

**THE 116TH ARMOR CAVALRY BRIGADE AND
IDAHO RESERVISTS: ARE WE READY FOR THE
RETURN OF IDAHO'S SOLDIERS?**

HEARING
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ONE HUNDRED NINTH CONGRESS

FIRST SESSION

AUGUST 1, 2005

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THE 116TH ARMOR CAVALRY BRIGADE AND IDAHO RESERVISTS: ARE WE READY FOR THE RETURN OF IDAHO'S SOLDIERS?

MONDAY, AUGUST 1, 2005

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

The Committee met, pursuant to notice, at 2 p.m., at Gowen Field, Building 440, Boise, Idaho, Hon. Larry Craig (Chairman of the Committee) presiding.

Present: Senator Craig.

Also Present: Governor Dirk Kempthorne.

OPENING STATEMENT OF HON. LARRY E. CRAIG, U.S. SENATOR FROM IDAHO

Chairman CRAIG. Good afternoon everyone, and welcome to this field hearing of the U.S. Senate Committee on Veterans' Affairs. First, let me thank General Lafrenz. I understand that the microphones and the sound system were not up as of early this morning.

General LAFRENZ. Yes, sir. That's my understanding.

Chairman CRAIG. Congratulations. The military has successfully accomplished another mission. It is a great honor for me to be here and to be hosted by you here at Gowen Field. I appreciate your efforts to make this hearing possible.

I also want to recognize my partner to my right, Governor Dirk Kempthorne, who is playing a tremendously important role for Idaho as it relates to our military at this moment in time. Let me also thank Dr. Perlin for making a trip to Idaho. Thank you very much, Dr. Perlin. I believe this is the first time that we've had an Under Secretary for Health of the Veterans Administration come to our State.

This hearing couldn't be more timely, I think, and more important to Idaho citizens, soldiers, and their families. Idaho currently has over 1,800 Idaho troops who have been deployed. This represents an impressive 42 of our 44 counties. This is one of the most extensive deployments in the Nation, and the impact on Idaho, we believe, is significant. I am sure nearly every person in our communities around the State has a family member, a friend, an employee who is currently serving our country in the war on terror. We are extremely proud of their service, and Idahoans have shown amazing support for these individuals and the sacrifices they are making to defeat terrorism and to keep this Nation secure.

Earlier this year, I made a trip to Iraq to visit our servicemen and women, along with other members of the Idaho Congressional delegation. I can't tell you how impressed I was by the commitment, the dedication demonstrated by our Idaho soldiers. As I talked with the soldiers there, they impressed their heartfelt thanks to all Idahoans who have been so supportive.

This support means everything to them. It comes on a daily basis, and it is continuous. They are truly heroes, and we should do everything possible to give them all of the support necessary on the battlefield and when they return to their home State of Idaho.

We gather here today with that role in mind. The title of today's hearing is—The 116th Armor Cavalry Brigade and Idaho Reservists: Are We Ready for Their Return to Idaho? Or I should say are we ready for the return to Idaho of Idaho servicemembers. I'm told that our Guard and Reservists may be able to return to Idaho at the end of this year or sooner. We certainly hope and pray that this is the case. At that time we will continue to support these brave men and women as they return home to communities all around our State.

So we must ask: Are we ready for their return? Do we have the appropriate resources in place to provide the services they may need? What challenges will a rural State like Idaho face in providing access to benefits and healthcare? What is being done to help prepare the families for the return of their loved ones? I'm sure that many of you here today have some of those same questions that I have just asked.

With our citizen servicemembers spread throughout the State, it will take a finely coordinated effort with a wide variety of partnerships to make sure that every effort is being taken to meet the needs of those coming home.

I'm pleased again that Governor Kempthorne could be here today to participate in this hearing. He plays a very important role in the coordinated efforts that are underway and will continue to be developed prior to our service men and women's return home.

We are here today to ensure we are ready to offer as much support as possible to those heroes from Idaho, to identify any gaps that should be addressed before our troops come home. We have gathered two panels of witnesses that are playing vital roles in planning for the return of Guard and Reservists who will be making their way home to Idaho.

We are joined on our first panel today with Dr. Jonathan Perlin, Under Secretary of Health for the Department of Veterans Affairs. He will be joined by Max Lewis, acting VISN 20 Director; and Wayne Tippets, Director of the Boise VA Medical Center. We also have Ms. Diana Rubens, Director of Western Area Office for the Veterans Benefits Administration. She will be joined by Mr. Jim Vance, Director of the Boise VA Regional Office.

On our second panel we will hear from Major General Larry Lafrenz, Idaho Adjutant General; and Mr. David McIntyre, the President and CEO of TriWest. We'll discuss their work with TriCare. We will also hear from Scott Reese. Not only is he the Mayor of Blackfoot, Idaho, but is chairman of the Idaho State Committee of the Employer Support of the Guard and Reserve.

So I want to welcome all of you. Those of you in the audience certainly who are here as interested family members, or interested friends, or veterans yourselves, we're extremely pleased that you could join us this afternoon.

Before I ask our panelists to come forward, let me turn to the Governor of the State of Idaho, Governor Kempthorne, for any—you see, I almost made that mistake I made years ago, but I caught myself. Why I do that I do not know. The Honorable Governor of the State of Idaho, Dirk Kempthorne.

Dirk.

**STATEMENT OF HON. DIRK KEMPTHORNE, GOVERNOR,
STATE OF IDAHO**

Governor KEMPTHORNE. Let me thank the Senior Senator from Iowa.

Chairman CRAIG. He almost said senior citizen.

Governor KEMPTHORNE. Chairman Craig, thank you very much. Let me commend Senator Craig for convening this hearing. All veterans, all soldiers have a friend in Senator Craig. And to have him as Chairman of Veterans' Affairs Committee is tremendous for our service personnel. It's an honor for Idaho, one which we take a great deal of pride in. But the service provided by Larry is tremendous, and I want to thank you on behalf of all citizens and soldiers and veterans.

I also want to commend all veterans who are here today who have also been a tremendous source of strength and focus during this deployment. Our veterans have been there and they have now returned. They know the experience, and their families know the experience. And so they have been a wonderful resource for all of us.

During this deployment, this is the largest single deployment in the history of the State of Idaho. Therefore, it is the largest single demobilization ever in the history of Idaho. We have not been here before.

Now, I see we have Charlie Company who is here, United States Marine Corps. Awesome. Lance Corporal Mitch Ehlke, one of your comrades in arms, is down here. They epitomize the Reserve all that is tremendous and is great, the 116th, the distinguished service that they're providing, and the Air Guard that is continually rotating in and out of here.

We will be ready and we will provide a hero's welcome for when the 116th returns, for when Charlie Company returns, as the Air Guard returns from the mobilizations and rotations. But here's the key. It's not how we treat our returning soldiers the day and the weeks after, it's the months and the years after that that will mark how we have truly shown our support for these men and women who have served and answered the call to duty. I'm dedicated to that. Senator Craig is dedicated to that. I know these gentlemen and ladies from Washington, DC, are dedicated to that.

But it does pose some interesting challenges because we are a rural State. As Senator Craig said, 42 of 44 counties are providing military personnel. So when they return to their armories in some of the more rural areas, you no longer have the critical mass, the camaraderie 24/7 that you have in theater. Now you're dispersed.

Your family members have had to learn how to get through this for the last 18 or 24 months. And somehow they have now done so. I've seen the strength of the families where they have rallied, an unwavering show of love and support for their soldier who's serving and making sure that the home front is taken care of.

Now when the soldier returns, the family has learned to cope. How has the world changed the homefront for the man and the woman who now steps back into that role? And if you do have a soldier who is beginning to go through the real feelings—because we've now made them warriors. If you read Snakebite's newsletter, it continually addresses them as warriors. So now we're going to bring the warriors home. There's going to be a transition period, both in the home and the workplace and internally.

And so what programs do these soldiers access and how are they made aware of those programs? And also, if they do access those programs and they're in an area where perhaps they can't share their inner feelings, how do you do so and not establish some stigma that you feel you shouldn't ask these questions? What we must do is make sure they feel comfortable in asking any and every question—both the soldier and the family.

Mitch Ehlke, when he came back—he could have been back here 2 months earlier—but Mitch told me the reason he didn't is because he was going to make sure that when he got off the plane he walked to this meeting. That's a wonderful, inspiring example. And he did so.

So Senator, I think what we're doing is we're making sure that when our troops return, we are ready to walk, to embrace them, and to carry out our duties to the soldiers and families the day after, the week after, the months and years after. Today is a great opportunity for that to continue.

Chairman CRAIG. Governor, thank you for those very appropriate remarks. For the last 6 months, I and others of the Veterans' Affairs Committee have been asking those kinds of questions. In fact, we thought it was a time when maybe we were building up people at Bethesda or Walter Reed that ought be home. And we suggested and held a hearing saying can't we provide this kind of rehabilitative services in our VA hospitals around the country so that these soldiers can be closer to their families?

And it was the soldiers in rehabilitation that said, "No, don't do that. We rehab much faster if we're together, if we're challenging ourselves and working together. We want to be here and with our families." But the kind of comradeship that grows out of a common problem, and a rehabilitation that I think probably this young gentleman has gone through and is going through, we found out that they themselves really, in other words, they wanted to walk before they came home. And I thought, that's very appropriate that you said it the way it was, because clearly in the hearings that we held, we found out just exactly that kind of comment from the very veteran or service men and women themselves who are going through this kind of rehabilitative needs at this time.

But you've outlined it well, and with that outline let us move to our first panel this afternoon. Let me invite to the table the Honorable Dr. Jonathan Perlin, Under Secretary for Health, U.S. Department of Veterans Affairs; to be accompanied by Max Lewis, Acting

VISN Director; Wayne Tippets, Boise VA Center Director; also Diana Rubens, Director of Western Area Office Veterans Benefits Administration. She will be accompanied by Jim Vance, Boise Regional Office.

Again, Secretary Perlin, we're pleased to have you in Idaho and we look forward to your testimony. The mics are activated by the top button when it's depressed. There you go. And I'm finding out, as the Governor did, they're very sensitive. OK. Thank you. Please proceed.

STATEMENT OF JONATHAN B. PERLIN, M.D., Ph.D., MSHA, FACP, UNDER SECRETARY FOR HEALTH, DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY MAX LEWIS, ACTING VISN 20 DIRECTOR; AND WAYNE TIPPETS, DIRECTOR, BOISE VA MEDICAL CENTER

Under Secretary PERLIN. Good afternoon, Mr. Chairman and the rest of the Committee. I want to thank you very much for the opportunity to appear today to discuss VA's preparedness to meet the needs of returning Operation Iraqi Freedom and Operation Enduring Freedom veterans.

It is such a pleasure for me to be here in Idaho, the home State of the Chairman of the Senate Veterans' Affairs Committee, Senator Larry Craig. Mr. Chairman, throughout your entire career you have demonstrated your awareness that America's veterans are the men and women who have made it possible for our Nation to be all that it is today; that our Nation will be judged in the future by the way we treat our veterans now; and that those who put their lives on the line for their country, like the incredibly inspirational work and actions of Mitch Ehlke, deserve to be treated with dignity and respect and the best possible care this country can provide.

I want to thank you for your clear and decisive leadership in Washington and here in Idaho, which has provided our department with the resources we need to meet President Lincoln's commitment to care for all of those who have borne the battle and for their families.

Also I want to thank Governor Dirk Kempthorne for being here today. As Idaho's United States Senator and now its Governor, Governor Kempthorne has repeatedly demonstrated that he is a true friend to veterans and their families. Governor, the VA greatly appreciates your support.

Mr. Chairman, I understand that in about November the citizen soldiers of the 116th Cavalry Brigade will return home following their brave and honorable service in Iraq. I dare say there is no one in this State who has not felt their absence and no one who will not take tremendous pride in their return. The men and women of the 116th are business men and women, police officers, firefighters, paramedics, and some are government workers. I am proud that four are employees of the Department of Veterans Affairs: Robert Boggs, Darren Shipley, Brian Maples, and Steve McGuire. Eleven members of the brigade sadly have already given their lives in service to our Nation. All of us mourn their loss.

Members of the 116th have a proud history. They fought bravely in World War II, Korea, Vietnam, Operation Desert Storm, during which time they proved to the Nation every National Guard combat

unit could fight and win even against those formidable enemies, even, if not especially, as citizen soldiers. Those who became ill or injured in service have earned, earned the finest healthcare the Nation can provide. It is our privilege that the Veterans Health Administration be chosen to serve these heroes.

Mr. Chairman, every member of the brigade who has served in a combat zone, such as Afghanistan or Iraq, is eligible to receive VA healthcare for conditions that may be related to his or her combat service. Those who enroll may receive care for 2 years following their separation from active duty without being required to provide a co-payment. After the 2-year period is up, they may continue their enrollment in our healthcare system at the highest level priority which they are entitled.

Many of these veterans returning will visit our Medical Center here in Boise, back here as part of our VA Northwest Healthcare Network. The VA Medical Center here in Boise serves veterans in 23 counties in southwestern central Idaho and 4 counties in southeastern Oregon. It is affiliated with the University of Washington School of Medicine; it has student affiliations in nursing and social work with Boise State University; and it has a pharmacy affiliation with the Idaho College of Pharmacy.

I was pleased and honored to be the first Under Secretary to visit the Boise VA Medical Center. This is a mission that I look forward to my next visit, if not to Boise, to other parts of Idaho. But I am very pleased to be able to tell you how proud I was when I saw the medical center today. It is an immaculate campus with a shiny new ambulatory care clinic, a new emergency room that's about to open next month, and state-of-the-art care in some other areas including mental healthcare. The center is not about the facility, it is not about the shiny new buildings. It's about the people who work there, and I can't tell you how positively I felt about the men and women who truly have served our Nation's veterans. They were absolutely passionate in their care and passionate about their service to the men and women who served our country in uniform.

The Boise VA provides a full range of patient care services: Primary care; medicine, surgery; psychiatry; physical medicine and rehabilitation; oncology; dentistry; and geriatrics and extended care. Of course, it has the lovely veterans' State home right next door. The facility provides 46 acute care beds, a 32-bed extended care unit, and 9 beds for resident treatment of substance abuse.

Boise's reach all the way across Idaho is extended by community-based outpatient clinics in Twin Falls and Ontario, Oregon, and shares a program with Mountain Home Air Force Base for pathology and mental health services. The VA also maintains outpatient services in eastern Idaho at Pocatello, supported by our Salt Lake City VA Medical Center, as well as the care provided on the western border at Lewiston, affiliated with our VA hospital in Walla Walla, Washington.

Finally, Mr. Chairman, we have two Veterans Outreach Centers, Vet Centers, in Idaho, here in Boise and also Pocatello. These centers are part of VA's readjustment counseling service, and they help veterans to make a successful readjustment to civilian life once their service is completed.

We recognize that the geography of Idaho presents unique challenges. We heard this morning a comparison of Idaho to the east coast of the United States would demonstrate the State of Idaho would stretch all the way from Boston to Washington, DC. Unlike the shuttle from Washington, DC, though, there are mountains in between and in fact we need a way to transcend these challenges of geography. And for that we use telemedicine or the use of electronic information systems and communication to support healthcare when distance separates the provider from the patient.

We use telemedicine extensively to increase access to care especially for veterans who are in remote locations and those who are disabled and elderly. We use telemedicine in the areas of radiology, mental health, cardiology, pathology, dermatology, psychiatry, diabetes care, and consultations for veterans with serious conditions such as spinal cord injury. Nationally, the VA conducts more than 350,000 telemedicine consultations annually. From our briefing today, we heard how we provide service to 197 veterans in Idaho in a given day through the telemedicine program.

Mr. Chairman, we are proud of our ability to reach out to the 136,000 veterans in many ways. And I am grateful for this opportunity to speak to them, but I realize it's not sufficient for just those of us in attendance today to know the services the VA makes available for returning servicemembers. Clearly it is our obligation to make certain that our returning heroes are aware of all the benefits and services a grateful Nation can provide them for their service and their sacrifices. And I appreciate the opportunity to meet this morning with General Lafrenz to make sure that we are coordinated as tightly as possible.

Our department has been participating actively in discharge planning and orientation sessions for returning servicemembers, including members of the Reserve and National Guard. I expect that every member of the 116th will receive a copy of our new brochure entitled, "A Summary of VA Benefits for National Guard and Reserve Personnel." In fact, I took the liberty of bringing a thousand of these with me as a first down payment on getting these out to each and every servicemember to identify the services available not just today and tomorrow, Governor as you've indicated, but whenever that veteran needs the services over the rest of their lives.

We have already distributed more than a million of these brochures. It's available online right now if you go to the Iraqi Freedom link on VA's Web site. This link also provides information on health and mental health benefits as well as benefits through the Department of Defense and veteran benefits in education and other services provided by VA.

We look forward to having special briefings here in Idaho as we've done elsewhere in the country. In fact, throughout the country we've briefed more than 200,000 Reservists and Guards since the war began, 68,000 at 974 briefings in 2005 alone. And every Reservist, every Guardsman and woman returning home receives a "thank you" letter from Secretary Nicholson, along with information brochures, information about how to access VA services through a toll-free number or anywhere throughout the country.

Mr. Chairman, outreach is not the only manner through which VA has prepared to welcome home the 116th and their counterparts. Our medical center employees have been trained to ensure they can identify new combat veterans and take appropriate steps to make sure they receive the world-class care they have earned.

Most of the VHA's nearly 200,000 employees see a video we prepared entitled, "Our Turn to Serve." The video is designed to better help them understand the experiences of our Nation's newest veterans and shows them how they can provide these heroes with the best possible service. Our Veterans Health Initiative is a program designed to increase recognition of the connection between military service and certain health effects; to better document veterans' military and exposure histories; and to improve our ability to provide patient care.

We prepared a number of teaching modules through the Initiative including one on recognizing the phases and situations of Iraqi war veterans including stress disorders and to summarize, to help clinicians promptly recognize and treat the symptoms of PTSD.

Mr. Chairman, I know the men and women of this great State and all American citizens are concerned about the physical costs of war. I am aware that Idaho's citizens pray for the safe return, as do I, of all the great servicemen and women who serve today on the front lines of freedom. I know the veterans of our previous wars and their loved ones are concerned that the VA might be overwhelmed by these new veterans and that the level of care might be reduced as a result. I want to assure you that we can provide the best care these veterans deserve.

As of July 1, 2005, we understand that approximately 393,000 veterans have been discharged from service since the beginning of the war. About 60 percent of those are Guardsmen or Reservists, like the men and women of the 116th. The remainder are active duty troops. About 100,000, or 26 percent, sought VA care, but less than 1 percent have been hospitalized since their return. The veterans we have seen, therefore, represent a relatively low proportion of our total patient population. But we understand that they may have suffered greater acute trauma than other patients.

Some come to us with a wide variety of medical and psychological disorders. The most common problems of the service men and women principally have been joint and back problems and dental problems, the kinds of issues that we would expect to see in a young, active military population.

A growing number, however, come to us with mental health issues. Let me be clear, sir, that nearly every servicemember who is exposed to the horrors of war will come away with some degree of emotional distress. Some will have short-term adjustment reactions, a normal response to an abnormally stressful situation. Thankfully, the majority of our troops will not suffer long-term consequences from their combat experience. We believe it may be possible to lower the incidence of long-term mental health problems through a concentrated effort of early detection, outreach, and intervention.

