake, failed relationships, and substance abuse.

The VA Health Care System and especially the VA Palo Alto Health Care System are leaders in dealing with PTSD. Palo Alto is the parent medical center for the three CBOC's in San Joaquin, Stanislaus and Tuolumne Counties. All provide mental health care. In addition to these three clinics, there are approved plans for an expanded medical and behavioral health clinic and long term care facility to be constructed in the Central Valley on 52 acres of land the VA has purchased in French Camp. This construction needs to start as soon as possible especially considering that the average age of the veteran population is about 60 years and that the size of the service population is close to 80,000. San Joaquin County partnered with the VA to construct a primary care clinic that opened approximately 5 years ago. The number of veterans utilizing that that clinic has already exceeded the capacity of the facility and plans are underway to build and open an expanded modular facility in the next year.

I am also advocating that enrollment in the VA Health Care System needs to be open to all veterans with qualifying discharges and service. It should be sufficient that a veteran has served honorably for the required length of time in order to enroll in the VA Health Care System. Assignment of a maximum income for enrollment makes the system tantamount to a welfare program. It should be enough that the veteran has served.

Again I would like to thank you for the opportunity to be here today. As I have said I support an increase in the Vet Center Program. I favor an accelerated schedule for the completion of the expanded skills clinic in French Camp. And lastly I

would like to see the elimination of income limits for enrollment in the VA Health Care System.

Prepared Statement of Roger Savage Duke

Good Afternoon Congressman Denham, Congressman McNerney . . . :

Thank you for allowing me to appear before you today to discuss the Modesto Vet Centers' practices in providing readjustment counseling services to servicemembers, veterans and their families within the larger VA health care system.

Let me begin by providing you a program history. In addition, I hope to also provide you with an appreciation of the Vet Center Culture, our Clinical Services, and to finally address Modesto Vet Center's collaboration with the VAMC and other partners in our community.

Program History

VA's Vet Centers are a different kind of environment—a caring, non-clinical setting—in which Veterans can receive care. Vet Centers are community-based counseling centers, within Readjustment Counseling Service (RCS), that provide a wide range of social and psychological services including professional readjustment counseling to Veterans and families, military sexual trauma (MST) counseling, and bereavement counseling for families who experience an active duty death. Our program in Modesto, like many throughout the country, also facilitates community outreach and the brokering of services with community agencies that link Veterans with other needed VA and non-VA services. A core value of the Vet Center is to promote access to care by helping Veterans and families overcome barriers that may impede them from using those services.

There are currently 300 Vet Centers located in all 50 states, the District of Columbia, Puerto Rico, Guam, and American Samoa.

The Vet Center program was the first program in VA, or anywhere, to systematically address the psychological traumas of war in combat Veterans, and this a full year before the definition of Post-Traumatic Stress Disorder (PTSD) was published in the Third Edition of the American Psychiatric Association Diagnostic and Statistical Manual (DSM III) in 1980.

Modesto Vet Center's field-based outreach, which will be addressed by Mr. Randall Reyes, and the Vet Center's ability to rapidly respond to acute PTSD and other post-war readjustment difficulties, makes it a great compliment to existing VHA mental health services. As a young soldier who personally experienced the stressors of combat in Vietnam and then later as a Marine Corps Ground Combat Officer of Fleet Marine Force line units, I can attest to the need to provide the early intervention and outreach that Vet Centers provide. I have seen the tremendous positive transitions of our military forces in my military career. However, the issue of overcoming stigmatization remains a constant challenge for those of us providing clinical services. In early 2006, while contracted as an embedded psychological counselor for a battle-scared National Guard Infantry Company, I first heard of the Vet Centers. The Modesto Vet Center had not even been formed when outreach workers from Fresno and San Jose Vet Centers reached out to this Battalion of warriors. Since coming on line in Modesto some four years ago the Modesto Vet Center has been a welcomed support for combat veterans and their families. As an outside observer to a very busy "in the trenches" provider, I have been very impressed with the caliber of professionals at the Modesto Vet Center and their willingness to reach out to the community. When my son Jeremy returned from Afghanistan 2004, he had earned his Combat Infantry Badge with 10th Mountain Division. He was one of those who benefitted from early intervention and while in the National Guard, was able to utilize Modesto Vet Center's Readjustment Counseling. He subsequently returned to active duty as an Army Medic and returned last year from Iraq. He has told me how appreciative he is that he could talk to someone about things he couldn't even share with his own family. I believe the Vet Centers, to include the Modesto Vet Center, provide a proven 'best practice' model in fostering peer-to-peer relationships for those with combat stress disorders.