Nationally, as of the beginning of this month, approximately 14,700 veterans have been evaluated for or treated for diagnosis of PTSD. Of these, approximately 3,600 have been seen at our Vet

Centers throughout the country, such as the ones here in Boise and also in Pocatello. And 20,818 have received care for adjustment reactions.

The difference between adjustment reactions and PTSD can best be described in this way. Adjustment disorders may result in temporary impairment in a veteran's social or occupational functioning or in symptoms and behaviors that are beyond the normal expected response to stress. These are resolved when either the stimulus—the stress—is removed or when supportive therapy allows the patient to better adapt to his or her environment. PTSD or posttraumatic stress disorder, however, is not necessarily time-limited in its course and always requires a higher level of intervention.

Our 207 community-based Vet Centers can provide interventions at a local level that are often all that's needed to resolve a return to normal life, to resolve adjustment reactions to symptoms. The more severe mental health issues can be treated comprehensively through a continuum of services. The intensity of care ranges from acute inpatient settings—residential services for those who need structured support before returning to the community—to a variety of outpatient services, including day hospitals and day treatment centers, all of which, by the way, are available at our Boise hospital. If it is needed, we can provide long-term inpatient or nursing home care, as well.

Mr. Chairman, the VA is able to care for all OIF and OEF veterans who have or will develop mental health issues, not only in Idaho, but throughout the United States. With your support, this fiscal year we have allocated \$100 million initially to implement new initiatives to improve our mental health services. The supplemental appropriation for 2005 in the amount of \$1.5 billion and the President's Budget Amendment for fiscal year 2006, both of which you have so ardently championed, will provide us with sufficient funding not only to care for all veterans of PTSD, but to provide all of the healthcare needs of OIF and OEF veterans in the world-class manner to which they are entitled.

VA is also prepared to provide specialized care for servicemembers and veterans who have sustained severe and multiple catastrophic injuries. Since the war began, four regional Polytrauma Centers have been developed to serve as regional referral centers for individuals with serious disabling conditions suffered in combat. The nearest centers to Idaho are located in Minneapolis, to the east, and Palo Alto to the west, with two additional sites at Richmond, Virginia and Tampa, Florida where veterans can be rehabilitated in an inspirational environment of their fellow servicemembers and veterans and also with individuals who seek to provide the same world-class service and aggressiveness of rehabilitation as restoring a professional athlete to competition to play.

We will ensure that families are fully involved in the recovery process and work with local businesses and others to find them discounted housing, meals, and transportation. Should an Idaho resident be admitted to one of our four Polytrauma Centers, his or her family will find a warm welcome and a home away from home if they want to be there to support their loved one's recovery.

Mr. Chairman, I am proud to join you and the citizens of Idaho as we await the safe return of the 116th Cavalry Brigade from their duty on foreign shores. On behalf of all VA employees in this State and every VHA employee Nationwide, I thank the Idaho patriots who serve our Nation while in uniform in this war and in all previous wars. And I am truly honored and humbled to have the opportunity to work together with you to meet our Nation's commitment to them and to our comrades. Thank you.

[The prepared statement of Under Secretary Perlin follows:]

PREPARED STATEMENT OF JONATHAN B. PERLIN, M.D., PH.D., MSHA, FACP,
UNDER SECRETARY FOR HEALTH, DEPARTMENT OF VETERANS AFFAIRS

Mr. Chairman and Members of the Committee: Thank you for the opportunity to appear today to discuss VA's preparedness to meet the needs of returning Operation Iraqi Freedom and Operation Enduring Freedom veterans.

It is a special pleasure for me to be here in Idaho, the home State of the Chairman of the Senate Committee on Veterans' Affairs, Senator Larry Craig. Mr. Chairman, throughout your entire career you have demonstrated your awareness that America's veterans are the men and women who have made it possible for our Nation to be all it is today; that our Nation will be judged in the future by the way we treat our veterans now; and that those who have put their lives on the line for their country deserve to be treated with respect—and with dignity.

I thank you for your clear and decisive leadership in Washington and here in Idaho, which has provided our Department with the resources we need to meet President Lincoln's commitment to care for all those who have borne the battle, and for their families.

I also thank Governor Dirk Kempthorne for being here today. As Idaho's United States Senator, and now its Governor, Governor Kempthorne has repeatedly demonstrated that he is a true friend to veterans and their families. Governor, VA greatly appreciates your support.

Mr. Chairman, I understand that in November, the citizen soldiers of the 116th Cavalry Brigade will return home following their brave and honorable service in Iraq. I dare say that there is no one in this entire State who has not felt their absence—and no one who will not take tremendous pride in their return. The men and women of the 116th are business men and women; police officers; firefighters; paramedics; and some are government workers. I am proud that four are employees of the Department of Veterans Affairs: Robert Boggs; Darren Shipley; Brian Maples; and Steve McGuire. Eleven members of the brigade have already given their lives in service to our Nation, and all of us mourn their loss.

Members of the 116th fought bravely in World War II; Korea; Vietnam; and Operation Desert Storm; during which they proved to the Nation that National Guard combat units could fight, and win, against a formidable enemy even, if not especially, as citizen soldiers. Those who become ill or injured in service have earned the finest health care our Nation can provide; and it is our privilege, at the Veterans Health Administration, to be chosen to serve these heroes.

Mr. Chairman, every member of the Brigade who has served in a combat zone, such as Afghanistan or Iraq, is eligible to enroll and receive VA health care for conditions that may be related to his or her combat service. Those who enroll may receive that care for 2 years following their separation from active duty without being required to pay a co-payment. After this 2 year period is up, they may continue their enrollment in our health care system at the highest level of priority to which they are entitled.

Many of these Veterans will visit our Medical Center in Boise for their care, which is part of our VA North West Health Network. The Boise VA Medical Center currently serves approximately 70,000 veterans in 23 counties in Southwestern and Central Idaho, and 4 counties in Southeastern Oregon. It is affiliated with the University of Washington School of Medicine; it has student affiliations in Nursing and Social Work with Boise State University; and it has a pharmacy affiliation with the University of Idaho College of Pharmacy.

Our VA Medical Center here in Boise has a vital research program conducting internationally renowned research in aging; infectious disease; clinical pharmacology, neuropharmacology, cardiovascular pharmacology, physiology and pharmacology; and pulmonary anatomy.

Boise also provides a full range of patient care services in primary care; medicine, surgery; psychiatry; physical medicine and rehabilitation; oncology; dentistry, and

geriatrics and extended care. The facility provides 46 acute-care beds, and a 32-bed extended care unit including an additional 9 beds for resident substance abuse treatment.

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Finally, Mr. Chairman, we maintain two Veterans Outreach Centers, or Vet Centers, in Idaho, in Boise and Pocatello. These centers are part of VA's readjustment counseling service, and they help veterans to make a successful readjustment to civilian life once their service is completed. We also provide services to family members to assist with that readjustment.

Telemedicine involves the use of electronic medical information and communication to provide and support health care when distance separates the provider from the patient. Because much of Idaho is rural, we use telemedicine extensively throughout the State to increase access to our care, especially for veterans who are in remote locations, and those who are disabled and elderly. We use telemedicine in radiology, mental health, cardiology, pathology, dermatology, psychiatry, and in home care teleconsultations for spinal cord injury patients and for patients with other chronic conditions. Nationally, VHA conducts more than 350,000 consultations annually via telemedicine.

We are proud of our ability to serve Idaho's 136,000 veterans in many ways, and I am grateful for this opportunity to speak directly to them.

Mr. Chairman, it is not sufficient that those in attendance in this hearing know the services VA has available for returning servicemembers. Clearly, it is our obligation to make certain that our returning heroes are aware of all the benefits and services a grateful Nation will provide to them in return for their service and sacrifices.

Our Department actively participates in discharge planning and orientation sessions for returning servicemembers, including members of the Reserves and National Guard. I expect that every member of the 116th will receive a copy of our new brochure, "A Summary of VA Benefits for National Guard and Reserve Personnel" before he or she is separated from military service. The brochure summarizes the benefits available to this important group of veterans upon their return to civilian life.

We have already distributed more than a million copies of this valuable brochure—and it is available online, as well, at a new "Iraqi Freedom" link on VA's Web site—which also provides information on VA benefits, including health and mental health benefits; Department of Defense benefits; and community resources available to Guardsmen and Reservists and their family members.

We also conduct special briefings for Reserve and Guard members. We have already briefed more than 200,000 reservists and guardsmen since the war began 68,000 at 974 briefings in 2005 alone. And every reservist and guardsman returning home receives a "thank you" letter from Secretary Nicholson, along with information brochures telling them about health care and other VA benefits; providing toll-free information numbers, and offering them the addresses for appropriate Web sites to help them and their families obtain additional information.

Mr. Chairman, outreach is not the only manner through which VA has prepared to welcome the 116th—and their counterparts throughout the Nation—back home. Our medical center employees have been thoroughly trained to ensure that they can identify these new combat veterans, and to take appropriate steps to ensure that they receive the world class care they have earned.

Most of VHA's nearly 200,000 employees have seen a video we prepared, entitled "Our Turn to Serve." The video was designed to help them better understand the experiences of our Nation's newest veterans, and shows them how they can provide these heroes with the best possible service. Our Veterans Health Initiative is a program designed to increase recognition of the connection between military service and certain health effects; to better document veterans' military and exposure histories; to improve our ability to provide patient care; and to establish a data base for further study.

We have recently developed a training module for the Initiative called "Treating War Wounded," which is designed to help our clinicians manage the clinical needs of veterans who return home with physical wounds. Other modules, on spinal cord injury; traumatic amputation; post traumatic stress disorder; blindness and visual impairment; hearing loss; and infectious disease risks in Southwest Asia are also available. In addition, VA's national center for Post Traumatic Stress Disorder has

developed an "Iraq War Clinician's Guide," to help clinicians promptly recognize and treat the symptoms of PTSD.

Mr. Chairman, I know the men and women of this great State—and all American citizens—are concerned about the physical cost of this war. I am aware that Idaho's citizens pray for the safe return—as I do—of all of the brave service men and women who serve today on the front lines of freedom, not just their fellow citizens. And I know that veterans of previous wars, and their loved ones, are concerned that VA might be "overwhelmed" by these new veterans, and that their level of care might be reduced as a result.

As of July 1, 2005, VA is aware of 393,000 veterans who have been discharged from service since the beginning of the war. About 60 percent of these are guardsmen or reservists like the men and women of the 116th; the remainder are active duty troops. Just over 100,000, or 26 percent, have sought VA health care—but less than 1 percent of them have been hospitalized since their return. The veterans we have seen, therefore, represent a relatively low proportion of our total patient load—but many have suffered much greater acute trauma than our other patients.

They are coming to us with a wide variety of both medical and psychological disorders. The most common health problems have been principally joint and back problems and dental problems—the kinds of issues we would expect to see in young, active, military populations.

A growing number, however, come to us with mental health issues. Let me be clear, Mr. Chairman, that nearly every servicemember who is exposed to the horrors of war comes away with some degree of emotional distress. Many will have some short-term adjustment reactions; a normal response to an abnormally stressful situation. Thankfully, the majority of troops will not suffer long-term consequences from their combat experience. And we believe it may be possible to lower the incidence of long-term mental health problems through a concentrated effort of early detection and intervention.

Our comprehensive strategic plan to provide mental health care to those needing help integrates the lessons of the past with our current understanding of the best approaches to emotional support and mental health care. Our orientation toward returning servicemembers incorporates a public health approach to care, and is guided by the principles of the President's New Freedom Commission on Mental Health, which endorses holistic integration of physical and mental health care, and focuses on restoration of function and recovery.

As of the beginning of this month, 12,326 veterans have received a provisional diagnosis of PTSD. Our data also indicate that 3,596 OIF/OEF veterans have been evaluated or treated for PTSD at our Vet Centers, such as the ones in Boise and Pocatello. Allowing for those veterans who have been seen at both Vet Centers and VA Medical Centers, a total of 14,697 veterans have been evaluated or treated for that illness; and 20,818 more have received care for adjustment reactions.

The difference between adjustment reactions and PTSD can best be described in this way: adjustment disorders may result in temporary impairment in veterans' social or occupational functioning—or in symptoms and behaviors that are beyond the normal expected response to stress. They are resolved either when the stimulus is removed, or when supportive therapy allows the patient to better adapt to his or her environment. Post Traumatic Stress Disorder, however, is not necessarily time-limited in its course, and it always requires a higher level of medical intervention.

For veterans who do not have PTSD, our 207 community-based Vet Centers can provide interventions at a local level that are often all that are needed to resolve a veteran's symptoms and allow him or her to return to normal life. Veterans with more severe mental health issues receive comprehensive care through a continuum of services designed to meet their changing needs. The intensity of care ranges from acute inpatient settings to residential services for those who need structured support before returning to the community to a variety of outpatient services, including day hospitals and day treatment centers—all of which, by the way, are available at our Boise hospital. If it is needed, we can provide long-term inpatient or nursing home care as well.

Mr. Chairman, VA is able to care for all OIF and OEF veterans who will develop, or have developed, mental health issues; not only in Idaho but throughout the United States. This fiscal year, we have allocated \$100 million to implement new initiatives to improve our mental health services, and the President's Budget Amendment for Fiscal Year 2006, which you so ardently have championed, will provide us with sufficient funding to not only care for all veterans with PTSD, but to provide for all the health care needs of OIF and OEF veterans in the world class manner to which they are entitled.

VA is also prepared to provide specialized care for servicemembers and veterans who have sustained severe and multiple catastrophic injuries. Since the war began,

four regional Polytrauma Centers have served as regional referral centers for individuals who have sustained serious disabling conditions in combat. The nearest center to Idaho is in Minneapolis, but we also have centers in Palo Alto, California, Richmond, Virginia, and Tampa, Florida.

Patients treated at these facilities may have traumatic brain injuries—sometimes in combination with amputation, blindness, hearing loss, orthopedic injury, or mental health concerns. We provide specific rehabilitation programs tailored to each veteran's individual issues, and manage associated conditions by making sure that specialists from other fields work closely with the clinicians who are managing the veteran's or servicemember's progress.

We also ensure that families are fully involved in the recovery process—and work with local businesses and others to find them discounted housing, meals, and transportation. Should an Idaho resident be admitted to one of our Polytrauma Centers, his or her family will find a warm welcome and a home away from home if they want to “be there” to support their loved one's recovery.

Mr. Chairman, I am proud to join you and the citizens of Idaho as we await the safe return of the 116th Cavalry Brigade from their duty on foreign shores. On behalf of all VA employees in this State, and every VHA employee Nationwide, I thank the Idaho patriots who have served our Nation in uniform in this war, and in all our previous wars. I am honored, and humbled, to have the opportunity to work together with you to meet our Nation's commitment to them and their comrades.

Chairman CRAIG. Dr. Perlin, thank you very much for that very thorough statement. Now let us turn to Diana Rubens, Director of the Western Area Office of Veterans Benefits and Administration. Again, welcome before the committee.

STATEMENT OF DIANA M. RUBENS, DIRECTOR, WESTERN AREA OFFICE, VETERANS BENEFITS ADMINISTRATION, DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY JIM VANCE, DIRECTOR, BOISE VA REGIONAL OFFICE

Director RUBENS. Thank you, Chairman Craig, Governor Kempthorne. I would echo Dr. Perlin's sentiments to not only the two of you, but to all of Idaho for the support to the 116th. To the families and the communities that have supported them throughout this, we join you in preparing to welcome them back.

My testimony today addresses three related topics: The program that the Veterans Benefits Administration has developed to ease that transition of the OEF and OIF veterans back in civilian life; our outreach efforts, especially those directed at members of the National Guard and Reserves; and the specific plans of the Boise Regional Office for the return of the Idaho National Guard units later this year.

Veterans returning from Iraq and Afghanistan are eligible for an array of benefits offered throughout the VBA, including disability compensation and related benefits; education and training benefits; vocational rehabilitation and employment; home loan guarantees; life insurance; and the burial benefits and dependents' and survivors' benefits. In addition to providing this broad array of benefits, the VBA is reaching out to OEF/OIF veterans with programs to assist them in readjusting to civilian life and outreach efforts to inform them about our many benefits and services. I will briefly discuss some of these assistance programs and then talk about our outreach efforts. Obviously, my focus is going to be on the outreach to the members of the National Guard and Reserves, which of course are of particular interest to you and all of Idaho.

The VBA is actively involved in educating servicemembers about VBA benefits and helping servicemembers soon to be released from

active duty with the processing of claims and insuring a smooth transition from military duty back into the civilian life. Our Benefits Delivery at Discharge Program, Transition Assistance Program, and Seamless Transition Initiative all exemplify VBA's active participation in the readjustment process.

The Benefits at Delivery Discharge Program, or BDD, is in place at 140 military installations around the country and overseas. Under this program, active duty servicemembers within 180 days of separation are encouraged to file disability compensation claims with VA staff who are serving at military bases, either on a full-time or itinerant basis. Service members can complete the necessary physical examinations and have their claims evaluated before or closely following their military separation dates. In most cases, disabled servicemembers participating in our BDD program begin receiving VA disability compensation benefits within 60 days of their separation from active duty in hopes of serving to ease that transition from active duty to civilian status.

In addition to the BDD program, VBA representatives conduct briefings overseas under arrangement with the Department of Defense. VBA provides two tours each year, with six to seven VBA representatives providing a service for each tour. Each is home-based at a major military site and provides services at the site and the surrounding areas, as well.

Returning servicemembers, including members of the National Guard and Reserves, may also elect to attend this formal 3-day workshop provided through the Transition Assistance Program, a joint effort of VA, the Department of Defense, and the Department of Labor. At these TAP workshops, servicemembers are fully briefed on VA benefits available to them and encouraged to apply for all benefits to which they are entitled. In fiscal year 2004, VBA conducted more than 7,200 briefings attended by over 260,000 servicemembers and their families. VBA military service coordinators personally interviewed more than 115,000 servicemembers.

Seamless Transition is another important initiative aimed at helping returning veterans make a smooth transition back into civilian life. In 2003, VA began placing Veterans Service Representatives at key military treatment facilities, or MTFs, where severely wounded servicemembers from OEF/OIF are frequently sent. Representatives of the VBA Benefits Delivery at Discharge office in Germany also work closely with the staff at the Landstuhl Army Medical Center to assist with returning injured servicemembers who are patients at that facility.

VBA also has full-time staff at Walter Reed, Bethesda, both in the D.C. area, as well as staff who work with family members temporarily residing at the Fischer House. Similar teams work with patients and family members at three other MTFs serving as key medical centers for seriously wounded returning troops: Eisenhower, Brooke, and Madigan Army medical centers. As of January 2005, over 4500 hospitalized servicemembers were assisted in these facilities.

Outreach specifically for our National Guard and Reserve members is part of the overall VBA outreach program. In peacetime, this outreach is generally accomplished on an "on call" or "as requested" basis. With the activation and deployment of large num-

bers of Reserve and Guard members following the September 11, 2001 attack on America and the onset of OEF/OIF, VBA outreach to this group has been greatly expanded.

Outreach efforts to National Guard and Reserve members take on critical importance in light of the composition of our forces. Return and deactivation of Reserve/Guard units presents significant challenges to VA because rotation is irregular and the servicemembers can spend an extremely short period of time at military installations prior to being released back to their Guard and Reserve components. For this reason, outreach efforts are focused at the local armories or Reserve centers within 2 months of deactivation. Last year, the VA representatives conducted 1400 pre- and post-deployment briefings attended by over 88,000 National Guard and Reserve members.

In addition to these briefings and our other outreach efforts to reach out in person to returning veterans, VA has developed other methods of dispensing information. All separating and retiring servicemembers, including Reserve and Guard members, receive that "Welcome Home Package" Dr. Perlin alluded to which Secretary Nicholson mails out, including a copy of the pamphlet, as well as a summary of VA benefits and a welcome home letter. In an effort to make sure we don't miss anybody, we send out a follow-up package in 6 months.

Outreach letters from the Secretary have been sent to approximately 240,000 returning servicemembers who have separated or retired from active duty. Finally, of course, VA has created a new Internet Web page especially for veterans returning from Afghanistan or Iraq. Information specific to National Guard and Reserves is also included on this Web page, along with links to other Federal benefits that may be of interest to returning servicemembers.

Turning to the local environment, in an effort to begin to prepare for the 116th's return and its associated Idaho National Guard units, they will be processing through Fort Lewis, Washington prior to returning home. Fort Lewis happens to be one of our largest BDD sites. In that sense, the Boise Regional Office is working with Seattle to begin to prepare our outreach to those returning servicemembers.

Obviously, I think the other perhaps most important piece is our coordination at the local level with the 116th here from the regional office. The National Guard chairs a series of regular meetings of our Inter-Service Family Assistance Committee, and they're attended by VBA, VHA, the Idaho Division of Veterans Services, the Department of Labor, service officers, and others. Beginning last month, the regional office and other committee members accompanied the Guard to weekend briefings for family members of those deployed in Iraq. These briefings will continue until the end of October. A similar series of briefings for Guard members and their families will begin after they return to Idaho.

I mentioned the coordination with our Seattle regional office to ensure that the Guard's liaison officials learn the VA claims processing before the 116th arrival at Fort Lewis. In addition, the local Seattle regional office OIF/OEF coordinator works with the Boise OIF/OEF coordinator to ensure that anytime in the preliminary days prior to the full arrival of the brigade an Idaho veteran re-

turns through that facility they contact the regional office here in Boise to let them know we've got somebody on the way home.

Obviously, important too, is the coordination with the VA medical centers. Our local OIF/OEF coordinator maintains regular contacts with counterparts in all the VA medical centers to support Idaho's veterans. When an OIF/OEF veteran is either at one of these medical centers for care, the coordinator will refer them to the regional office for benefits, and likewise, if we have an OIF/OEF veteran who comes into the regional office, we'll ensure that they've been made aware of the services at the medical centers and contact that medical center coordinator.

Additionally, VET Net is a committee chaired by the Department of Labor and made up of many of the same participants as the Inter-Service Family Assistance Committee. The focus is to support members of the Guard after the transition. VET Net will coordinate access to agencies that help with issues such as job security, education, financial concerns, and other post-separation matters. VBA will be an active participant.

Coordination with our service organization partners is so important in claims processing for VBA. Particularly, the Idaho Division of Veterans Service and the Disabled American Veterans have service officers located in the Boise Regional Office. Both organizations participate in the VET Net and the Idaho Service Family Assistance Center to make briefings and are an important part of the plan for outreach to members of the Guard when they return in December.

Of course, media outreach whereby the regional office director is trying to ensure that he can do all that he can to get the word out through all forms of media to ensure that they're aware that our benefits are available and accessible to them when they return home.

I hope this testimony has given you and the committee a better understanding of the benefits, services, and outreach being provided to veterans of the OIF/OEF conflicts. I want to assure you that the Boise Regional Office is ready and eager to serve the men and women coming home to Idaho with the National Guard. Thank you.

[The prepared statement of Director Rubens follows:]

PREPARED STATEMENT OF DIANA M. RUBENS, DIRECTOR, WESTERN AREA OFFICE,
VETERANS BENEFITS ADMINISTRATION, DEPARTMENT OF VETERANS AFFAIRS

Mr. Chairman, I appreciate this opportunity to testify today on the Veterans Benefits Administration's (VBA's) response to the needs of veterans returning from Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF). I am accompanied by Jim Vance, Director of the VA Regional Office (RO) here in Boise.

My testimony addresses three related topics: the programs VBA has developed to ease the transition of OEF/OIF veterans back into civilian life; our outreach efforts, especially those directed at members of the National Guard and Reserves; and the specific plans of the Boise Regional Office for the return of Idaho National Guard units later this year.

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

- Disability Compensation and Related Benefits
- Education and Training Benefits
- Vocational Rehabilitation and Employment
- Home Loan Guaranties
- Life Insurance
- Burial Benefits

- Dependents' and Survivors' Benefits

In addition to providing this broad array of benefits, VBA is reaching out to OEF/OIF veterans with programs to assist them in readjusting to civilian life, and with outreach efforts to inform them about our many benefits and services. I will briefly discuss some of these assistance programs and then talk about our outreach efforts. My focus will be on outreach to members of the National Guard and Reserves, which are of particular interest to you and to Idaho's returning veterans.

PROGRAMS TO ASSIST RETURNING OEF/OIF VETERANS

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

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

In addition to the BDD program, VBA representatives conduct briefings overseas under arrangement with the Department of Defense (DoD). VBA provides two tours each year with six to seven VBA representatives providing this service for each tour. Each is home-based at a major military site and provides services at the site and in surrounding areas.

Returning servicemembers, including members of the National Guard and Reserves, may also elect to attend the formal 3-day workshops provided through the Transition Assistance Program (TAP), a joint effort of VA, the Department of Defense, and the Department of Labor. At TAP workshops, servicemembers are fully briefed on the VA benefits available to them and encouraged to apply for all benefits to which they are entitled. In fiscal year 2004, VBA conducted more 7,200 briefings attended by over 260,000 servicemembers and their families. VBA military service coordinators personally interviewed more than 115,500 servicemembers.

Seamless Transition is another important initiative aimed at helping returning veterans make a smooth transition back into civilian life. In 2003, VA began placing Veterans Service Representatives at key military treatment facilities (MTFs) where severely wounded servicemembers from OEF/OIF are frequently sent. Representatives of the VBA Benefits Delivery at Discharge office in Germany work closely with the staff at the Landstuhl Army Medical Center to assist returning injured servicemembers who are patients at that facility and family members temporarily residing at the Fischer House.

Since March 2003, a VBA OEF/OIF coordinator is assigned to each MTF. Full time staff members are assigned to the Walter Reed Army Medical Center in Washington, DC, and the Bethesda Naval Medical Center in Maryland. Similar teams work with patients and family members at three other MTFs serving as key medical centers for seriously wounded returning troops: Eisenhower, Brooke, and Madigan Army Medical Centers. Itinerant service is conducted at all other major military treatment facilities. As of January 2005, over 4,500 hospitalized returning servicemembers were assisted through this program at Walter Reed, Bethesda, Eisenhower, Brooke, and Madigan. Since March 2003, each claim from a seriously disabled OEF/OIF veteran has been case managed for seamless and expeditious processing.

OUTREACH TO NATIONAL GUARD AND RESERVES

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

Outreach efforts to National Guard and Reserve members take on critical importance in light of the composition of our forces. Return and deactivation of Reserve/Guard units presents significant challenges to VA because rotation is irregular and

the servicemembers spend extremely short periods of time at military installations prior to being released to their Guard or Reserve components. For this reason, outreach efforts are focused at the local armories or Reserve centers within 2 months of deactivation. Last year VA representatives conducted 1,400 pre- and post-deployment briefings attended by 88,000 National Guard and Reserve members.

In addition to these briefings and our other efforts to reach out in person to returning veterans, VA has developed other methods of dispensing information. All separating and retiring servicemembers (including Reserve/Guard members) receive a "Welcome Home Package" that includes a letter from the Secretary, a copy of VA Pamphlet 21-00-1, A Summary of VA Benefits, and VA Form 21-0501, Veterans Benefits Timetable, through VADS (define). Similar information is again mailed with a 6-month follow-up letter.

Outreach letters from the Secretary of Veterans Affairs have been sent to approximately 240,000 returning servicemembers who have separated/retired from active duty. Enclosed with the letters are copies of VA Pamphlet 21-00-1, A Summary of VA Benefits, and IB 10-164, A Summary of VA Benefits for National Guard and Reserve Personnel.

Finally, VA has created a new Internet Web page especially for veterans returning from Afghanistan and Iraq. Information specific to National Guard and Reserves is also included on this Web page, along with links to other Federal benefits that may be of interest to returning servicemembers.

VBA PLANS FOR THE RETURN OF THE IDAHO NATIONAL GUARD

The 116th Brigade Combat Team (BCT) and its associated Idaho National Guard units will return from deployment to Iraq in December. They will all process through Ft. Lewis, Washington prior to returning home. The Boise VA Regional Office is preparing for the return of the men and women of the 116th BCT and other National Guard units. The following are some of the activities already underway:

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

2. Coordination with the Seattle RO. The Boise RO is working with the Seattle RO to ensure that the Guard's liaison officials learn the VA claims process before the 116th arrives at Ft. Lewis. In addition, the Seattle RO's OIF/OEF Coordinator e-mails Boise pertinent information every time an OEF/OIF veteran with an Idaho home address files an application for benefits at either Ft. Lewis or Madigan Army Medical Center.

3. Coordination with the 116th BCT. The National Guard chairs a series of regular meetings of the Inter-Service Family Assistance Committee, or ISFAC. These meetings are attended by VBA, VHA, the Idaho Division of Veterans Services (IDVS), the Department of Labor, service officers, and others. Starting in July, the RO and other committee members accompany the Guard to weekend briefings for the family members of those deployed to Iraq. These briefings will continue until the end of October. A similar series of briefings for Guard members and their families will start after they are back in Idaho.

4. VET Net. VET Net is a committee chaired by the Department of Labor and made up of many of the same participants as the ISFAC. Its focus is to support the members of the Guard after their transition. VET Net will coordinate access to agencies that help with issues such as job security, education, financial concerns, and other post-separation matters. VBA will be an active participant.

5. Coordination with Service Organizations. The Idaho Division of Veterans Services and the Disabled American Veterans (DAV) have service officers located in the Boise RO. Both organizations attend the ISFAC and VET Net briefings, and are an important part of the plan for outreach to members of the Guard when they return in December.

6. Media Outreach. On July 4th, the Idaho Statesman printed a letter from the RO Director about veterans benefits and how to contact and locate the Boise RO. More media outreach is planned.

7. Coordination with the city of Boise. "The biggest party the city has ever seen" is how Boise's Mayor David Bieder describes plans for the Guard's December homecoming. The Boise RO has contacted the city and expects to play an active role in that party.

Mr. Chairman, I hope this testimony has given you and the committee a better understanding of the benefits, services, and outreach being provided to veterans of the OEF/OIF conflicts. I also want to assure you that the Boise Regional Office is

ready and eager to serve the men and women coming home to Idaho with the National Guard. This concludes my testimony. Mr. Vance and I will be pleased to answer any questions you might have.

Chairman CRAIG. Diana, thank you. Thank you very much. Jim and Wayne and Max are here as backup for those of you in the audience who think I might be passing the buck. We're not. It's because in questions and answers, if there are any additional comments or thoughts that need to be added to the questioning of both Dr. Perlin and Ms. Rubens, we would expect them to respond.

Well, again, let me thank you both for that very thorough testimony. Now let's see if we can break it into parts as it relates to Idaho specifically. I think, Dr. Perlin, the examples being implemented on the national level are very impressive. I've monitored them closely the last 6 months, and they continue to grow and to improve. The Seamless Transition that we talked about, when I was in Landstuhl, Germany at the critical surgical hospital unit there, we met with VA officials who were there on location to assist these young men and women as they passed through.

I guess the question that I would have as it relates to Idaho specifically, obviously I'm extremely pleased with the training that's now going on in the VA. Employees understand our Nation's newest veterans and their needs.

How many of Idaho's VA employees have received this training? While the video is surely helpful, it seems this approach is limited. What other training is being done to prepare VA staff to work with these new Idaho veterans?

Under Secretary PERLIN. Thank you, Chairman Craig, for the question. Thank you for your support of the Seamless Transition process beginning even outside of the United States and extending to forward hospitals, because the process really begins there. I think it would be impossible for any member of the VA's family today to not be aware of the special needs of our newest combat veterans. There's a heightened sense of awareness to make sure the outreach, that that is a consistent part of every communication that and other leadership of the VA provide. And this is part of the message we provide at the network level.

Max Lewis is identified as Director of the network of which Boise VA Medical Center is a part. Wayne Tippetts, the Director of our medical center here in Boise, I can assure you, is absolutely passionate about getting the message out to these men and women returning from having served. They need to be aware of the needs of returning servicemembers.

Let me answer briefly in terms of the outreach: As I mentioned, adjustment reactions may be a part of the normal experience, a normal reaction for abnormal stresses. We want to make sure we don't overly medicalize or make pathological those sorts of things. And we support communities particularly in areas like Idaho where the community, and the servicemembers can be very dispersed geographically. So the role of community and social organizations is so tremendously important in terms of providing support.

More formalized, these "VET CENTERS" centers provide outreach around the State as do our outpatient clinics. If and when the veterans return to the medical centers, we can provide them with state-of-the-art care for the physical illnesses, which I men-

tioned may run the gamut from musculoskeletal, dental, to mental health injuries and adjustment reaction, PTSD.

The skill set at Boise is an example of among the best in the Nation. Dr. Dewey is chief of mental health here, a noted researcher, and well published. He will lead the team that understands the experience of war to provide care.

Let me turn to Mr. Tippetts to talk about how you prepared your staff.

Director TIPPETS. Yes. Thank you. We have 700-plus employees at the medical center, and we are in the process of turning all of our staff, not completely through the process, but we'll have all of them trained by the time the 116th comes back to Idaho.

I would say thus far we've had 147 returning veterans come into the hospital. What the process is, they come in to our coordinator, who is a social worker. The coordinator talks to those veterans, and we determine if they need anything immediately. And if they do, they're referred to the appropriate clinic.

Our experience thus far has been sort of broken down into three major areas. They're requesting orthopedic care, rehabilitation care, and mental health care. We obviously give these veterans priority when they come into our hospital, and we make sure they're seen immediately.

Thank you, Senator Craig.

Acting Director LEWIS. Senator, if I could also add, the facilities at Walla Walla and Spokane, which are also responsible for treating returnees of the 116th, are also in the process of providing that training. It's something that we discuss every week when I talk to the local directors. As Dr. Perlin said, it's something that is discussed every week, almost every week on the national calls and it's reinforced constantly.

We also have within our facilities a number of returning OEF/OIF folks that are not only from here in Idaho but in Washington State, Oregon, Alaska as well, and they help elevate the awareness of the needs and requirements of returning veterans.

Chairman CRAIG. Well, thank you very much. Wayne, you mentioned 147 you've had contact with. Let me take that a step further. All of you might react to this. Obviously, with this large number returning sometime later in the year, the briefings they receive as they leave Fort Lewis is one thing. When they get here to Idaho, can you tell me how many briefings you anticipate, how you contact them, where are those briefings going to take place, and how will people access them?

Under Secretary PERLIN. It starts at the national level, Senator. It gives us a context of certain materials to look at, at Fort Lewis, because the process really begins the moment they return. We recognize when men and women serving in Iraq get back, they want to get back to their families. They don't necessarily want to sign up for a line of additional briefings and that sort of information. So we recognize we have a limited opportunity and limited attention span.

What we found is: if we have the opportunity to allow a servicemember to speak with family, to reacquaint themselves, their attention is actually more focused. We realize that the issues

may not be immediate, that their interest in accessing services may not be immediate.

But at the transition briefings, they get a package of materials. Those materials take many forms. Not only the brochures that I showed to you for returning Reservists and Guards and active duty servicemembers but they are actually given a little miniature CD they can put on the computer as well. They log right onto Web sites. We give them a little wallet card to put in their wallet. One of our Global War on Terrorism outreach coordinators actually was called up and just came back. He was telling me that when he got back, having been on the receiving side, his attention was not as great as he thought it would be because this was in fact his area of interest. So the suggestion of the returning servicemembers was, give us something to take away so we can access it later. These little wallet cards are part of that.

Here in Idaho, Dan Ashley has been hired as the Global War on Terrorism outreach coordinator. He returned himself in March 2005 as staff company commander, and on May 31st was hired into the VET CENTER, so there's an active and continuing outreach. The initial connections are established there. So let me turn now from that initial set of benefits and health services and outreach counselors of veteran centers to Mr. Wayne Tippetts, who would pick it up from what happens at the point that the veteran has either received outreach or comes in to request services.

Director TIPPETS. I wonder, with your permission, Senator, if I could ask one of my staff to tell you what we've been doing or what we plan to do across the State with some of the families. Mark Heilman, would you respond to our outreach efforts in preparation for the return of the 116th.

Mr. HEILMAN. Thank you, Senator Craig, Governor Kempthorne. We've been involved at the VA meeting with the group that one of the panel members discussed, the coordinating groups who plan meetings for family members and the soldiers when they come home. We've had ten family education days planned. We had one last Saturday, 23rd of July. The next one is this Saturday in Caldwell. Then they'll travel around the State to Twin Falls, Burley, Pocatello, Idaho Falls, and up north to Lewiston, Grangeville, and onward through the armories.

And those will be the dates when a number of groups from Idaho—they mentioned them already—the VA regional office, the Department of Labor, all the groups that have been meeting for about 6 months to plan these days, present information about how to access and use the services that we have. Now, when those 10 days are finished and the returnees come home, we will again do those 10 days and go back out and talk to the veterans themselves. Now it's meeting with the families. So that's what we're doing at the VA, meeting with a group that's been coordinated by the Guard. And we started that already.

Chairman CRAIG. Thank you.

Under Secretary PERLIN. If I might, Mr. Chairman, I'd like to recognize Colonel Woodby, Colonel Spofford, and General Lafrenz, who have been part of an incredible effort to make sure there's coordination and communication between the National Guard and different elements of VA and State government.

Chairman CRAIG. I appreciate that, and we'll have the General before us in a few moments to visit about that. Dr. Perlin, you mentioned outpatient clinics and the distance of Idaho. Let me reference Pocatello.

This clinic has a wide service area and provides care to a large number of veterans in largely southern-southeastern Idaho. It's my understanding that one of their two doctors is planning to retire in the next few months. The last time a physician was needed, it took over a year and I must say personal involvement by me to get another physician hired. A great complication resulted from that.

I'm sure you would agree that the potential for added volume as is expected occurs with these returning veterans and that we're going to need to be fully staffed. I'm going to put you on the spot. How long can we wait for another doctor to get to the Pocatello clinic?

Under Secretary PERLIN. First, let me thank you again, Mr. Chairman, for your incredible support of the VA additional resources both in 2005 and 2006. I have in front of me a map. I'm beginning now to appreciate the challenges of Idaho geography in a way that one doesn't from Washington.

Chairman CRAIG. Dr. Perlin, if you live in Salmon and you have to go to Salt Lake instead of Pocatello, it is a full day's trip one way. That is Idaho's geography.

Under Secretary PERLIN. Mr. Chairman, not to duck this question, because I want to assure you that with the resources you bestowed upon us, we will make sure that the Pocatello clinic is well staffed and fully staffed. Let me ask Mr. Tippetts for any knowledge that you may have that relates to Salt Lake City. I don't know if you have the direct knowledge.

Director TIPPETS. That does relate to Salt Lake City. I am aware of the issue that you're talking about that happened a while back, but I don't know any more about it, Senator Craig.