Modesto Vet Center Culture

Modesto has adapted its program to continually optimize this practice within the context of the community. The unique culture of the Vet Center is evident in Modesto. It is a rapidly responsive team that "leads by example." I feel very privileged to work at a Vet Center that appreciates and utilizes my strengths and passion for assisting combat Veterans. Headed by our Team Leader, Steve Lawson, the Modesto Vet Center currently employs 3 counselors including one Licensed Clinical Social

Worker and one Licensed Marriage and Family Therapist. We have one office manager and one Global War on Terrorism (GWOT) Outreach Specialist. In addition, we partner with VA's Vocation Rehabilitation, Veterans Service Organizations, California's Employment Development Department, and the Judicial Outreach of the VA in Menlo Park. Our community partners also include private citizens and community non-profit organizations offering socialization and recreational activities so vital to maintaining mental health. Examples include inland and ocean fishing and crabbing excursions, sailing, horseback riding, and bowling. The area served combines both sprawling urban and rural communities. The Modesto Vet Center relies on the relationship with these communities to support and sustain important aspects of our Vet Center culture.

Clinical Services

Readjustment counseling in Modesto is pretty typical of the clinical services offered by the 300 Vet Centers nationally. I and my colleagues provide a wide range of psychotherapeutic and social services to eligible Veterans and their families in the effort to make a successful transition from military to civilian life. They include:

- Individual and group counseling for Veterans and their families
- Family counseling for military related issues
- Bereavement counseling for families who experience an active duty death
- Military sexual trauma counseling (MST) and referral if required (gender specific)
- Educational classes on PTSD, Couples Communication, Anger and Stress Management, Sleep Improvement, and Transition Skills for Civilian Life
- Substance abuse assessment and referral
- Employment assessment and referral
- Screening & referral for medical issues, including mTBI, depression, etc.
- VBA benefits screening and referral

Safety and Confidentiality

It is my belief that it's not so much the uniqueness of clinical services that sets Vet Centers apart from other Community-based Outpatient clinics, as it is the combat veteran's sense of safety and belonging experienced when they first come through the doors of the center. I have heard repeatedly by Veterans, both young and old, that they have a "connection" to one another. You can see this played out, whether in a PTSD process group or in a game of dice. The ritual is the same. You are a fellow warrior and whatever you're going through, you belong. The role that staff plays in providing this safety goes beyond confidentiality, which is of paramount importance. There is an elevated sense that staff respects the uniqueness of all combat Veterans and hold in strictest confidence all information disclosed in the counseling process. From orientation to closure the message is the same: No information will be communicated to any person or agency outside of RCS unless specifically requested by the Veteran, or as excepted in current clinical practices.

Collaboration with VAMC and Community Partners

- Bi-directional referral process
- Participation in VA Medical Centers Mental Health Councils
- Joint Participation in VA and Community Events
- Medical Centers provide to Vet Centers:
 - External clinical supervision at a majority of Vet Centers
 - Clinical Liaisons who coordinate the care for complex cases (judicial outreach) and shared Veterans and provide quality reviews of Veteran suicide and other critical events.
- Administrative Liaisons to support fiscal, human resource, procurement, and engineering service functions.
- Both Modesto Vet Center and VAMC have jail access to incarcerated Veterans