Under Secretary PERLIN. Sir, I will take this issue back to Washington, and we will be giving the chief of the Salt Lake City VA a call to make sure that this is well taken care of and anticipated. Thank you for the alert.

Chairman CRAIG. Thank you. Before I ask any additional questions of Diana, I think the Governor has given me the appropriate segue to turn to him for any questions he may have. He said when you said, "Dr. Perlin, we'll take it back to Washington to take a look at it," he said, "Oh, no."

Under Secretary PERLIN. I promise to come back to Idaho so we'll do this right.

Chairman CRAIG. With that, let me turn to Idaho's Governor Kempthorne.

Dirk.

Governor KEMPTHORNE. Mr. Chairman, thank you very much. Dr. Perlin, can you tell me what has been the national experience as we have had troops return in dealing with posttraumatic stress disorder? When do you begin to see that? Because I'm under the impression that there's a honeymoon period. You get back. You're so excited to be reunited with the family. But is it 60 days, 90, 180? I know there's not a specific date, but when do you think it occurs?

Under Secretary PERLIN. Governor Kempthorne, thank you very much for your question that really is absolutely clinically. For the veterans coming back, there is a period of excitement. That is not the day that they may have the challenges. Just as you and Chairman Craig have indicated, maybe that point—where a servicemember after having been in combat and been with his unit—comes back is then the period of time where the veteran servicemember is most vulnerable.

And that's why it's so incredibly important that we provide families and servicemembers with the information so that they can access services of the Department of Defense and VA. But sir, it's also the reason that the Department of Defense has issued a requirement that returning servicemembers be contacted in 60 to 90 days following their return to check in and see that they're doing OK.

So we need to make sure that the outreach is not just the hero's welcome home but, in fact, heroic support as long as necessary.

Governor KEMPTHORNE. Dr. Perlin, when you say that the soldier's contacted in 60 to 90 days, each and every soldier? And what's the means of contact?

Under Secretary PERLIN. This is a new Department of Defense requirement that there be a personal contact to returning servicemembers. And I believe that they're doing this by telephone. As it's something that's occurring within the Department of Defense in a new program, I have this knowledge of it, but I have to actually develop additional details. It is brand new and would support, and specifically recognize the issue that you address that the moment of return they'll be OK, but the months after may be the period of running into some troubles.

Governor KEMPTHORNE. I'd be interested if it's a phone call and a message left on a message machine is a contact made and we move on or if it's a return call until there is a connection with the soldier.

Under Secretary PERLIN. I don't want to overly speculate. My understanding is that they have to have a positive contact, a conversation or communication, not just a one-way interaction.

Governor KEMPTHORNE. I'd be interested if you could have your department provide us with the information on that.

Under Secretary PERLIN. Yes, sir.

Governor KEMPTHORNE. And you and Director Rubens have provided an impressive list of services that are available to returning soldiers. Are they automatically eligible for each and every one of those or must they apply?

Under Secretary PERLIN. Let me, if I might, describe first the health benefits, Governor, and then turn to Ms. Rubens for discussion of the other benefits for veterans, for which they're eligible. For any veteran, any servicemember who served in a Presidentially declared combat zone, they are absolutely eligible for access to healthcare without co-payment for any illness or injury that in any way may be related to their service. They have this eligibility for a period of 2 years. And following the 2 years, they are eligible to continue with VA at the highest level of priority for which they qualify. If they have service-connected injuries, that takes them to the highest levels of priority for service. So they would be able to

access any service that the VA offers in terms of medical care just by enrolling for service.

Let me turn to Ms. Rubens to describe benefits.

Director RUBENS. Thank you. Yes. Governor Kempthorne, in fact, as they come back and want to take advantage of our benefits, we do have to have some application from them particularly for the compensation benefits because what we need to know is what kinds of injuries have they incurred.

As a part of that process, particularly for compensation, we will do a thorough review for their service medical records. For instance, if there's something that they overlook, we will draw that out and take that, quite frankly, as an inferred claim that we found in their records to ensure that that's addressed in their claims as well.

And then of course, a big part of this for us is that ongoing outreach effort to ensure that they know we're here, that we're easily accessible either through the Internet, through coming into an office, or calling us on the phone. And we'll work with them and encourage them to apply for any and all benefits to which they might be entitled.

Governor KEMPTHORNE. When you state, Director Rubens, that they will be asked to identify what injuries they've had, now if it is an emotional, if there are scars that do not physically show up, they may not know that.

Director RUBENS. Right. That's part of, I think, the ongoing coordination between VBA and VHA is as veterans perhaps come in for other treatment of other things, if the doctor will make notes of those that we'll look to work with them. The OIF/OEF coordinators at each of our facilities work to ensure that if there are things that come up, particularly regarding this combat-injured veteran, that we notify each other of what's going on and try to work to ensure that those things are there.

As it stands now, we continue of, course, to see things develop later and work to identify the stressor that may have caused the incident; any other things that we can do to ensure that those conditions that occurred while they were in service, we'll find a way to try to get those services connected.

Governor KEMPTHORNE. I think it's important to insert at this point, the questions we're asking and the scenarios that we're laying out really may be described as worst case. We have 2,000 soldiers that will be coming home. It's going to be awesome. It's going to be positive. It's going to be a celebration. We just want to make sure that we're ready for any contingency, even if it's just one soldier. So again, the community and through the families and all, what we're asking and probing isn't necessarily going to happen, but we want to make sure we're ready.

Under Secretary Perlin, you made some very positive comments, and I appreciate it, about mental health and its reality. Some soldiers have indicated that there is a concern on the part of the soldier to raise that issue because it may go on record and then that record follows them. Can you address that?

Under Secretary PERLIN. Governor Kempthorne, that is a very sensitive question. Unfortunately, in 2005 there is still stigma associated with mental illness, not just in the military, but through-

out the United States. In fact, in the President's new Freedom Commission, one of the top goals is that the emphasis should be on recovery, not just maintenance of mental illness, but changing one's way of thinking about mental illness into a much more positive disease from which one recovers. The other primary goal is to reduce the stigma of mental illness, and the point is well taken. A servicemember may not want to go to his or her commander and say, "I have this problem." For that reason, there are both mechanisms that make it easier for servicemembers who are in horrific circumstances to discuss the circumstances.

For example, for the Department of Defense—and General Lafrenz may want to elaborate on this more—has new combat stress teams that are forward units, three individual psychologists provide counseling right then and there for everybody—assuming that there is the reaction that everybody experiences through horrific events in a particular day. There are literally more than a couple hundred psychologists out there as part of these combat stress teams forward deployed.

We need to continue outreach when troops come back. This is why we're so excited about the outreach counselors, the Global War on Terrorism coordinators, because we don't want to medicalize. We don't want to give people a label if in fact what they're going through is a very human experience, the experience of coming to grips with what they had to do in circumstance of work, with what they saw and participated in, and they have guilt about or feelings that concern them.

And for that reason, Dan Ashley, is Dan Ashley here by any chance?

STAFF. He's in North Carolina. He's back training with the Reserves right now.

Under Secretary PERLIN. Great. Thank you very much for that update. But this is an individual who obviously is maintaining his expertise, who's an outreach counselor, who has shared experiences and can intervene and say hey, it's OK to have these feelings.

For those individuals who go beyond what is an adjustment reaction on the time-limited condition of increased stress response to symptoms that are more consistent with depression or PTSD, a much rarer experience, they can refer those individuals to appropriate therapy. So proactively reaching out and saying OK, everyone gets a combat stress debriefing at the front line, proactively reaching out when veterans and servicemembers are back in country saying OK, these services are available, not overly diagnosing, not overly medicalizing, providing support for those who need support. For those much fewer because you indicated the preparations are for worst case. Let me assure you, we want to join you in preparation for the most extreme case so that those services are available; again, sir, we approach this with an attitude that the goal is recovery.

Governor KEMPTHORNE. One other question. Director Tippets, perhaps Wayne, you can be the one to respond to this. But as you stated, you're getting your staff trained and ready for this. But do you have sufficient staff for 2,000 returning troops or do you need to increase staffing, and if there is a shortage of staff so that a

service cannot be delivered in a timely fashion, are you empowered to privatize and go outside?

Director TIPPETS. OK. That's a lot of questions.

Governor KEMPTHORNE. Two.

Director TIPPETS. We think that there's approximately 800 that will be returning in the Boise area of the 116th. The experience in the VA has been about 20, 25 percent, perhaps up to a third of those will ask for initial care at the hospital. Are we staffed across the board now to take care of that number? Probably not. But with the supplemental in 2005 and with the increased budget in 2006, we will be staffed to take care of those veterans.

What was the second question?

Acting Director LEWIS. Privatizing.

Director TIPPETS. Oh, privatizing.

Governor KEMPTHORNE. Do you have opportunities?

Director TIPPETS. I'll pass that to Mr. Lewis, if that's all right.

Governor KEMPTHORNE. Sure.

Acting Director LEWIS. Privatizing is actually something that we have, or fee basis, as we call it, is something that we have available. We actually spend about 10 percent of our entire network budget on fee programs, which means sending patients out to community medical resources. And it is something that we will continue to use.

However, the emphasis is actually on trying to reduce the need in that program for so much support and bringing as much of it back in-house as we can. Because as good as it is, it still is more expensive than what we can provide in-house. It's generally about 35 percent more, so even though it's helping us maintain our workloads at a current state, it would be better for us, it would be better for the patient to actually receive the care in-house.

Director TIPPETS. Yes. And let me add to that. When we have had extensive backlogs the last couple years in specialty care areas, we have gone to the community and we have fee'd out individuals with cataracts orthopedics and other specialty care.

Acting Director LEWIS. If I could just add one other thing, too. Going back to the comment that you made about being here next week, next month, next year, Wayne as the director at Boise may be very aware of what the needs are at his facility. And we have in fact started retooling some of the operations at the facility, buying new equipment, upgrading some of the facilities so that there are resources available for the returning veterans from OIF/OEF. So something to the tune of about \$1.3 million, just in the last month or so. And more dollars develop when as Wayne said the budget will increase. His operational budget for next year will increase, and we have, of course, the supplemental dollars from the 1905 budget.

Director TIPPETS. We have anticipated that we will get increased demand in areas like dental care. We're currently out in the recruitment process for a second dentist at the hospital. In addition to that we have a large amount of fee money that we recently received to fee out dental cases off the waiting list, so we are taking care of that problem. But we do anticipate there will also be other areas that the veterans will need care.

Under Secretary PERLIN. Governor, one presumption in your question is that if the service isn't available at VA, it's available in the community. One of the paradoxes of a State like Idaho is that the challenge of intensely rural environments is that the service may not be there in that community. In areas like mental health, the number of mental health providers are not distributed across the State. In fact, when I looked at some of the network availability for the care that we could purchase, the providers were right here in Boise, and there were only a limited number.

So I think this is one of the reasons that I'm so interested in telehealth as an example and telemental health of making sure that there is care for the veterans out of Spokane, the northern part of the State, with that mobile clinic as an example. But we need to find new and novel ways to make sure we can find bring the care closer.

Another thing Chairman Craig identified that sometimes some servicemembers want the camaraderie, and we want to concentrate the expertise at centers of excellence where veterans need and expect these services. That's one of the advantages right here in Boise; the program in mental healthcare in Boise is exceptional by any standard.

Governor KEMPTHORNE. Dr. Perlin, I would think Senator Craig will join me in this, and that is to offer and to approach this in partnership so that the return of the 116th and Reserve units, Marine Corps, Navy, Air Force, Army, this can be the model of how it should be done. And it's going to have all elements from rural, urban, the fact that there's an entire brigade, the largest in the State's history. So all of the elements are there for us to be able to meet the challenge and then hold that up as a very positive example of how it should be done in any State.

Under Secretary PERLIN. I think it's apparent to everyone here how passionate you are, Governor Kempthorne, and you are, Chairman Craig, to make sure our Nation's veterans of the 116th and fellow servicemembers, Marines, Air Force, the rest of the Army, get care in the transition experience that is as good as possible. Our commitment is to join you in making this as an example of the best it can be.

Chairman CRAIG. Governor, thank you for those great questions. A couple more questions before I release this panel. A local American Legion commander had a question regarding the new traumatic injury benefit, we call it Wounded Warrior, that will provide retroactivity to severely wounded veterans from operations, both Iraqi Freedom and Enduring Freedom.

Can you update us on the status of VA's efforts to write the regulations on that benefit? I know it's out there and it's in the process. Since it will apply retroactively, will severely injured servicemembers need to file an application for the benefit at an appropriate time or will the benefit be paid to them automatically?

Director RUBENS. Thank you for that question. I spoke with our insurance director this morning to get an update on that very issue, and in fact, we, of course, are working closely with DOD to implement that process to include the regulations and the procedures. While we anticipate that the individual services—the Army, the Air Force, the Marines—will be able to identify and notify the

most eligible veterans and servicemembers, at this point they haven't completely finalized the process by which that will happen.

The final proposal from VA went to DoD last week. We anticipate to getting a response from them quickly. Our goal, of course, is to implement, and then to be able to pay that effective December of this year.

I anticipate that it may be in an effort to ensure DoD will provide us with that certification of disability so that we might contact that veteran in those cases where he may be, or she may be entitled to that benefit, we may send them notification and ask them to send us some kind of an application that says yes, I would like this benefit, at which point in time we'll be able to pay that.

Chairman CRAIG. So you are reasonably optimistic that we can meet the December timeline?

Director RUBENS. I am.

Chairman CRAIG. Great. Thank you. There is a new educational assistance benefit that was enacted last year for members of the Reserve components who served on active duty for extended periods. Many of the 116th will have eligibility for this program.

Is VA prepared to assist them in making sure those claims are appropriately handled?

Director RUBENS. Yes, we are. We are currently in the process of, if you will, building the system by which we will make those payments. We have already begun to collect the applications for that benefit from those servicemembers. And we have currently some that are already entitled to some additional payments, and we're making those. Obviously, when we get this payment system in place, we'll go back and retroactively ensure they get the remainder of that benefit. But we are on track to begin paying October 1.

Chairman CRAIG. Thank you. I guess it was you, Wayne, who recognized a gentleman here in the audience who responded from the mic about the counseling and the informational flow that's already underway. The Governor's concern and my concern about after the band quits playing, if you will, months down the road when there could be some difficulty out there with PTSD or some kind of stress-related emotional problem, obviously detection of that comes first or I should say recognition of that within the family unit. And spouses can play an important role there and yet a very difficult role.

Is the information that's going out to spouses now, and families, is there a component of that information that includes the ability to detect or to cope with this kind of situation?

Director TIPPETS. I'm not sure that I can answer that, Senator Craig. I wonder, could Dr. Dewey or Mr. Heilman answer that question?

Mr. HEILMAN. Thank you, Senator Craig, Governor Kempthorne. That information is shared as part of that briefing. The Vet Center does a fairly extensive briefing on the symptoms of posttraumatic stress and some of the things a family member might do to recognize that.

We also do a short presentation on stress management in general, just to give them some ideas about spiritual, emotional, physical symptoms of stress that they can watch amongst themselves,

but also with other family members and friends of other folks that have serving members. So that is addressed in that educational seminar. And there's also packets of information we provide with our cards, our names, our phone numbers, making ourselves available to them at any time.

Chairman CRAIG. Well, thank you very much. Before I turn to the Governor for one last question that he has, let me say there's also another component in all of this, and I would be remiss if I did not recognize all of the representatives from the veterans service organizations that were in the audience today. That's an outreach and contact that is extremely valuable. So let me thank all of you for being with us today because clearly that connectivity is extremely valuable as we work our way through with these returning warriors, their homecoming, and any difficulties they may have. Governor.

Governor KEMPTHORNE. Senator, thank you. That really is the nature of my question. I look out there and these dynamic, impressive veterans organizations that are here, they're absolutely part of the fabric of this State.

What is the role of the veterans groups as we all do our part?

Under Secretary PERLIN. Thank you, Governor, Chairman Craig. Absolutely, a vast majority of services can be provided after we provide outreach. I can think of no organizations that are more vital to us than our partners in service organizations. We work with the service organizations nationally, provide information, articles for membership magazines, which will be read not only by the servicemember but by his or her spouse. And it is an opportunity to make our servicemembers aware of the benefits that they've earned and an opportunity to become educated; educated on normalcy of adjustment reaction, and, in fact, on what may be a little beyond that normal experience.

And when we say services, information about how to access services, too. I really appreciate the opportunity to come here to Idaho and see the great medical center here and the wonderful people who work here and support our servicemembers and veterans, and the opportunity to be part of a forum which in and of itself, in cooperation with National Guard, community partners, with the State agencies, the Governor's office, national Senate Committee on Veterans' Affairs, helps to raise that awareness.

And we actually got in the habit of providing articles for our service organization magazines. We actually provide that to the same Web sites that provide these links to information and benefits. I'd be remiss if I didn't throw out this one plug. Perhaps there are some people who haven't used VA recently, but we have a saying in VA. We're a system of electronic health record. We measure ourselves. We hold ourselves accountable to you, servicemembers and veterans.

A recent article in US News and World Report described VA as 'military might.' They see our hospitals as models of top notch care. That's the first time VA has ever been considered in US News and World Report's annual survey of the best healthcare.

Governor KEMPTHORNE. Thank you very much.

Chairman CRAIG. Let me thank all of you for your presence here today and your participation as we work our way through this. One

thing that we've learned, I think historically, and now in a practical sense but it is true and certainly the VA has that reputation. Folks, you're on call. Thank you for being here.

Under Secretary PERLIN. Thank you, Mr. Chairman, Governor.

Chairman CRAIG. Now let us invite our third panel, General Larry Lafrenz, Idaho Adjutant General; David McIntyre, President and CEO of TriWest; and Scott Reese, mayor of Blackfoot and chairman of the Idaho State Committee, Employer Support of the Guard and Reserve.

Before we start this panel, Governor, why don't you make an introduction.

Governor KEMPTHORNE. We referenced Lance Corporal Ehlke. Let me also acknowledge Sergeant Maxwell from the second tank who has just returned and commend you for your service and all that you mean to us. You, too, are an outstanding inspiration. God bless you.

Sergeant MAXWELL. Thank you.

Chairman CRAIG. Sergeant, where are you from?

Sergeant MAXWELL. I'm from Emmett, sir.

Chairman CRAIG. Great. Thank you.

Sergeant MAXWELL. I came back—I got hit the 26th, came back last Thursday.

Chairman CRAIG. Thank you very much. Now, let us turn to our second panel. Let us turn to you, General, for your comment.

**STATEMENT OF MAJOR GENERAL LAWRENCE F. LAFRENZ,
ADJUTANT GENERAL, IDAHO NATIONAL GUARD**

General LAFRENZ. Thank you, sir. Senator Craig and Governor Kempthorne, I appreciate the opportunity to testify before this Committee to share with you what we in the Idaho National Guard are doing to prepare for the return of our mobilized soldiers.

First, healthcare issues are at the top of our list. In order to maximize access to healthcare services, soldiers must disclose all illness and injuries on our post-deployment health assessment form. These citizen soldiers will have been away from home for some 18 months, and they will be very anxious to return home and may therefore be tempted to remain quiet about an ailment or an injury for fear that it will delay their return.

The situation is being addressed by commanders on the ground in Iraq, and likewise we are informing family members that soldiers who do not declare their medical issues risk not being able to receive future care or benefits for those conditions. This condition will also be addressed with soldiers during the demobilization process at Fort Lewis, Washington.