Community Partnerships are integral to successful support for veterans while they are in the readjustment process. Our counselors have been involved in Restorative Justice along with other stake holders in the community. From time to time, Vet Center Counselors have provided expert advice to the courts on PTSD assessment and treatment in support of California Penal Code 1170.9. I have been invited to be a regular instructor to the Law Enforcement Academy's Crisis Intervention Training to provide a perspective to crisis negotiators on the issues facing combat veterans as they return and readjust to their communities. This relationship has played out in a positive manner on the streets of Modesto where, in one example, a combat Veteran was given a referral to our office in lieu of possible involvement with law enforcement. The Stanislaus County Mental Health Forensics Program Manager has praised this collaborative community partnership and the role the Mo-

desto Vet Center has played in elevating cultural competence towards Veteran issues, especially those returning from combat.

In my own experience, I have appreciated the challenges that come with serving combat Veterans. Whether advocating in court, arranging reintegration for a wayward active duty soldier, providing bereavement services for family members, or listening and comforting a World War II Veteran crying over losses felt over 60 years ago, the Modesto Vet Center is there, "Keeping the Promise."

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

Prepared Statement of Randall R. Reyes

Good Afternoon Chairwoman Buerkle, Ranking Member Michaud, and members of the Subcommittee. Thank you for the invitation to discuss the Modesto Vet Center's efforts to provide the best care possible to, not only our Central Valley Veterans, but also to those who are discharged from active duty and move to different parts of the United States.

I am a 13 year Veteran of the United States Marine Corps. I have served in areas such as the Horn of Africa, Afghanistan, and Iraq. I was introduced to the Vet Center by my father, who is a Vietnam Veteran and a Vet Center client. I also have other relatives and friends that have served in Iraq and Afghanistan who use Vet Center services. I have seen firsthand the difference the Vet Centers have made in their lives. I believe in the Vet Center's mission, and what VA officials do for Veterans who have experienced trauma, and for their families, who want to be there to offer support.

VHA's Readjustment Counseling Service (RCS) has implemented initiatives to ensure that Veterans have access to Vet Center services. Following the onset of the current hostilities in Afghanistan and Iraq, the Vet Center program hired 100 Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF), and later Operation New Dawn (OND), Veteran Outreach Specialists to proactively contact their fellow returning Veterans at military installations across the country. Veterans such as myself, with military and combat experience, provide an instant connection to returning Servicemembers, making it easier to build rapport, overcome stigma, earn trust, and ultimately engage in discussions about access and referral to services.

In my role as outreach specialist, I proactively seek out my fellow Veterans where they are in the community. This usually includes participation in a variety of Federal, State, or locally organized Veteran-related events or actually going to places Veterans and Servicemembers frequent, such as their Unit Armories or area Universities. I also ensure that the family members of eligible Veterans are aware of the services that the Vet Center can provide. I have worked closely with other VA programs, such as Vocational Rehabilitation, VHA Enrollment, and Homeless Veterans Programs, in hopes that any Veteran attending an outreach event can receive information and referral to all VA services.

The Modesto Vet Center also has access to the Mobile Vet Center Program. Mobile Vet Centers provide early access to returning combat Veterans via outreach at a variety of military and community events. The vehicles extend Vet Center outreach to more rural and highly rural communities that are isolated from existing VA services. Furthermore, the vehicles are a part of the VHA's Emergency Response to leverage readiness in times of national and local emergencies. Each Mobile Vet Center has space for private counseling and is equipped with a state-of-the-art satellite communications package that includes fully encrypted teleconferencing equipment, access to all VA systems and connectivity to emergency response systems.

The Modesto Vet Center has used local Mobile Vet Centers at various events such as homeless Veteran stand downs. In another instance, Mobile Vet Centers and staff provided outreach and referral to more than 1500 returning members of the Idaho National Guard after a recent combat deployment.

Finally, Veterans and family members have access to the Vet Center Combat Call Center or 1-877-WAR-VETS. It is an around-the-clock, confidential call center where eligible combat Veterans and their families can call to talk about their military experience or any other issue they are facing in their readjustment to civilian life. The staff is comprised of combat Veterans and family members of combat Veterans, from several eras. This benefit is earned through the Veteran's military service.

The Call Center, which opened in 2009, is the product of VA leveraging technology to condense a national system of toll free numbers into a single modern center located in Denver, CO. Call Center staff has state-of-the-art technology to provide

warm handoffs to the VA National Crisis Hotline, the National Caregivers Support Hotline, and the Dayton VA Primary Care Triage Hotline when medical care is needed.

Thank you again for the opportunity to testify. I am prepared to answer any of your questions.

Prepared Statement of Elizabeth Joyce Freeman

Good Afternoon Congressman Denham and Congressman McNerney. I appreciate the opportunity to discuss the VA Palo Alto Health Care System's (VAPAHCS) efforts to provide the best care possible to our Central Valley Veterans as well as all Veterans in our catchment area from Sonoma to Monterey. I want also to address the excellent collaboration we have with our Vet Centers at Redwood City, San Jose, Capitola and Modesto.

Let me begin by giving you an overview of VAPAHCS, one of the largest and most complex VA health care systems in the country.

Overview

VA Palo Alto Health Care System consists of three inpatient divisions located at Palo Alto, Menlo Park, and Livermore, in addition to seven Community-Based Outpatient Clinics (CBOC) in San Jose, Monterey, Capitola, Fremont, Stockton, Sonoma, and Modesto. Our primary hospital is located at Palo Alto and, like most VA hospitals, is a teaching hospital, providing a full range of patient care services, as well as education and research. Comprehensive health care is provided through primary, tertiary and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care.

VAPAHCS has more than 800 operating beds, including three community living centers (nursing homes) and a 100-bed homeless rehabilitation center on the Menlo Park campus. VAPAHCS is home to a variety of regional treatment centers, including a Spinal Cord Injury Center, a Polytrauma Rehabilitation Center, the Western Blind Rehabilitation Center, a Geriatric Research, Educational and Clinical Center, a Homeless Veterans Rehabilitation program, and the Men's and Women's Trauma Recovery Programs. Many of these programs also treat active duty military Servicemembers under sharing agreements with the Department of Defense, under Section 1631(b) of Public Law 110-181.

Partnership with Vet Centers

Our VAPAHCS clinicians work hand-in-hand with the staff at the Modesto Vet Center. In fact, we actually housed the Vet Center in our facilities while the new Vet Center was being built. A large number of Veterans are seen at both VA sites—VA Palo Alto Health Care System and the Vet Center—which often leads to positive outcomes. For example, recently one of our mental health social workers received a call from a Vet Center counselor, who said he was with a suicidal Veteran. Thanks to the close collaboration and trust between the two facilities, literally within hours the Veteran was admitted at VA Palo Alto's acute care mental health hospital. Following his in-patient stay, the Veteran received follow-up services from not only a VAPAHCS clinician, but the Vet Center as well. The Veteran continued his group counseling at the Vet Center and individual counseling from the VAPAHCS.

Additionally, it is common for Vet Centers to refer Veterans to VAPAHCS for pharmaceuticals. A robust consultation process also occurs between VAPAHCS and Vet Center clinicians regarding clients, when needed.

Another way the VAPAHCS and Vet Centers collaborate is in outreach. It's typical at community events to see both the Mobile Vet Center and VAPAHCS staff set up to enroll and serve Veterans. Furthermore, outreach staff from VAPAHCS provide information about Vet Centers when they attend events and Vet Center staffs actively encourage eligible Veterans to enroll in VA health care.

Telehealth in the Central Valley

To augment our direct clinical care, VA is expanding our "real-time" telehealth programs throughout the health care system and, particularly, in the Central Valley. Along with telehealth programs for pain management, GI and rheumatology, in Modesto, we offer telehealth opportunities for Veterans in the mental health arena. In fact, in fiscal year (FY) 2011, more than 80 percent of our telehealth encounters were for mental health. We provide the entire range of mental health services, everything from medication evaluation and management to group therapy, and exposure therapies for post-traumatic stress disorder (PTSD). We also offer Polytrauma

Network Site initial traumatic brain injury evaluations at Modesto through real-time telehealth.