Another healthcare issue is the availability of services for members who are not near a VA hospital. The veterans hospital system is an excellent resource for us all, especially here in southwest Idaho. However, soldiers residing away from the Boise Valley may not be quite as fortunate. In a rural State like Idaho where travel distances and time might be an inhibiting factor, it will require close communications between the VA and ourselves to ensure that we are maximizing the outreach programs and other capabilities to ensure that our servicemembers receive the required care in a timely manner.

In this regard I have recently met with Dr. Jonathan Perlin, the Veterans Health Administration's Under Secretary for Health, and I am confident that the VA is committed to do whatever is required to affect the proper care for our members in a timely manner.

Another potential issue is that when our Guardsmen and women mobilized, most lost civilian medical insurance benefits. During deployment, the soldiers and their families have been covered by TriCare. Our ongoing issue is finding available TriCare providers. While great improvements were made to enroll doctors, there is still a shortage of providers. And in fact, due to actual or perceived administrative requirements, we have heard that many providers are not taking any additional TriCare patients.

This fact can pose a significant future concern for our returning servicemembers and their families, not to mention those family members of future deploying personnel. This is particularly noteworthy since soldiers and families are eligible for at least 180 days of TriCare coverage after redeployment to home stations.

Currently TriCare has a service center at Mountain Home Air Force Base primarily to support the base hospital. We would very much like to see TriCare and TriWest invest in another center here in Boise to support not only the returning soldiers, but those now beginning their deployment cycle, as well as other component servicemembers. We are now in the process of filing our request to host such a service here at Gowen Field.

So far, I have highlighted my thoughts about Idaho's returning Guard members and their families. Today I'd like to also extend my sincere thanks to Idaho's employers who have been greatly impacted by this mobilization and who overwhelming have reacted with magnificent support. In an effort to aid employers and their returning employees, we would like to offer employers a training package that will assist them in preparing for the return of an employee who has just spent the past year in a war zone. A training packet such as this is not currently available, and so we are working with the Employer Support of the Guard and Reserve and other organizations to put together one that will be used not only locally but be exported to other States as may be required.

Mr. Chairman, I would like to now address some of the initiatives that we have put into place to support our soldiers and our airmen and their families. First, we have opened family assistance centers in several locations around the State. These centers are run by family members and retired Guardsmen. They maintain contact with community resources and keep up-to-date information on all programs that can help our soldiers and their families. These centers have been working closely with families, and I expect them to remain a local contact point for our soldiers and their families after the redeployment.

Also, at the beginning of the year, we began conducting meetings with soldier and veterans' advocates. The result was the establishment of an Idaho Inter-Service Family Assistance Committee, which includes senior Idaho National Guard staff members, as well as personnel from the Department of Veterans Affairs, the VA Medical Center, the State Department of Veterans Services, the Vet Center, the U.S. Department of Labor, the State Department of Commerce and Labor, and the State Department of Health and

Welfare, as well as other service organizations. This group meets monthly and has formulated a program with services and support for our returning servicemembers.

In addition, we have conducted seven town hall meetings with family members to learn about their concerns and their problems. The second round of meetings is being expanded to include 11 cities, and we have conducted the first of these at Gowen Field on July 23rd. It was well attended and included briefings by members of the Idaho Inter-Service Family Assistance Committee.

In addition to these town hall meetings, we are placing information and Web site links on our family support Web site. We are also producing a resource guide for support services and working with Idaho's 211 Information and Referral Hotline as we prepare families for the return of their loved ones.

During the demobilization process, a team of National Guard soldiers will be at Fort Lewis to review records to make sure that they are properly completed and that our soldiers are afforded every service and benefit that they're eligible for. Where it makes sense, the team will also include representatives from the agencies and organizations that belong to our Inter-Service Family Assistance Committee.

After our soldiers return home, our efforts will be to focus on helping them reintegrate. We will continue to conduct town hall meetings, focusing on follow-up and service access. I plan to continue this program for at least 18 months after their return. Marriage enrichment programs organized by the State Chaplain will also be provided for all married soldiers and their spouses who wish to attend.

Mr. Chairman, again, I thank you for this time to speak before this Committee. I am grateful for your sincere concern and the concern of our Governor for the citizen soldiers who will soon be returning home to Idaho. Thank you, sir.

[The prepared statement of General Lafrenz follows:]

PREPARED STATEMENT OF MAJOR GENERAL LAWRENCE F. LAFRENZ,
ADJUTANT GENERAL, IDAHO NATIONAL GUARD

Mr. Chairman, I appreciate the opportunity to testify before this Committee to share what we in the Idaho Guard are doing to prepare for the return of our mobilized soldiers. Allow me to note that while the 116th BCT is comprised primarily of Idahoans, there are another 2,000 Guard Members serving with the BCT from other States such as Oregon, Montana, Utah, Pennsylvania, and New Jersey to name a few.

In addition to deploying the 116th BCT, Idaho continues to support OIF and OEF missions with the 189th Airlift Squadron and the 124th Aerial Port Flight. We recently alerted and will mobilize another 200 plus soldiers in the 1-183rd Attack Aviation Battalion in October.

I'll begin by saying that in all entitlement areas—medical care, benefits and services—we must put great effort into the dissemination of information. It does little good to be poised to provide a benefit when the veteran is unaware it exists.

Healthcare issues are at the top of my list of concerns. In order to access some healthcare services, soldiers must disclose all illnesses and injuries on their Post-Deployment Health Assessment forms. These citizen-soldiers will have been away from home for nearly 18 months. They are anxious to return and may be tempted to remain quiet about an ailment or injury for fear it will delay their return. This situation is being addressed by Commanders on the ground in Iraq. Likewise, we are informing family members that soldiers who do not declare their medical issues risk not being able to receive care or benefits for those conditions. This concern will also be addressed during the demobilization process at Fort Lewis.

Another healthcare concern is the availability of services for Guard members who reside outside the major population centers in the State. The Veteran's Hospital system is an excellent resource for us, especially here in southwest Idaho. I am grateful for the additional funding provided by Congress to improve facilities this year and to add staff in the next fiscal year. I am sure our returning soldiers will benefit from this. Soldiers residing away from the Boise Valley are not so fortunate. The State is serviced by three other VA Hospital regions which include Salt Lake City in the East and Walla Walla and Spokane in the North. It would be very helpful if we could utilize local healthcare providers in our outlying areas. We are working with the VA to resolve this concern.

Last, with respect to health care, I would like to address dental support. Many soldiers will reach the demobilization center needing treatment they are entitled to but have been unable to get while in Iraq. We can do this with systems already in place through the VA Medical Centers and we are working to get the information to the soldiers and coordinate with the medical centers.

So far I have highlighted my concerns about Idaho's returning Guard members and their families. Idaho's employers have been greatly impacted by this mobilization and, for the most part, they have reacted with overwhelming support. I would like to offer employers a training package that helps them prepare for the return of a soldier who has just spent the past year in a war zone. A training package such as this is not available and so we are working with ESGR and other organizations to put one together that can be exported around the State.

I have outlined my concerns for the returning 116th BCT soldiers and would now like to address what we are doing in Idaho to assist our returning soldiers:

We have opened Family Assistance Centers with funding from the National Guard Bureau in seven armories around the State. These centers are run by family members and retired Guardsmen. They maintain contact with community resources and keep up-to-date information on all the programs we know about that can help our soldiers and families. I expect these centers to become the local service centers for our veterans and their families who do not have a nearby VA office.

At the beginning of the year, we began conducting meetings among soldier and veterans' advocates. The Idaho Inter-Service Family Assistance Committee is led by a senior Idaho Guard staff member and is comprised of members from the Department of Veterans Affairs, the VA Medical Center, the State Division of Veterans Services, the Vet Center, the U.S. Department of Labor, the State Department of Commerce and Labor and the Department of Health and Welfare, as well as other service organizations. This group meets monthly and shares ideas and information regarding benefits and programs.

This spring I went around the State with my staff, conducting seven town hall meetings to visit family members and to learn about their concerns and problems. The second round of meetings is being expanded to include 11 cities. We conducted the first of these at Gowen Field July 23rd. It was well attended and included briefings by those same State and Federal veterans' advocates and service providers who are members of the Idaho Inter-Service Family Assistance Committee. In addition to these town hall meetings, we are placing information and Web site links on our family support Web site. We are also producing a resource guide and working with 2-1-1 Idaho Care Line; Idaho's Information and Referral hotline. I want to prepare families as much as is possible so that when a question arises, they are not at a loss for what to do or who to call for support.

When our Guardsmen mobilized, most lost civilian medical insurance benefits. During deployment, the soldiers and their families have been covered by TRICARE. Our ongoing issue in Idaho is finding available TRICARE providers. While great improvements were made to enroll providers at the beginning of our deployment, there are still areas in the State that are not well covered. We are now hearing from our families that physicians will continue to care for existing TRICARE patients, but will take no more. This is a significant problem for us in light of our future mobilizations.

Here in Idaho, we coordinated with the TRICARE Education Representative and had a 3-day course to train our own people to assist our families with their enrollment and service questions. We would very much like to see TRICARE invest in a service center here in Boise to support not only the returning soldiers, but those now beginning their deployment cycle. We are now in the process of filing our request to host such a service center.

During the demobilization process itself, we will focus resources at the demobilization center. A team of soldiers representing administrative and medical experts will be there to review records to make sure they are properly completed and that soldiers are taking advantage of every service and benefit offered. Where it makes sense, the Idaho team will also include representatives from the agencies and orga-

nization that belong to our Inter-Service Family Assistance Committee, or their counterparts located near the demobilization center. Before soldiers leave the demobilization center, they will be given a list of people and resources they can call for help once they are back home.

After the soldiers return home, our efforts will focus on helping them reintegrate. We will continue to conduct town hall meetings focusing on follow up and service access. I plan to continue this program for at least 18 months after their return. Marriage enrichment weekends funded by the National Guard Bureau Family Program and organized by the State Chaplain will also be provided to all married soldiers.

Mr. Chairman, again I thank you for this time to speak before the Committee. I am grateful for your sincere concern for the citizen-soldiers who will soon be returning home to Idaho and to our neighboring States.

Chairman CRAIG. General, thank you. That's an impressive array of efforts you have underway. We'll get back to you with questions in just a moment.

Now let me turn to David McIntyre, President and CEO of TriWest. David, we're extremely pleased to have you here in Boise. I say to all of you, we've worked very closely with TriWest over the last good number of years to clearly improve coverage here in the State in a very substantial way. Yet, you've just heard from General Lafrenz saying we've still got problems. So I guess as you start your testimony, you've already been asked a question.

**STATEMENT OF DAVID J. MCINTYRE, JR., PRESIDENT AND
CEO, TRIWEST HEALTHCARE ALLIANCE**

Mr. MCINTYRE. Yes, sir. Chairman Craig, thanks for holding this hearing. Governor Kempthorne, it's great to see you again. It's an honor to be with you today to discuss the preparations for return of the 116th. As was stated earlier, I am the President and CEO of TriWest Healthcare Alliance. My board, which includes Regence BlueShield of Idaho, are particularly honored to have the mission of serving this population.

With your permission, I'd like to ask that my formal remarks be entered into the record, and I prepared some oral remarks which in part will deal with the question that I was just asked.

Chairman CRAIG. All right. Without objection, your full statement will be part of the record.

Mr. MCINTYRE. Thank you. Last May I had the opportunity to join the Governor and senior officials from DoD for a town hall as the 116th was preparing to leave the following day, as I recall. Governor, I want to thank you for your focus and for making sure that all of us were focused. I hope that you'll agree that we made good on our commitments. Certainly the businesses of the State have and others across the State as they've stepped up to the plate to make sure that the sacrifices and the service of the family members and troops were followed up on.

Several months ago I, too, had the opportunity to visit the desert, not in Arizona, but in the Middle East, to walk among the heroes of the 116th and other armed forces from across our country. I wanted to take the opportunity to both thank them for their service, but I also wanted to find out how things were going back home because I remember a day when I was told by a certain member of the U.S. Senate that what happens at home is what matters when we're in a time of conflict. And we have the responsibility to

stand up and do our part to make sure that we lessen their burdens.

It became abundantly clear from the encounters that I had with the troops from Idaho that there was a deep sense of gratitude for all that you've done, Mr. Chairman, and that the Governor's done to make sure that we were following through on what needed to be done at home. I also walked away with a deep sense of honor that I encountered for being able to serve all of those who serve all of us. Seeing their toil, their commitment, and their sincere appreciation has only strengthened our resolve to make sure that we do what we need to do for the families and servicemembers from this State.

In addition, they expressed their gratitude to the commander of the 366th Medical Group of Mountain Home, her staff, and doctors in hospitals from all across the State who stepped up to help out their loved ones in their absence. It's remarkable that in May there were 400 providers in the State of Idaho that were willing to participate in TriCare. Today there's 1600. That is a remarkable change. Now, that's not sufficient to meet the need in every corner of the State. And there is no question about that.

The focus of this hearing makes a lot of sense, to look at the next chapter, which is what are we going to do when they return? I'm pleased with the fact that the providers have been willing to step up in this State. We have additional work to do, particularly in the rural areas. As those Guard and Reserve members come back, we may not otherwise be accessing the VA for war-related injuries, but choose to access their TriCare benefit, which if the Department of Defense implements it as expected, the vote that you gave, Mr. Chairman, in the Senate will give those individuals that spent 90 days in combat theater 1 year of eligibility for every 90 days. That extends to a fair amount of TriCare benefit as we go forward.

We've been responsible for doing education briefings across the State. Like the VA, we've been engaged in that process along with the Guard and Reserve. We conducted nearly 60 briefings across the State for those that have been eligible for the TriCare benefit while their family members have been gone and serving in harm's way.

In recognition of the behavioral healthcare support due to the impact of the current conflict, we both developed a targeted provider network and a targeted education outreach campaign. This outreach campaign is Web based, but it's also local in that it involves a variety of materials that are available through our particular facility and the integration of resources that are available to the beneficiaries for which we're responsible.

I've talked about the network expansion, but we still have work to do, particularly in the remote and rural areas. The challenge we face is that in many of the areas in the State, specialists do not exist. And so the question that we faced along with the VA is what do we do in response to that? I would submit that the key core challenge for us is to make sure that we have identified geographically where the closest areas of care can be based on specialists and that we handle the needs of those individuals in a way that reflects that reality.

Chairman Craig, I'd like to thank you personally for your outreach to the Boise Saint Alphonsus Regional Medical Center. Their addition to our network has been greatly helpful to the patients that they see.

I also want to express along with Regence of Idaho's gratitude, the thanks to the providers in the State that have stepped up and our commitment to continue to do everything that we can to make sure that the program is as hassle free as it can be and that we're paying providers on time and accurately for the services that they deliver.

We're working at the moment with General Lafrenz, as he said, to try and identify what we can do to make sure that the outreach for those that will be returning is effective. We're looking at the question of whether we should be placing an individual at Gowen Field to actually be able to deliver services for those individuals and help them migrate the system as they return with many questions undoubtedly on their minds.

As a close to my testimony, I would like to commend Dr. Perlin for his leadership. His intuitive direction for the VA and his dedication to developing a veteran-centric healthcare system for returning veterans and servicemembers is something that I admire greatly. It is not easy to serve in Washington, and I think that we have a great individual guiding this noble journey at the VA.

Having said all of that, there are going to be some significant challenges. And while I believe much of the unique and dedicated efforts of the VA are irreplaceable, I also believe, as the President of the United States has articulated, that there's much to be gained through the collaboration of the Department of Defense, the VA, and the private sector. Mr. Chairman, I know from our conversations that this is a vision that you share personally.

I am pleased to say that in Boise and in the rest of Idaho, we have begun work over the last couple of years with Dr. Perlin's leadership team here in the State to figure out ways to collaborate to the benefit of the taxpayer and both of the populations. I believe we still have a ways to go, and I think that there are other possibilities in the future, and those are contained in my written testimony.

It's been an honor to be with you today. It's an honor to serve this great population. And I'm deeply humbled by their service and their sacrifice and those of their families. And it was a great treat to have an opportunity to walk among those heroes in late April of this year.

I'll be glad to answer any questions that you might have, Mr. Chairman.

[The prepared statement of Mr. McIntyre follows:]

PREPARED STATEMENT OF DAVID J. MCINTYRE, JR., PRESIDENT AND CEO,
TRIWEST HEALTHCARE ALLIANCE

INTRODUCTORY COMMENTS

Senator Craig, Governor Kempthorne and distinguished leaders of the State of Idaho's Veterans Affairs and National Guard and Reserve community, I would like to thank you for inviting me to appear before you today to discuss the health care issues impacting our Nation's active and retired servicemembers and their families. It is a pleasure for me to join Dr. Perlin, General Lafrenz and Mayor Reese, and to have the opportunity to share with you the efforts TriWest Healthcare Alliance

is making and will continue to make to address the unique needs of this brave group of individuals.

My name is David McIntyre. I am the president and CEO of TriWest Healthcare Alliance, the Department of Defense's contractor privileged to support the military in the delivery of health care services to those who currently serve in our Nation's armed forces, those who preceded them, and their families, in the 21-State State TRICARE West Region—which includes those who reside in the State of Idaho. Since 1996, when TriWest, which is owned, in part, by Regence BlueShield of Idaho, was awarded its first TRICARE contract, our organization's singular focus has been on developing and maintaining responsive programs and services that meet the needs of our deserving customers. As the demand on our Nation's military has expanded, given the Global War on Terror, and we've seen many of our Guard and Reserve component members mobilized to active duty, TriWest's focus has further developed to encompass the distinct and sometimes unique needs of these civilian servicemembers and their dedicated families.

I am proud to appear before you today to discuss TriWest's work on behalf of our active duty, Guard and Reserve, and veteran customers right here in the State of Idaho, and to share with you how our organization is prepared to continue to partner with the VA and National Guard and Reserves to make good on the promise of TRICARE both here and throughout these United States.

INITIAL CHALLENGES LEAD TO COLLABORATIVE SOLUTIONS

During our nearly decade-long tenure as the Department of Defense's partner in delivering access to health care services in the West, TriWest has developed many key process and program improvements that have benefited the entire TRICARE community. Our efforts in such areas as case management, disease management, cross-contractor continuity of care and behavioral health care have been well received by the Military Health System and, in a number of cases, have been implemented program-wide.

While we experienced some initial challenges establishing a sufficient network of quality providers during our early days in Idaho, we overcame these obstacles by reaching out to many of you so that, together, we could improve the quality and convenience of care for our Idaho beneficiaries. Indeed, the successes we have since experienced in Idaho, which I will discuss in more detail later in my testimony, are due in no small part to the support of Governor Kempthorne and the Congressional delegation under Senator Craig's leadership. As the Senator and others are aware, Idaho leaders, in collaboration with our organization and the Departments of Defense and Veterans Affairs, have played a key role in improving the delivery of TRICARE services in this State—to the benefit, particularly, of the men and women of the United States' Guard and Reserve component, many of whom have been deployed from Idaho to fight the Global War on Terror.

On behalf of our entire organization, I extend our sincere gratitude for your support during those early days, and am pleased now to share with you how TriWest's efforts have continued to develop and are making the TRICARE program function effectively and efficiently for the men, women and children of Idaho's military families. Later in this testimony, I also look forward to discussing how I believe we can leverage our core competencies to work hand-in-hand with the local and national Veterans Affairs departments to further improve delivery of health care to the heroes who serve today, those who served in the past, and their deserving family members.