According to a nurse practitioner providing care to Modesto Veterans, on average, pain scales from Veterans attending the tele-rheumatology clinic have decreased dramatically, which indicates better pain management through telehealth. Telehealth opens opportunities for Veterans, who often in the past, could not access the care because they had to travel long distances or who found it difficult to drive because of physical or mental impediments.

Research at the VA Palo Alto Health Care System

Additionally, we maintain one of the top three research programs in VA, with extensive research centers in geriatrics, mental health, Alzheimer's disease, spinal cord regeneration, schizophrenia, rehabilitation, and HIV research. Enhanced by our affiliation with the Stanford University School of Medicine, our research program provides a rich academic environment including medical training for physicians in virtually all specialties and subspecialties. Over 1,300 University residents, interns and students are trained each year.

One area of note is the work we have done to significantly improve the quality of life for Veterans with eye and vision injuries incurred during their service in Iraq, Afghanistan and elsewhere. Drs. Gregory Goodrich and Glenn Cockerham's research efforts began in 2004, when they observed that Servicemembers exposed to combat blasts also had disorders of visual and binocular function, as well as occult ocular injuries. Many or most of these findings were not diagnosed in transit through the DoD and VA health care systems, and published scientific literature did not address this population or even discuss the visual system in traumatic brain injury. Their seminal research not only led to the development of improved eye and vision injury detection, but also improved examination techniques and created innovative rehabilitation programs.

VA Expansion in the Central Valley

With a construction budget of more than \$1 billion, VAPAHCS has launched an ambitious building project on its Palo Alto campus, including a new acute care mental health facility that will open this summer. The plan also includes VA's largest rehabilitation center, which will combine polytrauma and blind rehabilitation; additional research space; and additional lodging facilities for Veteran patients and family members. The lodging was donated by the Pentagon Federal Credit Union Foundation.

These projects are driven by increased Veteran demand, seismic-related upgrades, and the desire to provide state-of-art buildings, technology, and equipment to care for our Veterans. The Palo Alto campus is also where our Modesto Veterans come for their extended clinical care, which cannot be provided at Modesto or Livermore.

We are investing money, time, and clinical skill in Modesto, where we have broken ground on a brand new CBOC that will more than double the square footage of the current clinic. The 12 year, \$10.3 million lease contract, awarded to California Gold Development Corporation from Sonora, CA, will also create at least 100 jobs during the site development, construction, and activation of this project.

The new clinic will be located at 1115 Oakdale Road, and will offer primary care, mental health services, limited specialty care, and ancillary and diagnostic services. The 23,250 square feet clinic will be a Leader in Energy and Environmental Design (LEED) silver-certified building, substantially increasing the treatment capacity for the 7,000 Veterans currently served in the Central Valley and providing 150 parking spaces. VA services currently offered in Modesto will remain operational until the expected completion of the new facility in spring 2013.

In 2013, we are also expanding our CBOC in Stockton, where we will add clinical programs such as physical therapy, occupational therapy, and specialty medical services with telemedicine technology.

We have made significant progress towards the development of the new outpatient clinic and community living center as part of the Livermore Medical Center realignment. In June 2009, VA selected HDR, Inc. of Sunnyvale, CA, to provide architectural and engineering services for the new clinic and community living center. Programming and design of the new facilities is actively underway and will continue through 2012. Additionally, on Sept. 7, 2011, VA officially completed the purchase of the 52-acre land parcel in French Camp adjacent to the San Joaquin General Hospital, which will be the site of the new facilities.

Throughout our efforts, VA officials have made every effort to include Veteran stakeholders, both on the local and national levels, at each step of the process. We encourage Congress, Veterans and other stakeholders to view the exciting develop-

ments planned for Veterans to visit our website at: <http://www.paloalto.va.gov/construction.asp>.