HONING OUR EFFORTS TO IMPROVE DELIVERY OF CARE

PROVIDER NETWORK

In each service area of our 21-State West Region, TriWest is committed to establishing a comprehensive network of primary and specialty health care providers from whom our beneficiaries can receive cost-effective, convenient care. It is our mission to contract providers in both rural and urban areas to minimize unnecessary travel by our valued customers, and to ensure that immediate health care is available to these families when they need it. In States like Idaho, that means taking measures to expand our network's availability outside the government-mandated 40-mile radius (i.e., catchment area) of our region's military treatment facilities—an effort to which we are thoroughly dedicated.

Thanks to the hard work of our Provider Network Development team, our shareholder and network subcontractor partner Regence BlueShield of Idaho, and many of you, our local network has blossomed more than 10 fold since our initial arrival in the State, with approximately 1,600 providers now contracted to serve the health

care needs of local military families. Senator Craig, I want to extend a personal thanks on behalf of our customers and your constituents for your assistance in helping us contract Boise's Saint Alphonsus Regional Medical Center. This facility and its providers join us in being committed to delivering high-quality health care to the local community, and we are pleased that, as a result of your outreach, they are a part of our network.

In other network development efforts, we appealed to the Department of Defense for a CMAC waiver that would allow us to reimburse specialty providers in the Mountain Home catchment area 115 percent of CMAC. In January 2003, we received approval for this waiver for such specialties as Allergy, Dermatology, Gastroenterology, Neurology, Neurosurgery, Orthopedic Surgery, Otolaryngology, Rheumatology, and Thoracic Surgery—which proved instrumental in our ability to further grow our Idaho provider network. Senator Craig's strong support for this waiver was critical to its adoption.

Our Network Development team continues to make important strides by working closely with many key facilities to address any concerns they might have in order to avoid their loss in the network. Among other efforts, we have assigned some facilities individual points of contact at our Phoenix hub office (whom they can contact directly with questions or requests for assistance); communicated directly with providers regarding reimbursement rates, military treatment facility (MTF) referrals, and primary care manager reassignments; and we've held monthly feedback sessions with Idaho MTFs to ensure we are aware of the unique issues they face on their end. In addition, those physicians whose practice patterns demonstrate high quality and the appropriate use of medical resources have been designated as members of our Gold Card Program, which expedites care and eliminates and/or expedites much of the paperwork hassle typically associated with treating a TRICARE beneficiary.

Our progress with network development has eased the health care delivery burden for those TRICARE beneficiaries residing in Idaho—and improved our relationship with the beneficiaries and providers hailing from this State—and we will not cease our focus on continually expanding our provider base.

RURAL ACCESS TO CARE

Throughout our West Region territory, including here in Idaho, we serve many families who reside far from the managed-care environments of urban centers, or outside the 40-mile catchment area surrounding the state's military treatment facilities (MTF). While these remote areas present a unique health care delivery challenge—including a lack of providers of all types, as well as those who do not participate in certain insurance plans or government health care programs, a lack of coordination within the health care system and a lack of access to emergency care—TriWest's operational structure has been refined over our years of existence to allow us to provide the best possible service to our customers who reside in rural communities.

Specifically, we have established teams of customer service, support and education professionals based near rural areas to provide the military families living in these locations with resources closer to home. These services can also be available to returning veterans that are the responsibility of the VA. Our TRICARE Service Centers at Mountain Home Air Force Base and Fairchild Air Force Base offer some of our rural customers a more convenient place to go for face-to-face assistance with program and health care related inquiries. Additionally, we have a service area director responsible for ensuring that operations in Idaho run smoothly across the state, and a beneficiary education representative whose responsibility it is to educate military families on their TRICARE entitlement through local briefings.

Coupled with our efforts to contract providers throughout the State, these teams of support staff provide remote-based families with specialized and dedicated care. Furthermore, we have worked in concert with the Department of Defense to bring their experts to Idaho to help train the State's family support units, whose primary focus it is to assist the local National Guard and Reserve members and their families in making use of their new TRICARE benefits. Because Guard and Reserve families are often based in small communities—rather than near MTFs like our “traditional” customers, who reside near bases due to assignment or, if retired, for proximity to base benefits—this specialized local assistance is invaluable. This is especially true in terms of behavioral health support, given that 60 percent of rural areas are designated behavioral health profession shortage areas, and suicide rates (particularly in the rural west) are as much as 3 times as high as they are in urban areas. Addressing these concerns with support services and care as close to these rural areas as we can is our best defense.

It is our desire to provide our rural customers with access to a comparable quality and quantity of health care services afforded our urban-based beneficiaries, where care is available, and we will continue to focus on improving our processes and programs in Idaho and in other remote areas in the West Region to that end. We recognize that Governor Kempthorne faces these same challenges in serving rural veterans, and we are equally committed to being available as a resource for the State of Idaho whenever and however we can help.

BEHAVIORAL HEALTH CARE/POST-TRAUMATIC STRESS DISORDER

In this time of global conflict, as our Nation's servicemembers deploy to areas of unknown danger leaving their loved ones miles away, and a number of us, including myself, have been to some of those areas, we recognize the clear need for emotional support both from a service and health care perspective. For this reason, meeting the behavioral health care needs of our region's beneficiaries is among TriWest's primary objectives. Because this specialized care is vital to the quality of life of our uniformed customers and their families, we have made some important strides to improve access to behavioral health services for the men, women and children of the West Region.

Most specifically, with the advent of our current TRICARE contract, we ceased outsourcing behavioral health services and support and brought them under our corporate umbrella out of a belief that the full spectrum of health care needs of our customers need to be served on a consolidated basis. In doing this, we also retain control over the quality of behavioral health services available to our regional beneficiaries—and have the ability to identify trends in this specialty area so that we might address the unique emotional needs of our military families with the same diligence with which we respond to their physical needs.

In addition, we are undertaking two post-deployment behavioral health initiatives that will have direct implications for providers in Idaho. First, we are developing a behavioral-health subsection on our Web site at www.triwest.com that will include information on post-deployment issues that servicemembers and their families may encounter, including post-traumatic stress disorder (PTSD). In this subsection, we plan to offer information and tools that behavioral health and primary care providers can easily access and utilize with TRICARE beneficiaries, such as fact sheets, brochures, evaluation outlines and practice guidelines. Second, we are coordinating an effort to support primary care providers treating beneficiaries with behavioral health issues by linking them with a behavioral health case manager who can provide the information they need or connect them with a psychiatrist or child psychiatrist for telephone consultation.

To respond specifically to the behavioral health care needs of our returning Guard and Reserve members, TriWest has collaborated with these units to serve as a liaison for beneficiary education about eligibility and benefits for their personnel. Further, we are establishing points of contact with the VA and National Guard in order to coordinate access and the delivery of behavioral health services. Along these same lines, we are developing a pilot program with the National Guard in northern California that, if expanded, would be made available in Idaho as well. The project involves placing trained behavioral health providers with units that have recently deployed or returned from Iraq and Afghanistan to work with them in a psychoeducational model on deployment-related behavioral health issues. In addition to training presentations, these providers would be available for individual consultation and referral to those members needing additional services.

In Oregon and Washington, TriWest has also been involved in coordinating with the National Guard Bureau (which includes the Army National Guard and the Air National Guard) and the Department of Veterans Affairs (which includes the Veterans Benefits Administration and the Veterans Health Administration) regarding assistance for services and benefits to the National Guard personnel returning from theaters of combat operations and separating from active duty. In doing this, we have played a key role in providing for the continuity of health care benefits for these personnel through the Transitional Assistance to Military Personnel and TRICARE Reserve Select programs.

We recognize that meeting the post-deployment needs of active duty servicemembers and their families is a task that exceeds the responsibility and resources of any one government agency or contractor. It is for this reason that we are committed to integrating the resources of existing government programs and educating beneficiaries about the various options available to them. We believe this strategy will also maximize the resources available and ensure that the needs of servicemembers and their families are appropriately met.

To that end, we are focused on educating about and making available services directed at their psychosocial needs (e.g., Military OneSource, Family Readiness Groups, chaplains, childcare resources, financial counseling, employment), as well as behavioral health services available through the direct care system of the military treatment facilities; the VA hospitals and veteran centers; State vocational rehabilitation agencies; State employment agencies; TriWest's network; and the community. The last of these—community resources—is an essential element for servicemembers separating from duty and returning to civilian life, particularly those who choose not to enroll in TRICARE Reserve Select, the new program option for eligible Guard and Reserve members and their families. Community resources are also important alternatives for TriWest when working with servicemembers' families or other companions who are not themselves eligible for TRICARE (e.g., caregivers of injured servicemembers). Our goal is to connect these individuals with State agencies whose services may assist them with transitioning to civilian life (such as resources related to employment, housing and job training). Our current initiatives in Washington State and Oregon are doing just that, and we believe the same successes can be had in Idaho as well.

In other collaborative efforts, in various areas throughout our 21-State region, we have worked hand-in-hand with the Department of Defense, the Department of Veterans Affairs and the National Guard and Reserves to establish responsive programs and services for beneficiaries suffering from PTSD. Our joint efforts have been widely praised throughout the TRICARE community, for they are proof positive that we are dedicated to providing our returning military heroes with a service and support network that is committed to easing their rehabilitation and re-acclimation as much as possible.

In the area of PTSD, we recognize that continued collaborative work with local and National entities is of utmost importance—and we are anxious to embark on cooperative PTSD efforts in Idaho. By joining forces with your teams, Dr. Perlin and General Lafrenz, including Dr. Dewey, Chief of Behavioral Health at the Boise VAMC (a nationally published author on PTSD), I believe we can make a difference in the lives of returning servicemembers and provide them with the comfort, confidentiality and customized care they have undoubtedly earned.

PROVIDER OUTREACH AND EDUCATION

When it comes to providing our military customers with access to best-value health care in the West Region, contracting high-quality, dedicated providers is just the first step. We recognize that communicating with and educating our network of providers about the intricacies of TRICARE is the best way to ensure that they understand the unique needs of their military patients, the coverage available under the program, and the most efficient way to handle all associated administrative functions.

Our Provider Relations and Education team, in cooperation with our network subcontractors (Regence BlueShield of Idaho in this service area), is dedicated to providing our health care partners with the instruction they and their staffs need to help the TRICARE program function most efficiently for our beneficiaries. To do this, the team hosts bi-annual briefings throughout our 21-State region that are designed to inform providers about the latest program changes, claims processing updates, coverage guidelines and other details. Annually, we host just shy of 500 briefings across the region—21 of which take place in Idaho. These briefings, which are also available in an online format accessible through our Web site at www.triwest.com, reach approximately 11,500 providers each year (nearly 500 of whom reside in Idaho). In addition to our briefing efforts in Idaho, our team also hosts information booths at Idaho Health Care Conference meetings throughout the year, giving us an opportunity to interact one-on-one with our Idaho provider partners.

In addition, our Provider Relations and Education team works in conjunction with local media outlets—such as the Idaho Medical Association (IMA) newsletter—to distribute TriWest and TRICARE-specific information directly to providers in our local communities. For example, the IMA newsletter recently featured articles discussing the new TRICARE Reserve Select benefit for Guard and Reserve members and their families, and educating providers on TriWest's bonus-payment program. By partnering with these local publications, hosting briefings and making regular visits to many of our key facilities, TriWest is succeeding in keeping our network informed about the TRICARE program and their unique role in serving America's military families.

BENEFICIARY OUTREACH AND EDUCATION

At TriWest, our motto is to do “Whatever It Takes” to make good on the promise of TRICARE—and this mindset is never more prominent than it is in our dealings with the military families we are so privileged to serve. We are committed to providing our beneficiary customers with the tools, services and support they need to make their TRICARE entitlement work most effectively for them, and for that reason we place great emphasis on communicating with and educating these men and women and their families through as many avenues as are available to us.

Most notably, our locally based staff dedicates their time (both personal and professional) to attending beneficiary advisory board meetings and local health-related conferences, and to hosting TRICARE educational briefings throughout our 21 States. Since the beginning of health care delivery under our West Region contract in June 2004, our beneficiary education representatives, customer services representatives, service area directors, and clinical liaison nurses have engaged more than 230,000 beneficiaries at upwards of 4,600 briefings across our region. To date this year, our Idaho-based education staff has conducted nearly 60 briefings throughout the State, reaching more than 1,600 local beneficiaries with vital program-related details. Recently, TriWest’s local beneficiary education representative, Ms. Karen Robertson-Gordon, has been participating with the National Guard and local agencies in a local planning group that has been organizing educational efforts that will be available to Idaho’s returning National Guard and Reservists. Through these briefings, we hope to keep our customers updated on utilization information, health and wellness issues, and new services or programs for which they might be eligible.

For instance, when the TRICARE Reserve Select program launched earlier this year, we deployed a comprehensive communication and education campaign designed to reach beneficiaries in their local communities. This campaign included hosting local-area briefings, seminars and special events targeting Guard and Reserve members; publishing program-related articles in base newspapers throughout the region; producing Frequently Asked Questions pamphlets for distribution to beneficiaries; and establishing a TRICARE Reserve Select section on our Web site at www.triwest.com, where online seminars and other program-related materials would be readily available for this branch of our customer base.

In addition to these efforts, our local Idaho beneficiary education representative and service area director conducted more than 20 briefings and meetings to support deploying units, create constructive interaction with them, and ensure an effective education program is in place in the state. The feedback and response our team has received from the Idaho Guard and Reserve has been positive, and it is abundantly clear that these brave servicemembers and their families are greatly appreciative of TriWest’s efforts to support their rapid activation and mobilization schedules. To help maintain ongoing interaction with our Guard and Reserve beneficiaries—and to ensure that senior military leaders have direct communication with TriWest—our Idaho service area director has been appointed as the single point of contact for all Guard and Reserve issues in Idaho.

Along with communicating and educating our beneficiaries about the new benefits available to Guard and Reserve members and their families, our Marketing and Education team—along with beneficiary education representatives based throughout our region—also recently deployed an educational behavioral health campaign. As discussed earlier, we recognize the immediate need for behavioral health care initiatives in our region (and, for that matter, nationwide), and this campaign helped us to communicate these measures with the individuals who can most readily benefit from these focused programs.

The campaign included developing a comprehensive library of behavioral health information; creating sections of our Web site at www.triwest.com where this information could be housed for easy, confidential access; providing links to the behavioral health-related resources available through such partner organizations as the Boise VAMC; distributing related articles to local and base papers; utilizing explanations of benefits reports to identify beneficiaries who might benefit from focused behavioral-health education; and developing wallet cards containing contact information for further behavioral-health support. A portion of this campaign also focused specifically on our Guard and Reserve beneficiaries and the unique behavioral health issues these civilian servicemembers and their families now face.

By educating our beneficiaries about the TRICARE program, the supplementary services available through TriWest and the initiatives our organization has designed to help them best utilize their health care entitlement, we are well on our way to making good on the promise of TRICARE for these most-deserving military families.

WORKING IN TANDEM, WE CAN MEET THEIR VARIED HEALTH CARE NEEDS

At TriWest, we recognize that strength comes from collaboration. We understand that by joining forces with organizations, agencies and other members of the Military Health System community, we can better serve the men and women of our Nation's armed forces and their families. Thus far, I have shared with you many of the measures TriWest has taken across our region, and specifically in Idaho, to meet the unique needs of our military family customers. Now, I would like to discuss the opportunities, I believe, are available for our organization to join forces with many of you—particularly with Dr. Perlin and his VA team—to further serve this most gracious population.

First, I would like to commend Dr. Perlin for his leadership, his intuitive direction for the VA and his dedication to developing a “veteran-centric” health care system for returning servicemembers. His efforts on behalf of these men and women (and the families to whom they are so gratefully returning) have been extraordinary—particularly in light of all that is going on—and our organization certainly understands the challenges he and his team have faced in responding to their needs.

While the unique and directed efforts of the Veterans Administration are irreplaceable—with its vast system of hospitals, teaching programs, veteran-focused clinical research capabilities, and expertise in prosthetics, brain and spinal cord injuries, amputee rehabilitation and care for combat-related behavioral health disorders—I believe that by working at your right hand, and by supplementing the VA's service and support, we at TriWest can be of great assistance to you as the VA continues to work on behalf of these honorable veterans. Specifically, there may be areas where our established operations can minimize costs for the VA while maximizing benefit to the veteran—particularly in regard to patient appointing, advice lines, referral and case management, and, most importantly, utilization of our extensive network of primary and specialty providers.

CURRENT INITIATIVES LEAD TO FUTURE OPPORTUNITIES

TriWest's involvement in VA-DoD sharing in Idaho is longstanding. In 2001, we established a VA-DoD planning group between the Boise VAMC and the 366th Medical Group at Mountain Home AFB that proved to be one of the initial successes of our innovative Central Region Federal Health Care Alliance (CRFHCA) initiative. The success of this planning group led to the development of the Joint Strategic and Operational Planning Process (JSOPP), which formalized joint VA-DoD health care market planning and was included as a value-added component of our 2003 TRICARE Next Generation bid proposal.

Our JSOPP initiative further strengthened these established relationships by formalizing the Boise/Mountain Home Market Area Executive Management Team (EMT), which has not only been responsible for a variety of health care improvements for both VA and TRICARE beneficiaries, but also has served as an example of how joint VA-DoD planning can be applied in a number of locales across our region. The VAMC/AFB relationship is tremendously strong and boasts a successful history, and Mr. Wayne Tippetts, Director of the Boise VAMC, and Col. Helen Horn-Kingery, Commander of the 366th Medical Group at Mountain Home AFB, are actively involved in enhancing that relationship for an even brighter future. Specifically, the Boise VAMC has provided pathology supervision for the Mountain Home laboratory via a VA-DoD Sharing Agreement for several years, thus enabling it to maintain College of American Pathology certification. Additionally, these partner facilities established an agreement for the conduct of separation/compensation and pension physicals at least 2 years prior to it becoming a requirement earlier this spring. Education opportunities have been and continue to be shared on a regular basis as well, with behavioral health services acting as a linchpin of the current relationship between the two facilities. The two facilities actively share behavioral health educational opportunities, and the MTF draws on the Boise VAMC's considerable expertise in Post-Traumatic Stress Disorder when it comes to referring active duty servicemembers in need of such care.

In addition to these current successes, the Boise/Mountain Home EMT—led by Mr. Tippetts and his Boise VAMC staff of Mr. James Sola, Dr. David Lee and Mr. Grant Ragsdale, along with Colonel Horn-Kingery and her administrator, Lieutenant Colonel Patrick Dawson—meets quarterly to consider ongoing ways to partner for more efficient use of Federal health care resources in the Treasure Valley. Recently the two organizations partnered in the preparation of a Joint Incentive Fund (JIF) project for fiscal year 2005, having submitted a proposal for the procurement of a mobile MRI van that would serve both facilities. This project is currently being evaluated and a decision on award of the funds is due in September. Additional projects being considered for sharing include opportunities for the VA to provide ra-

diology support to the MTF when its radiologist is away; the MTF staff to provide interpretation of cardiac echo cardiograms for the VA; the VAMC to support non-invasive cardiology services at the MTF; contingency agreements to allow for the use of one another's beds when overflows or emergencies dictate; and the enhanced behavioral health support and possible increases in the VAMC's operating-room time through the use of MTF personnel who must maintain their skills by doing more complex cases than can be supported at the MTF.