Thank you again for the opportunity to highlight some of the accomplishments of the Palo Alto Health Care System's care for our Nation's Veterans. I will be happy to answer any questions you have.

Statement For The Record

MADHULIKA AGARWAL, M.D., MPH DEPUTY UNDER SECRETARY FOR HEALTH FOR POLICY AND SERVICES VETERANS HEALTH ADMINISTRATION (VHA) DEPARTMENT OF VETERANS AFFAIRS (VA)

The Department of Veterans Affairs (VA) is providing, for the record, the following statement on implementation of Sections 304 and 401 of Public Law (P.L.) 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010.

Section 304

The key provisions in Section 304 of P.L. 111-163 relate to providing family counseling services for immediate family members of eligible Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Veterans and for the provision and training of Veteran Peer Counselors to support this cadre of Veterans.

Section 304 has many provisions in common with Section 107 of P.L. 110-387, which required VA to establish a pilot program to assess the feasibility and advisability of providing peer outreach services, peer support services by licensed providers, readjustment counseling services, and other mental health services to OEF/OIF/OND Veterans. In January 2011, VA began the pilot program required by Section 107 of P.L. 110-387. Given the similarity of these requirements to certain requirements in Section 304 of P.L. 111-163, VA wanted to ensure that new programs developed to comply with Section 304 did not unnecessarily duplicate or overlap programs required by Section 107. Now that the pilot is underway, VA is able to review and evaluate those elements of Section 304 that may require further enhancement.

Many of the requirements in Section 304 were in place or underway when implementation of P.L. 111-163 began. This statement will mention those briefly and then highlight actions VA has taken to enhance and expand the program since the passage of P.L. 111-163.

Vet Centers have been authorized to provide the full range of readjustment counseling services, including working with families, to eligible OEF/OIF/OND Veterans and their families since 2003. In conjunction with Vet Center services, mental health clinicians at other VHA facilities provide a full range of general and specialty mental health services to eligible Veterans of all eras including evidence-based psychotherapy, residential treatment programs, and crisis intervention services.

The Vet Center Program continues to provide peer, or Veteran to Veteran, outreach services to OEF/OIF/OND Veterans and their families since the Secretary of Veterans Affairs authorized the program to do so in 2003. Currently, Veteran Outreach Specialists within the Vet Center Program proactively contact their fellow returning Veterans at military demobilization sites, including National Guard and Reserve locations, and in their communities. These individuals, all of whom served in recent combat zones, provide information and referral to Vet Center services as well as connection to other VA services.

Vet Centers provide a full range of psychosocial services under the umbrella of readjustment counseling and are able to facilitate the Veteran-to-Veteran connection due to the high percentage of Veterans employed by the program. This has been a tenet of the Vet Center program since its inception over 30 years ago.

Since the passage of P.L. 111-163, VA has continued improving and expanding its program to provide services to eligible OEF/OIF/OND Veterans and their families. Section 304 of the law includes a requirement that VA provide services to certain immediate family members to assist in the recovery of eligible Veterans who have incurred injury or illness during deployment.

VA has a robust system in place to provide transition assistance and care management for wounded, ill and injured OEF/OIF/OND Veterans. Each VA medical center has an OEF/OIF/OND Care Management team that is highly experienced and specially trained in the needs of returning combat Servicemembers. These teams coordinate patient care activities and ensure that eligible Servicemembers and Veterans are receiving patient-centered, integrated care and benefits. OEF/OIF/OND clinical case managers screen all returning combat Veterans to identify Vet-

erans who may be in need of case management services so VA can intervene early and provide assistance before the Veteran is in crisis. In addition to identifying prevalent medical and mental health issues related to deployment, this screening identifies known risk factors for psychosocial issues such as homelessness, unemployment, family problems, and substance abuse. Severely ill or injured Servicemembers and Veterans are provided a case manager and other OEF/OIF/OND Servicemembers and Veterans are assigned a case manager as indicated by a positive screening assessment, or upon request. Case management needs are identified early, a plan of care is developed, and follow-up is provided as long as needed. OEF/OIF/OND case managers are experts at identifying and accessing resources within the VA health care system and the local community to help Veterans recover from their injuries and readjust to civilian life. The OEF/OIF/OND case managers are well positioned to offer support and assistance to eligible families in need of mental health services as well.

VA is striving to improve these services. Additional training was provided in January, February, and March 2012 for case managers to improve screening. The goal is that while screening Veterans for psychosocial risk factors, the OEF/OIF/OND case management team will ask the Veteran questions regarding mental health, substance abuse or other psychosocial issues the Veteran is experiencing associated with immediate family members.

VA is also working with the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) to develop training for use of their mental health provider locator, available on the SAMHSA Web site. Training is available for OEF/OIF/OND case managers who work with family members to assist them in identifying and accessing mental health and community resources for families and children. VA staff will receive training on SAMHSA's substance use provider locator no later than June 30, 2012.

A Caregiver Peer Mentoring Support program in which new caregivers are matched with experienced peers for support, guidance, and the sharing of experiences following similar paths in their caregiving journey was launched in January of 2012. Caregivers interested in being mentors are registered as volunteers at their local VA medical center and complete an orientation program with the Caregiver Support Program. After orientation, caregiver mentors are matched with an appropriate caregiver with the expectation that they will contact each other regularly to discuss issues, provide support, and solve problems together. Mentors will receive ongoing support from the Caregiver Support Program, including monthly calls with all of the mentors participating in the program. The first three peer mentors have been trained and are in the process of being matched.

Caregiver training and education are important components of VA's Caregiver Support Program. Family caregivers of eligible seriously injured Veterans are required to complete a Core Curriculum training program prior to approval for the Program of Comprehensive Assistance for Family Caregivers, which provides additional services and benefits to those eligible, including, for designated and approved Primary Family Caregivers, a stipend and CHAMPVA coverage (if the Primary Family Caregiver is not entitled to care or services under a health-plan contract (as defined)). The Core Curriculum is designed not only to ensure the proper care of the Veteran, but also to support and minimize the physical and mental health consequences of long-term care giving on the caregiver and other family members. VA has contracted with Easter Seals to develop a comprehensive caregiver training curriculum to address these needs. The curriculum is offered in three formats: self-instruction with a workbook and CD/DVD, Web-based online course, or a classroom setting. The caregiver may choose the option which best meets their needs and learning style. As of March 21, 2012, a total of 4,096 family caregivers have completed the training.

In addition to the services provided by the OEF/OIF/OND care management teams as discussed earlier, there were a variety of family programs authorized before the passage of P.L. 111-163 and available through VHA's Mental Health Services. For eligible family members these include:

- Family consultation, family education and family psycho education for Veterans with serious mental illness;
- Family education and training, brief problem-focused consultations, more intensive family psycho education, and marriage and family counseling;
- The Support and Family Education Program (SAFE), which is an 18 session workshop for families of Veterans living with PTSD or serious mental illness;
- The National Alliance on Mental Illness (NAMI) Family-to-Family Education Program (FFEP), a 12-week program developed by NAMI and taught by trained family members (peers);

- Talk, Listen, Connect: Deployment, Homecoming, Changes, which is a joint VA–Department of Defense (DoD) and Sesame Street Workshop bilingual educational outreach initiative; and
- Integrative Behavioral Couples Therapy (IBCT) for returning Servicemembers and their partners.

Although all of these services are currently being provided, availability varies across the VA health care system. In December, 2011, VA sent a memorandum to the field reminding facilities that these services had been authorized and should be provided on an ongoing basis. Since sending the memorandum to the field, VA has provided information on Veterans Integrated Service Networks (VISN) Mental Health Lead calls and All Staff Mental Health calls. Individual facility and VISN consultation has been provided for several sites. VA will continue to provide assistance until these services are fully available at all locations.