Thanks to the success of these local collaborative efforts, we believe there may be additional areas where TriWest can partner with the local VA agencies to maximize the availability of resources and services for our Idaho TRICARE and veteran beneficiaries. Opportunities for consideration include the following:

ROBUST PROVIDER NETWORK

As discussed, TriWest is responsible for establishing, maintaining, and growing a network of primary and specialty providers in our West Region territory—just as our colleague TRICARE contractors are responsible for doing the same in their regions. I believe it would make good business sense for the Federal Government to have the VA take advantage of our network of providers, particularly in places such as Idaho where large geographic distances and relatively few VA facilities can hinder access to care for those in need and eligible for services.

In short, by partnering with TriWest (and, in the same manner, with the other TRICARE contractors), the VA could leverage our network providers to address access challenges for those individuals who are not near VAMCs or CBOCs, or when specific VA care is not locally available; to refer patients to specialty care at VA facilities or within the TRICARE network if travel would impose an unnecessary and avoidable burden on the veteran; and to coordinate (in conjunction with our Disease and Case Management teams) community-based care for veterans with such illnesses as Post-Traumatic Stress Disorder.

Our provider partners are held to high care and service standards, and are contractually obligated to meet TRICARE requirements for HIPAA-compliant claims submission, patient appointing and procedural activities. Again, it would be our privilege to lend our services, expertise and support to the VA (and, in turn, our Nation's deserving veterans) by leveraging our provider networks for their use.

VIRTUAL CBOCS

Because the density of veteran populations in some communities does not seem to be significant enough to warrant the construction of a bricks-and-mortar CBOC, there could be a great benefit in partnering with TriWest (and the other TRICARE contractors) to allow our network providers to serve as "virtual" CBOCs for these veterans for whom access to care might otherwise be marginal. Coupled with benefit management and case management, these virtual CBOCs could provide veterans with convenient access to high-quality, cost-effective care without requiring extensive travel on their part.

To ensure continuity of care, the VA and its TRICARE partners would obviously need to establish some key parameters for virtual CBOCs. For instance, these virtual care centers could focus primarily on addressing returning veterans' medical and behavioral health care needs for a specified period of time; authorization by a case manager would be required prior to care at a virtual CBOC to ensure that the VA had the opportunity to continue to be the veteran's provider of choice; and the maintenance of comprehensive medical records would be required for all enrolled veterans. In fact, this may provide an opportunity to demonstrate the use of the VA "VISTA Office" electronic medical record between the VA and TriWest's virtual CBOCs.

A primary benefit of the virtual CBOC concept is that this approach would allow for locally based access to care and case management in coordination with community resources such as social, pastoral and other behavioral-health support services designed to help the veteran integrate back into the community. In our role as the VA's partner in the virtual CBOC paradigm, TriWest could establish a "Veterans Advocate" program in which we serve as the veterans' connection to local, State or Federal community services to which he or she may be entitled.

I encourage you to consider how the establishment of virtual CBOCs throughout the Nation might benefit our veterans and optimize the VA's delivery of care. Perhaps we could initiate this venture by conducting pilot demonstrations in Idaho to assess the value and cost-effectiveness of virtual CBOCs, and to determine how these care centers would best benefit our joint veteran customers.

BEST FEDERAL PRICING

Overall, I believe that by collaborating to address issues related to veteran health care delivery, not only can we improve the availability of services and support for these most-deserving men and women and their families, but we can help minimize and contain the VA's financial burden as well.

As a TRICARE contractor, we have proprietary network agreements and preferred provider agreements with network discounts; our provider partners are required to submit claims electronically for beneficiaries; and, most importantly, their billed charges are capped. These contractual requirements mean significant cost savings and best Federal pricing for us, the Department of Defense, and the Military Health System, and could potentially do the same for the VA and its beneficiaries.

CONCLUDING REMARKS

Earlier this year, I had the opportunity to join Governor Kempthorne and senior officials from the Department of Defense for a town hall with Idaho's Guard and Reserve components and their families prior to their deployment to discuss what could be done to optimally respond to their needs as they prepared for the sacrifices that lay ahead. Governor, I want to thank you for your focus and for making sure that all of us were focused. I hope that you'll agree that we made good on our commitments to those whose sacrifices and service we so admire.

In late April, I was honored to join those same senior officials from the Department of Defense on a trip to the Middle East to walk among the heroic men and women of our Nation's armed forces who are serving so far from their families and their freedoms—including a number of the individuals who were in the auditorium that day prior to their deployment. I went because I wanted to thank them for their service and sacrifices, but more than that, to make sure that we were making good on our promise to take care of their families while they were gone.

It was abundantly clear from the encounters I had with the troops from Idaho, that there is a deep sense of gratitude for all that both you and the Chairman have done to respond to their needs. The Idaho Guardsmen expressed their sincere appreciation for the consistent follow-through in the care provided and the Chairman's recent tour there. It is a deep honor to serve those who serve all of us. And, those of us in the Military Health System are doing and will continue to do our level best to respond to the health care needs of their families, so that they can stay focused on the important task at hand.

For me personally, seeing their toil, their commitment and their sincere appreciation has only strengthened my resolve to lead TriWest with the needs of these brave servicemembers and their families daily in our minds, so that we can continue to do our part to deliver on the promise of TRICARE in the West Region.

It has been my pleasure to share with you today a little about TriWest's efforts on behalf of these phenomenal men and women, both throughout the West and specifically here in Idaho, and I look forward to discussing in greater detail how we can partner with the State, DoD and the VA to further the effectiveness of our response to these efforts.

Thank you for your time and for your commitment to our national heroes. They are serving for us; and we need to continue to do our level best to meet their needs.

Chairman CRAIG. David, thank you very much. Now we turn to Mayor Reese. Mayor, I know of nothing more important for a returning warrior than to be able to go back to work. That is in total with his family or her family and their church and their employment a real sense of stability if they know they can return to the job they left. That's your job, I understand.

**STATEMENT OF SCOTT REESE, MAYOR OF BLACKFOOT AND
CHAIRMAN, IDAHO STATE COMMITTEE, EMPLOYER SUP-
PORT OF THE GUARD AND RESERVE**

Mayor REESE. Yes. Thank you, Mr. Chairman. Before I start I'd like to just thank those in the audience that have served our country and those that serve today. The Employer Support of the Guard and Reserve, for which I have the privilege and honor of chairing for the State of Idaho, had the unique opportunity to be part of the

Boise State football game a couple years ago. We did a half-time program, and we had the 25th Army Band, along with Boise State.

Out there from my side of the State, Eastern Idaho side, it wasn't much of a game. If you remember, it was about 63 to nothing. That's memorable to the Boise State fan. But what I will never forget is all the volunteers that we had manning the various gates as people were coming in with their tickets. And the Nampa, Meridian, and Boise senior citizen centers had tied red, white, and blue ribbons and were giving those ribbons to anybody that had a member in the service or with prior military experience. One of our past State chairmen, Bob Cameron, an elderly lady approached him and said, "I would certainly like to have one of those ribbons." And he said, "Well, absolutely. Do you have a family member in the service?" She said, "Yes, I do."

And so he helped her pin this ribbon onto her collar. And he said, "If you don't mind my asking, grandson, son?" And she said, "No, my husband." And Bob said, "Your husband?" And she said, "Yes, my husband is still serving."

And of course, Bob knew that couldn't be the case as far as active duty. So he pressed it just a little further and said, "If you don't mind, where is he?" And she said, "Aboard the USS Arizona." Now, that's what I take from that football game. That's why we do what we do and we volunteer, and it's all volunteer.

And our job is to work with the employers, the employees, the citizen soldiers to ensure that they do have a job to come home to as the Senator and the Chairman alluded to.

It is a privilege to be here, and I want to thank the Governor personally. He doesn't just talk the talk. He walks the walks. I personally watched him dole out Thanksgiving dinner for over 6 hours along with Paul Revere and several other people from Idaho in Alexandria, Louisiana. Not once did he get relieved. Not once did I hear him complain. He stood there and took photograph after photograph and smiled and truly believes in the men and women and their cause and their safety and their concern. I want to thank you for that opportunity. I had to share that with you.

The Idaho Committee of the Employer Support of the Guard and Reserve, or ESGR, is a State committee organized under the national committee, an agency within the office of the Assistant Secretary of Defense for Reserve Affairs, founded in 1972 because of the elimination of the draft. And when those that were leaving the Guard and Reserve were interviewed, over one-third said it was because of the employer conflicts. So the Department of Defense chartered the National Employer Support of the Guard and Reserve, and now there are currently over 4500 volunteers nationwide and 55 committees, all 50 States including the District of Columbia, Guam, Puerto Rico, the Virgin Islands, and Europe.

Because the Nation's ready Reserve components comprise approximately 46 percent of our total available military manpower, and because the Guard and Reserve are a necessary part of our national defense, it looks as if they're going to spend more time away from the workplace defending our Nation. And it is imperative that an understanding and cooperation between the Guardsmen and Reservist and their civilian employers be promoted.

In addition, the employer educational programs promoted by the National, as well as the Idaho committees, encourage employee and citizen participation in the National Guard and Reserve programs by: One, gathering community appreciation for the National Guard and Reserve in our national defense; two, by educating employers about the personnel policies and practices that accommodate employee participation in the National Guard and Reserve; three, by assisting in preventing, resolving, and reducing misunderstandings that result from military duty requirements under the Uniformed Services Employment and Reemployment Rights Act, or USERRA; and finally, assisting in training National Guard and Reserve members about their obligations and responsibilities to employers.

Specifically with these goals in mind, the Idaho committee of over a hundred volunteers in six regions have begun an aggressive campaign to educate, involve, and inform both employers, Reservists, and their family so that the Army National Guard's 116th Brigade Combat Team that was deployed to Iraq last year will have a seamless transition back to civilian life later this year.

Statistically, Idaho ranks third in total percentage based on a thousand population at 4.2 percent, but in mobilization of total Reserve in the west, Idaho ranks number 1 with nearly 38 percent of our Guard and Reserve folks activated. We have many programs to work with the employers. One of those is our Five-Star Program, which is promoted by our Idaho Committee of ESGR, as well as the National. It's designed to recognize those employers who provide additional training and benefits to the Guard and Reserve that are above and beyond what USERRA requires. Since October of last year, the Idaho committee has tripled the number of Five-Star employers in the State.

The Idaho committee nominated a Boise-based company, Idacorp, for the Secretary of Defense National Freedom Award and has been recently notified that the company was selected for the recognition that will take place in Washington, DC in October. They are one of 15 companies selected nationwide to be recognized by the President and Secretary Rumsfeld. We believe that the importance of this recognition will encourage other employers to look more seriously at providing exceptional benefits to those individuals who provide much needed sacrifice and service to our country.

Additionally, the committee has partnered with the Idaho Inter-Service Family Assistance Council to provide briefings with the Adjutant General of the State of Idaho and representatives from all the major branches of the service for family members at 10 locations statewide from July through October of this year. And I'd be remiss if I didn't acknowledge General Lafrenz and for all that he has done for our committee in supporting what we do because it's a partnership. And he puts his assets out and makes them available for us to educate employers, whether it's using a C130 to transport from Boise at Gowen Field, or his staff traveling to make awards and bring special recognition to these employers. So General, I want to say thank you. LAFRENZ. Thank you.

Mayor REESE. This same group is coordinating efforts to welcome and brief returning National Guardsmen and Reservists and will schedule "welcome back" demob briefings around the State once a return is more certain. The State committee for the ESGR is pro-

viding USERRA training to county service officers at their annual meeting in August and is actively scheduling Boss Briefings and USERRA training at the employer level. Committee members act as liaisons between employers and Reservists by providing technical assistance and by receiving and investigating claims in any disputes that arise upon a citizen soldier's return.

Our annual meeting is going to be taking place on Friday and Saturday of this week in Twin Falls. And we're going to focus on ombudsman training for an entire organization and we'll spend 2 days doing that. In short, the Idaho Committee of the Employer Support of the Guard and Reserve believes that asking citizen soldiers to serve as frequently and as intensely as we are now asking them to do is a long-term concern to employers, and we are committed to the work of sustaining soldiers both in the workforce and their duties in support of our national defense. Thank you.

[The prepared statement of Mayor Reese follows:]

PREPARED STATEMENT OF SCOTT REESE, MAYOR OF BLACKFOOT AND CHAIRMAN,
IDAHO STATE COMMITTEE, EMPLOYER SUPPORT OF THE GUARD AND RESERVE

The Idaho Committee of Employer Support of the Guard and Reserve (ESGR) is a State committee organized under the national Committee, an agency within the Office of the Assistant Secretary of Defense for Reserve Affairs.

Because the Nation's Ready Reserve components comprise approximately 46 percent of our total available military manpower, excluding retirees and because these Reservists, as a necessary part of the national defense, will spend more time away from the workplace defending the Nation, it is imperative that an understanding and cooperation between Reservists and their civilian employers be promoted. In addition, the employer educational programs promoted by the national, as well as the Idaho Committees, encourage employee and citizen participation in National Guard and Reserve programs by:

1. Gathering community appreciation for the role of the National Guard and Reserve in our national defense.
2. By educating employers about personnel policies and practices that accommodate employee participation in the National Guard and Reserve.
3. By assisting in preventing, resolving, or reducing misunderstandings that result from military duty requirements under the Uniformed Services Employment and Reemployment Rights Act (USERRA).
4. Assisting in training National Guard and Reserve members about their obligations and responsibilities to employers.

Specifically, with these goals in mind, the Idaho Committee of over 100 volunteers in 6 regions have begun an aggressive campaign to educate, involve, and inform both employers, reservists, and their families so that the Army National Guard's 116th Brigade Combat Team that was deployed to Iraq last year will have a seamless transition back to civilian life later this year. The 5-Star Program, promoted by the Idaho Committee of ESGR, is designed to recognize those employers who provide additional training and benefits to Reservists that are above and beyond the USERRA requirements. Since October of last year, the Idaho Committee has tripled the number of 5-Star Employers in the State. The Idaho Committee nominated the name of a Boise employer, IDACORP, for the national "Freedom Award" and has been recently notified that the company was selected for the recognition that will take place in the White House in October. We believe that the importance of this recognition will encourage other employers to look more seriously at providing exceptional benefits to those individuals who provide much needed sacrifice and service to our country.

Additionally, the committee has partnered with the Idaho Inter-Service Family Assistance Council (ISFAC) to provide briefings with The Adjutant General of the State of Idaho and representatives from all of the major branches of the service for family members at 10 locations statewide from July through October of this year. This same group is coordinating efforts to welcome and brief returning National Guardsmen and Reservists and will schedule "welcome back" demob briefings around the State once a date of return is more certain. The State committee for the ESGR will be providing USERRA training to the county service officers at their annual meeting in August and is actively scheduling Boss Briefings and USERRA

training at the employer level. Committee members act as liaisons between employers and Reservists by providing technical assistance and by receiving and investigating claims in any disputes that arise after their return. The annual meeting of the Idaho Committee will focus on this important Ombudsman responsibility by bringing in a national representative to provide training. In short, the Idaho Committee of the Employer Support of the Guard and Reserve believes that asking citizen soldiers to serve as frequently and as intensely as we are now asking them to do is a long-term concern to employers and we are committed to the work of sustaining soldiers both in the workforce and in their duties in support of our national defense.

Chairman CRAIG. Mayor, thank you very much. Thank you for all of your work and involvement.

General, I must say that you've provided us with an impressive array of efforts well underway here in Idaho that will obviously by all of those efforts and presence, cushion the re-entry of many of our Guard and Reserve into civilian life again.

In a variety of hearings I held in Washington, one of the things we hear from those who have gone through the busting out process or the informational flow as they return to civilian life with the Guard and Reserve, is a bit of information overload. It's kind of like I hear it, but I don't hear it. I want to go home. I want to get the heck out of here. And as a result of that they get home. They may have forgotten what they heard, or they didn't hear at all, or they were provided with information in pamphlet and brochure and other materials that they don't think to access.

I was extremely pleased to hear you say you're going to keep these centers open for 18 months. I think that is tremendously important that you do that, largely based on at least what I'm hearing about the potential for information overload. Is there a main number, or will you have a main access telephone number that these Guard and Reserve will have? What will be their point of contact, let's say during this period of time beyond the Family Assistance Centers that you're talking about?

General LAFRENZ. Yes, sir. We do have a phone number. It's a 1-800 number.

Chairman CRAIG. Good.

General LAFRENZ. We have found with seven service centers that we have currently open that they also have numbers and our families utilize those centers to a large degree for their point of contact to disseminate information and/or request support. At that point in time our focus on those locations, while pretty well educated and adept at taking care of those issues, they may not resolve the issue or the problem. They also call us and we put whatever staff element here in Boise that we need to do to resolve the issue.

One of the things that we all have to keep in mind is that the subordinate battalion headquarters to the brigades that are out there in the State, around the State are no longer there now. Those battalion headquarters are in the desert. So we've got people occupying those locations who have developed tremendously since we put them in those positions to help families and soldiers. And I've got to tell you, Senator, that they're on call 24/7 out there and are doing their job. We intend to keep those facilities operational for as long as it takes to ensure that we put soldiers back in not only their units, but their jobs and back into the family. So that's the way we operate, sir.

Chairman CRAIG. General, one of the things that has been talked about here already in the first panel, and I keep approaching it in all the hearings I have in Washington is the issue of PTSD and the difference between an active service man or woman coming back to their community of like service people at their fort or wherever their installation being uniquely different from a Guard or Reservist coming right back into civilian life to their family and to their community—and the Governor's referenced, in essence—when the band quits playing and all the attention goes away and the reality of life sets in.

What opportunities will returning Guards and Reservist have to be with their peers and their fellow Guard and Reservist after coming home? And have you taken into account as part of your reintegration program reunion programs?

General LAFRENZ. Yes, sir. That's a great question, because the majority of our soldiers, as you just pointed out, do not reside on or near a base. They leave the comrades that they've been with for the last 18 months. And quite frankly, we deploy their home stations.

Currently there is a regulation out by the Department of Defense that allows soldiers 60 days to decompress at home station before they come back and join our military organization again as active members. Our program is going to be to actively encourage these folks to come back as soon as possible. We will continue to have our monthly training periods. And even though these soldiers don't have to come back, I think we will find that many of them will. Our leadership will encourage them to do so for that reason.

And then we intend to send a staff officer and officers and enlisted personnel from our headquarters out to the community. We're going to be redundant on town hall meetings after the redeployment to get out, talk to soldiers, change the command, ensure the brigade and the battalions will have contact personally and by phone with soldiers at home to get a feel or a sense of how they're doing, what they're doing, are there any issues.

These soldiers will likely talk to their counterparts, to their chains of command if there are issues. We are training families how to recognize stress issues and giving them an outlet to be able to call and have us help resolve those issues if there are issues.

The marriage portion of this, the chaplain has been energetically working that issue. We have secured funding or will secure funding for our redeployment from the National Guard bureau that will allow us to have marriage retreats, if you will, between spousal members. We will furnish daycare opportunities so that children are not—parents won't have concern with child care. And we hope all of these programs will help as a safety parachute, if you will, to get our people back into civilian life and back into part-time military life.

Chairman CRAIG. General, you've again—that's obvious demonstration of the fact that you're attempting to cover all bases as you should. Have you or the Chaplain made any contact with the religious community of the State as it relates to their ability to participate and/or be associated with this? Oftentimes a family's minister can be a point of contact if that family finds itself in a distressed environment.