VA has authority to enter into contracts to provide mental health services to Veterans who are remote from VA services. In the absence of accessible peer outreach services, peer support services, and readjustment counseling services, VISNs will utilize these contracting options and explore alternative opportunities in surrounding communities, utilize telehealth options, or encourage the use of online applications and options. Beginning with the memorandum to the field cited above, VA has continued to send reminders to VISN leadership about the need to identify and utilize these options on an ongoing basis. VA will also add this item to the Mental Health Operations Check List by the end of April 2012. VA will assess the local need for these contracts in light of the plans that are in place, and will identify any additional needs through site visits this year. All sites will be visited by the end of fiscal year (FY) 2012. Technical assistance will be provided to those sites needing to develop contracts.

VA is working with SAMHSA to identify community-based referrals, resources, and options for Veterans and family members to access these referral services. Developing system-wide solutions to this issue has been difficult, but SAMHSA is building a Web-based resource directory populated with available options for use by OEF/OIF/OND coordinators, social work staff, and other VA providers to ensure that appropriate referrals for care are made. VA will receive a progress report on this project by June 30, 2012.

VA has solicited for a national contract with a not-for-profit mental health organization to train Veterans to provide peer outreach and peer support services. VA-contracted community mental health providers that employ Veterans providing peer outreach and peer support services will also require training of those peer Veterans. Vet Centers provide their own staff training on peer-related issues and will not be included in this contract. The completion of the bidding and award process is expected by May 30, 2012.

For contracted community mental health care providers, Web-based training (such as the Post-Traumatic Stress Disorder 101 series) currently exists and will be augmented by training on best mental health care practices developed by the Department of Defense (DoD) Center for Deployment Psychology. In addition, training on military culture is being developed as part of a joint effort between the DoD Center for Deployment Psychology and VHA. Training in best mental health care practices will be provided as developed throughout FY 2012, with completion anticipated by the end of the fiscal year.

As part of the implementation plan of Section 304, VA's Planning and System Support Group has created VISN-level maps that identify the location of enrolled and non-enrolled OEF/OIF/OND Veterans and their travel distance to existing VA medical centers, Community Based Outpatient Clinics, and Vet Centers. These maps can be used by VISNs for planning purposes. Maps and directions for their use have been disseminated to the field and are currently available for use.

The DoD Office of Reserve Affairs is also creating a list of current National Guard/Reserve members who are nearing the end of an active duty phase to provide outreach to them and their families about services. This is a collaborative effort with the VA as part of the Section 304 implementation work group. Information is still being collected by the National Guard and Reserve Offices for this task. VA is continuing to discuss and refine the details of this item with the Office of Reserve Affairs during regular meetings in which VA and DoD work on implementation of Section 304.

Section 401

Section 401 of Public Law 111–163 authorizes Readjustment Counseling Service (RCS) to expand Vet Center eligibility to include members of the armed forces, including members of the National Guard or Reserve Forces, who served in OEF/OIF/OND. This authority provides eligible Servicemembers and their families access to

safe and confidential readjustment counseling services at any of the 300 Vet Centers and 70 Mobile Vet Centers located in all 50 states, the District of Columbia, Puerto Rico, Guam, and American Samoa. VA supports this expansion of Vet Center Services.

Section 401 requires that this be a joint rulemaking between VA and DoD. VA worked with DoD to draft the proposed rule, which was published in the *Federal Register* on March 13, 2012. The public comment period will end on May 14, 2012. After the comment period closes, VA and DoD will promptly draft a final rule, to include responses to all comments and revisions as appropriate. The final rule will be effective 30 days after it has been published in the *Federal Register*.

VA is ready to implement the program as soon as the final rule is published. At that time, VA will launch an extensive outreach program to inform eligible Servicemembers about the expansion of Vet Center services. VA will monitor personnel and resources requirements for the program over time, and will adjust support accordingly once the level of Servicemember participation is determined.