General LAFRENZ. Yes, sir. I just happen to have a chaplain right here. I think we talked about that within the last 30 days. Chaplain, if you have any updates on that, I would invite you to comment on that. I know that we're working on that issue, sir.

Chaplain MOORE. I guess I go there?

Chairman CRAIG. Please do. Chaplain, as you go there, for any of us who attend church or are in and out of the churches of Idaho on a regular basis, almost every church has a bulletin board with pictures of their members who are currently in service in Iraq and Afghanistan. I know being in and out of these churches, I thought that would be a natural contact point, so please tell us what you're doing.

Chaplain MOORE. We have been in contact. Mostly the churches themselves have initiated that. Anywhere from eastern Idaho where there is a naval chaplain, Ben Orchard, who took an active part in that part of the State, even helped us do some of our early meetings before the families departed. I'm sorry to say he's transferring to eastern Washington, so we've got to find someone to take that and Cavalry Chapel here in Boise and many others. We have a little Baptist Church that has six of their members deployed. I happen to be involved with that one some.

But to answer the question straightforward, we have been in contact. The Presbyterian Church downtown called. We have a letter that we provide churches upon request. We have a list of pastors that have volunteered their time throughout the State in case we, God forbid, have a mass casualty kind of event. And these men and women have been screened and have credentials to do that kind of stuff, those types of events.

We are providing a military praise and worship service in the Gowen Chapel every first and third Sunday at 5 p.m. That has been attended by the families. They're going to be invited also to these town hall meetings that we're having just as well as employers. I don't know if I've answered your question or not, sir.

Chairman CRAIG. Yes, you have. Thank you, Chaplain. I'm pleased to see that kind of outreach going on because I think that's an extremely valuable point of contact.

Couple more questions before I turn to the Governor for any questions he may have. David, again thank you for your presence, your involvement, your ongoing involvement as we've worked our way through to which is a much better environment here in Idaho for those that are actively now involved with TriCare and in this instance TriWest.

You mentioned in your written testimony coordinated efforts in Oregon and Washington. Have you been in contact with Idaho stakeholders about the possibility of establishing a similar program, or is that currently going on as it relates to the kind of initiatives underway in those two States?

Mr. McINTYRE. What we've done in Oregon and Washington is to work with the VA leadership locally to develop a collaborative relationship that actually resulted in the formation of a joint advisory group that's working together. Some of that leadership is here today. We need to engage in the same kind of conversation here in Idaho that would take that a step further, the work that we've been doing here.

The one thing that's a bit unique about what we're doing in Oregon is that Oregon is all Guard and Reserve. There is no active duty military presence in terms of bases and installations in Oregon. And Governor Kempthorne, you have set the pace for the Governors around the country in terms of the State's focus on this. And we've tried to take some of those same areas of focus and see if we can apply them into that area. So I think there is, sir, an opportunity to more aggressively focus collaboratively here between ourselves, the VA, and the DOD. And we certainly ought to take what we're doing in the Northwest and combine it together with what we've already started here in Idaho.

Chairman CRAIG. Well, thank you very much. Mayor, acronyms always trip my tongue, but USERRA, is that the correct acronym for Employment and Reemployment Rights Act?

Mayor REESE. Yes.

Chairman CRAIG. That Act guarantees reinstatement of jobs and benefits for those who left them. That's the law. It does not help those in situations where businesses have shut down, relocated, downsized because there are in some instances no job to return to.

Is there any survey or effort now underway to see if those kinds of situations exist in the State of Idaho that might impact our returning Guard and Reservist?

Mayor REESE. Mr. Chairman, that's right on the mark as far as a question. That's our concern as a committee. By way of statistics, there is are percent of those Guard and Reserve that are self-employed. To my knowledge I don't have firsthand knowledge how that's been handled, but definitely for 214 of our Guardsmen, that's an issue. Sixty-five percent are in the private sector. Seven percent are in public. And then this is the alarming statistic. 2,297 of our Guard and Reserve work for companies with fewer than 10 employees.

I'll give you an example, the Fort Hall Fire Department. When the 938 was called up when we went into Iraq, the special fire-fighting unit, that took 2 people from the squad and that had a huge impact. And we have mutual aid with my city and Fort Hall and we were able to do some double coverage. But that is a concern across the State of Idaho. That's just one example.

But I don't have any answers to your question. I wish I did. I wish I could tell you yes, we're on top of the self-employed and the small companies. But we're trying to do that with our outreach programs with whether it's a briefing with the boss, the bosses we're bringing them to Gowen Field, showing them what we do, what the soldiers do, or whether it's taking them to Fort Lewis which we just finished in March. So we had an aggressive schedule of trying to educate as many employers as possible of the value that these citizen soldiers are making. But I don't know to what extent the small businesses how hard they've been hit.

Mr. MCINTYRE. Mr. Chairman, may I follow up on that?

Chairman CRAIG. Sure. Please do.

Mr. MCINTYRE. The mayor has done a great thing in terms of his focus in this area. We serve 21 States and they're States that are largely rural in their makeup. Most not quite as rural as Idaho. But as we've spent time with the employers in those States all across the 21-State area, we've heard of a concern over and over

of how do I bring people back? And particularly the concern over what's going to happen to my healthcare costs? Because if you're a small employer, you pay more for health insurance than if you're in a large employer on a per capita basis.

And the work that you did in the Senate and the like to bring the benefit to the table to allow people who have served in the field, have been in the desert, have been in the theater to get credit for their service, I think needs to be marketed very, very heavily with the small employers because if they understand that there may not be a healthcare impact on them, at least what I heard going into the consideration of that legislation, they may be more inclined to take those people back provided that they still have a place for them to be in terms of contributing to their organization. Because, then they don't have to face an up rating on their health insurance.

Chairman CRAIG. Thank you for mentioning that, David, because of course that was exactly the intent of that legislation. Hopefully, that's part of what's working out there.

General LAFRENZ. Sir, may I also comment on that?

Chairman CRAIG. Yes, General.

General LAFRENZ. We just instituted this in July. I think it will work very well for us in cooperation with the Idaho State Department of Commerce and Labor and the Idaho National Guard. We have, in fact, put a military counselor, if you will, to interface at the Boise, Twin Falls, Pocatello, and Coeur d'Alene Job Service Office. I don't know any other State that has tried that.

I talked to the Governor several months ago and through his help working with the other State agencies, we started that. It's been in effect now for just about a month. So I think it's working pretty well, but I've got to tell you I haven't had a chance to get down and visit them yet, but I will do that. But I think it will pay real dividends for us.

Chairman CRAIG. Well, that's great. That's underway. Governor, any questions of this panel?

Governor KEMPTHORNE. Yes, please. First of all, if I may, Under Secretary Perlin, just to note for the record, currently in Iraq 62 percent of the combat soldiers are Guard Reserves. This is an incredible situation. And not since the Civil War have you seen that State identification of military units from States. So this is a new paradigm. I know we all recognize it. I think it needs to be said. This is historic. And so we're going down a new path.

And also, to my friend Scott, Mayor Reese, we're extremely well served with their chairmanship of the ESGR. As you pointed out where Idaho is No. 1 right now in percent, that will go up the end of October when we have the Apache helicopters that have now been mobilized, the 183rd.

General LAFRENZ. Sure.

Governor KEMPTHORNE. So add another 250 soldiers. So the call to duty of the Guard and Reserve continues. That's why we need to make sure that we take care of these soldiers when they come home. That's going to be part of the key to recruitment and retention.

Let me ask, and David I want to thank you for all that you've done with TriCare and TriWest. You really have stepped up. That figure of 416, that's tremendous.

Mr. MCINTYRE. We couldn't have done it without your encouragement and focus, sir. Thank you.

Governor KEMPTHORNE. Well, thank you. The medical community and the dental community in Idaho, I sent letters to everybody, and they responded.

Mr. MCINTYRE. Yes, sir. I'm pleased to say that 99.8 percent of their bills are being paid within 30 days.

Governor KEMPTHORNE. Yes. It's a wonderful record. It really is. Something we're very proud of.

Is there a situation, David, that we need to put on our radar screen that there's a clock running? When they come home, there's demobilization, that they have coverage with TriCare. But do they have any situation in the future where someone may be affected by a preexisting condition?

Mr. MCINTYRE. No, there's no preexisting condition exclusion under TriCare. It was designed that way.

Governor KEMPTHORNE. But what if when they transition from TriCare?

Mr. MCINTYRE. When they transition from TriCare it will be up to the employer's coverage, assuming that they're under an employer coverage, or the individual coverage. I think that employers will want to work carefully with those individuals to make sure that they understand as they reintegrate them out of the TriCare benefit into a purely private sector benefit, that they have not left them in the lurch.

However, I believe that given the fact that many of these people will be coming back with essentially 4 years of coverage, if we believe what we read in terms of the roll-over in terms of reintegration in the units and the like and their redeployments, they may well be back somewhere in activation during that 4-year period of time to which they would continue to earn their TriCare benefit. So most of these people will be returning with that kind of eligibility. That's a strong thing particularly when you're talking about a State that has so many small employers, which is one of the reasons why the chairman was so strongly behind that particular initiative.

Governor KEMPTHORNE. I think we should note that, that there is a potential gap there.

Mr. MCINTYRE. Absolutely.

Governor KEMPTHORNE. So we need to be cognizant of that. We should be working together to make sure nobody, nobody, not one soldier—

Mr. MCINTYRE. Correct.

Governor KEMPTHORNE [continuing].—is left in the gap.

Mr. MCINTYRE. Correct.

Governor KEMPTHORNE. Can a military family opt to remain with TriCare beyond the eligibility period?

Mr. MCINTYRE. Not beyond the statutory eligibility period. And at the moment Congress has limited that to—actually, Congress took and expanded it as a result of the conflict, and so this is a new addition of a benefit. And the department's in the process of

finalizing the rules for that. Heretofore that did not exist prior to the conflict.

There is discussion on the hill about whether that ought to be made permanent and whether you simply should have the option to opt in if you stay in the Guard and Reserve. But that is not something that's yet been acted on.

Governor KEMPTHORNE. When all of our soldiers return, will there be a health assessment completed on each soldier so that we now have a baseline?

Mr. MCINTYRE. My understanding, and this was backed up by what Dr. Perlin was talking about, is that there will be a health assessment required by the Department of Defense when they return. It will in some cases be done by the DoD. It will in other cases be done by the VA.

My understanding from Dr. Chu's staff, who is the Under Secretary for Personnel for the department, is that those plans are in place. Those are being conducted.

On the behavioral health side there is a screening tool that's put together. That screening tool will do a baseline assessment. Then I believe it's every 6 months that the baseline is re-upped and that's when we got into the conversation about whether the re-up of the baseline would be done by phone or in person. The initial baseline is to be done in person as I understand it.

Governor KEMPTHORNE. Did you say that a health assessment could be done by phone?

Mr. MCINTYRE. No. I may have misspoken.

Governor KEMPTHORNE. No, I probably misheard.

Mr. MCINTYRE. I may have misspoken, sir. No, the health assessment is done on the return. Or actually in some cases prior to their return over in theater. And the earlier statement about the combat stress teams, they are alive and well as I saw when I was in the desert doing a great job. But some units are getting their health assessment in theater before their return. Some get their health assessment when they return. And that health assessment includes a behavioral health baseline, which is done in person, and then that may be the item that's updated by phone, depending on where the units are, how they come back together to train, and the like.

Governor KEMPTHORNE. You mentioned Dr. Chu. I'll just State that we have all been well served by David Chu.

Mr. MCINTYRE. Yes, sir. And his deputy, Charlie Able, who I don't know if you saw, was just named by the Senate as the new Chief of Staff or Staff Director of the Armed Services Committee effective September 1.

Governor KEMPTHORNE. Charlie Able was my staff member.

Mr. MCINTYRE. You trained him well.

Governor KEMPTHORNE. I did. We're a good team.

Now, General or Mayor, when a soldier returns, how long does he or she have when they arrive back in Idaho before they report to work? How long are they covered?

Mayor REESE. Well, USERRA clearly dictates that they have 90 days before they have to report back to work, so in essence, 3 months. And then when they do return, they are put back to a seniority status, like kind of job, and benefits as if they had never left.

Governor KEMPTHORNE. And Scott, do you anticipate problems when they do return to the workforce? And then if there is a dispute, who resolves that dispute between the employee and the employer?

Mayor REESE. Well, unfortunately, we do see some conflict because of the rural nature and small businesses that are predominant here in Idaho. So we have members assigned to each unit that is in every armory with a contact and a name. And we—when I say we, my volunteers, our committee looks into both of those sides, the employer, the employee. And if we can't resolve it—and we do have a very high solve rate. We're in the mid-90s when we do get a conflict. But we've never had this magnitude. That's the uncertainty here. But we have a real high success rate right now. But if we can't resolve that, then we have to three ombudsman in each region of the State, one in each region I should say, that has volunteered and they handle that. And if they can't resolve that, then it goes to Department of Labor.

Governor KEMPTHORNE. I don't know if this was part of Senator Craig's question, but where we did have small business men and women where they were the single employee and so therefore their business closed while they're deployed, when they return, what programs are there for capital access, low-interest loans so that they can get their business going?

Mayor REESE. I don't know of any. General?

Governor KEMPTHORNE. Jim, I think this would be worth being on the record or providing us some information of those situations where we do have those small businesses where we took principally the entire work force and their businesses were closed because of that. That's something that again we might be able to work on with Senator Craig.

General LAFRENZ. Yes, sir. When we had that preliminary briefing when Charlie Able was out here, there were a couple of individuals that fell into that category. And it was one of those issues that we definitely need to work on because those people, right now as they come back, to my understanding, have very little options from the standpoint of being able to gain any sort of financial assistance through SBA, or any other way I believe to get back on their feet or get their business back up and running. So it's really, really one of the shortfalls in our system, I do believe.

Governor KEMPTHORNE. That is one of those items we should put on the list that we need to put our full attention to.

General, I'm going to ask you just the big overview question, but what do you think we need to put on this, our list of your greatest concerns as the Adjutant General, the 116th that is on their way home in a few months, we have all of the Reserve units that will be coming home, the one or two items that are still at the top of your list of concerns.

General LAFRENZ. Thank you, sir. I think No. 1, healthcare; No. 2, a program and I think we've got the foundation for it. I think we need to continue to develop it. Most of it is in my own office. And that is an ability to stay in contact with soldiers who have come home from 18 months at war and now find themselves in a different world from when they left with completely different pa-

rameters. We have to be able to stay in contact with these soldiers and their families and not forget about them.

I think as you pointed out, sir, when the band stops playing, we've got to have some ability to actively continue that interface. And we will do that, but it's going to have to be a proactive effort. I think that's my biggest concern, losing contact and interface and personal interface with our soldiers who all of a sudden for 60 days or better are out on their own and then come back and things have changed. And we have to mitigate and work those issues. That's my biggest concern.

Governor KEMPTHORNE. Scott, I appreciate your comments that you made, and let me just note that Mayor Reese joined me down in Louisiana for those 6 days and General Lafrenz. There's a number of folks here in the audience that I see, Bill and Donna and Cindy and Rob and John and Jim, a lot of you were there.

We made a decision that after 6 days we were going to stay another 24 because there were two battalions that were not from Idaho, but they were part of the 116th. There was no one there to wish them God speed as they boarded the airplanes. So we stayed the other 24. Everybody stayed with me.

I'll just tell you that on one of my trips to Walter Reed Hospital on an afternoon I was asked if I would stand in for a general who was not able to be there to pin some Purple Hearts on some soldiers. And ironically one of the soldiers that I had the great honor of presenting a Purple Heart to was a young man who was in one of those battalions that we stayed the extra 24 hours and he remembered our talking down in Louisiana and to be able to bring it full circle to be able to pin that Purple Heart on him. We're all in this together.

And so again, I commend Chairman Craig for convening this. This has been very beneficial. All of you are dedicated. I mean, there is no question in anyone's mind about your dedication to our troops. And the moms and the dads. We're equal to the task. It's going to be challenging. And we're going to have some curves thrown at us, but I think being professional and innovative and pragmatic, we will respond appropriately. And again, Idaho will be able to be held up as an example of how we should do it. So Mr. Chairman, again, I commend you again.

Chairman CRAIG. Governor, thank you and thank you for being here. And your constant involvement since day one with the deployment of all of these Idahoans has been impressive. You've handled it so very well.

Let me thank all of our panelists today. General, you've obviously laid out by your testimony a commitment that is very, very impressive. And thank you for that.

David, the efforts of TriWest are in the proof of the doing, and you're doing and that's what is important to all of us, but especially to our men and women in uniform.

And Mayor, obviously thank you for your commitment. I know you're paid well for what you do.

Governor KEMPTHORNE. May I just add, too, Mr. Chairman?

Chairman CRAIG. You are paying him, aren't you, Governor?

Governor KEMPTHORNE. Yes, I am. It's priceless. But our Adjutant General, General Lafrenz, we're so, so well served by him and

his dedication to his men and women and the families. And I remember at the National Training Center when the brigade went down there. This was 10 years ago?

General LAFRENZ. Pretty close.

Governor KEMPTHORNE. That's the top gun for the military on the ground and you're not supposed to win. You're supposed to come away much smarter. He was the commanding general in the field and they won. Idaho won against Opposition Force, which was the home team, and it wasn't supposed to happen. You combine that type of experience with Al Gayhart, who is our commanding general in Iraq today, and Kirkuk with the 116th, and General Saylor, we're so well served. And look at the officers and the men and women.

I really, you hear this that Idaho is one of the most forward leading of any military unit. And it is. It's the men and women. It's the support and families. And all of our Reserve units. So there's something very special here in Idaho, and we know it. But it is the people. And nobody takes their position for granted. Everybody looks out for one another. That's the collaborative thing that's going to get us through this.

Chairman CRAIG. Thank you, Governor. I appreciate that a great deal. It's so well spoken. Dr. Perlin and to all the folks at the VA, we tremendously appreciate your being here. As you know, we stay active. I think Dr. Perlin's been to the hill more in the last few months under my chairmanship than most. And that's not going to stop as we continue to look at all of these programs to ensure that our veterans not only here in Idaho, but clearly nationwide are served and served very, very well. It is important.

Lastly, the town meetings and the Family Access Centers that will stay open and meetings scheduled to be held are going to be tremendously important throughout the State as the outreach continues with our returning warriors to make sure that all are contacted and families are well knowledgeable and served throughout this. It's going to be very, very important.

Lastly, Governor, I tell this story everywhere I go because you are a part of it and Idaho is all of it. When I was in Iraq visiting the 116th, what we are doing here is not missed by all of them. This is a new war and a new theater. The warrior sits down at night and E-mails the spouse at home with instant contact. The spouse talks back talking about not only the day they've had, but what they hear around them or the news coverage. And so what Idaho is doing is well known by our men and women in Iraq. In fact, as you know, the 116th's made up of folks from Montana and some from Utah and some from Pennsylvania and some from New Jersey.

Several of them said we wished, Governor, they said we wished our States were doing for us what Idaho is doing for the Idahoans. I think that speaks well of our great State and all of the efforts that are well underway. And also we're contemporarizing and modernizing not only DoD's contacts and VA's contacts and relationships with this modern day American warrior who is out there in theater at this moment, that we're sensitive to as we hold our oversight hearings and deal with the legislation that we deal with on behalf of America's veterans and Idaho's veterans.

Thank you all very much for coming out today. I think this has been a valuable hearing, an Idaho record. It's work ongoing as it must be. And again, thank you for spending your afternoon with us. The meeting will be adjourned.

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

