

# Strictly Speaking

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**CHARLOTTE, NC**  
June 14, 2001

President Martin, Vice President Hunt, veterans service officers from throughout the nation; fellow veterans; ladies and gentlemen. Good morning, everyone. Thank you, George, for that kind introduction. And thank you all for that warm reception.

On June 1, more than 2.3 million disabled veterans received a disability compensation check from the Department of Veterans Affairs. Today, more than 56,000 veterans are inpatients in VA medical facilities or nursing homes. And more than 107,000 veterans will receive medical care on an outpatient basis.

Each working day, VA will guarantee over 700 home loans for veterans entering the ranks of America's homeowners.

This year, almost 400,000 veterans will attend school on the GI bill, and almost 64,000 disabled veterans will receive vocational rehabilitation training to prepare them for successful civilian lives.

This year, eighty-eight thousand veterans will be laid in honored rest in a National Cemetery.

These facts reflect the revolutionary force of military veterans on the evolution of our society.

They also reflect our society's response to the return of millions of men and women to civilian life following their military service. And they reflect the great contribution that you, as veterans service officers, make to the welfare of America's veterans, and to our nation, every day.

Every veteran you help, every family member you see, every case you resolve, helps to keep America free.

The first duty of any society is to provide for the safety and security of its people. In a world of conflicting interests and values, conflict is an unpleasant but inescapable reality. Even pacific nations require warriors for their defense.

The consequences of war are vast, even for the victors. Not the least of those consequences are found in the ranks of those who return from the battlefields to the societies they served. These men, and until very recently almost all the individuals in military service were men, who had endured hardship

and risk in the nation's service, could represent either an asset or a threat to the society they serve.

History is littered with governments destabilized by masses of veterans who believed that they had been taken for fools by a society that grew rich and fat at the expense of their hardship and their suffering.

One purpose of benefits for veterans can be found in the need to ensure that veterans of war are treated equitably so that they will be satisfied citizens in peace. And the need to maintain productive civilian service of the citizens it had sent to war.

A second purpose of veterans' benefits is to provide the means for our nation to take full advantage of the unique attributes veterans acquired during military service. American programs of veterans' benefits evolved from the need to provide some sense of equity, to make the distribution of sacrifice and prosperity between those who serve and those who remain behind more "fair," and to help mitigate the actual wounds of war.

In the early days of our Republic, patriotism, supplanted by grants of land, generally served that purpose. The Congress frequently supplanted these benefits with pensions awarded long after the conflict had ended, and as veterans enter the ranks of the aged.

The World War I veterans' "Bonus March" during the Great Depression was a wakeup call that a relatively passive response approach to returning veterans would no longer suffice in an industrial age. America, for the first time, faced the possibility that veterans might become a source of active unrest, if not revolution.

During World War II, Congress remembered the events of the decade before and faced the prospect of reintegrating a demobilizing army into a peacetime society. They responded with what has come to be known as the GI Bill of Rights.

Scenarios of alternate histories are by their nature speculation, but I think it fair to say that much of what we now think of as normal in middle class America is rooted in those GIs — and the veterans' benefits they used to transform this state and our country.

Before World War II, our nation was mired in the Great Depression. Today, our nation's economy thrives—thanks to the GI Bill of Rights and the work of those, like you, who helped to insure that our veterans received their fair share of the benefits it promises.

Prior to World War II, a college education was, for the most part, available only to a few Americans. Only a small percentage of high school graduates went on to college and, of those who did, few outside the wealthy and well connected went to schools considered to be "elite" — to the Harvards, the Yales and the Stanfords of America.

The GI Bill, VA and the veterans who put it to use changed all of that forever. The World War II GI Bill ensured that every veteran, be he or she rich or poor, black or white, Jew, Protestant, Catholic or Muslim, could attend the best schools to which they could be admitted. The promise of higher education, lim-

ited only by ability and aspiration, unleashed a generation of men and women and transformed America — and Americans' expectations for ourselves.

Prior to World War II it was difficult to finance a home purchase on credit. A long-term no-down-payment home loan was unknown and, for most, homeownership was nothing but a dream. The GI Bill changed all that, and in doing so created suburban America. The effects of that transformation have been revolutionary. To our economy, to our environment, and to our society.

In 1946, the VA healthcare system entered into a partnership with America's medical schools. The fruits of that partnership revolutionized medical education and medical research. It is estimated that 40% of the physicians practicing today received at least part of their training in the VA healthcare system.

VA pioneered the development of clinical psychology. VA medical research led the way to successful treatment for tuberculosis.

VA researchers developed some the earliest drugs for the treatment of schizophrenia and hypertension.

VA played a central role in the development of the CAT scan.

Two VA researchers have been awarded Nobel prizes for their work. In partnership with NASA, one VA researcher took her work into orbit as an astronaut.

The Seattle Foot has allowed amputees to walk, run and jump. It was developed in a VA medical center.

VA's revolutionary medical research has improved the lives of millions of Americans, and millions more throughout the world. And, by demonstrating the value of research in days after World War II, I believe that VA set the stage for today's enormous Federal commitment to research.

In many ways, veterans, and VA, have been the point men in the revolutionary expansion of Federal involvement in the lives of Americans.

Congress, the American people, and America's universities looked at what the GI Bill provided — and liked what they saw. Veterans' education benefits led the way to Federal financial assistance for higher education.

Congress, the American people, and America's real estate industry looked at what the GI Bill provided for veterans — and they, too, liked what they saw. And out of that vision grew a revolution in the housing finance industry that has made low or no down payment mortgages widely available and transformed America into a nation of home owners. Not all veterans' benefits, however, have become universal. At one time, the idea of a guaranteed minimum income as a social safety net enjoyed some currency in discussions of public policy. Wartime veterans who later become disabled, after their service and due to non-service-connected causes, enjoyed the fruits of such a benefit, uniquely in our country.

Government provided medical coverage is a perennial entrant on the stage of public policy discussion. Every veteran is eligible for VA medical care and about 4.8 million of the 25 million veterans in America are enrolled with VA. Many of them come to us in their most vulnerable moments.

Every revolution contains the seeds of a counter-revolution. In the case of post World War II veterans, the counter revolution has not taken the form of opposition. Rather, in America, it has takes the form of imitation.

When long-term low-down-payment home loans were rare, veterans enjoyed a real benefit as a reward and mitigation for their service. Today, both private sector and government programs open the door to home ownership on easy terms. The veterans' benefit is no longer unique.

When government assistance for higher education was unknown, veterans had a distinct advantage in their pursuit of the education that would help them establish civilian careers and help them catch up with their non-veteran peers who were able to go to work immediately out of school or who started their careers rather than going into the service.

Today, the Federal government and the states compete with each other to provide all citizens with financial assistance. Veterans no longer have an advantage. In fact, if you consider the fact that service members—young recruits—unlike anyone else in America must “contribute” \$1200 in order to qualify for benefits and the fact that the amount of the GI education benefit covers only a fraction of the cost of a higher education, the veterans' education benefit has lost some of its allure.

The fact that veterans' education benefits are taken into account when computing financial need for programs such as Pell Grants means that veterans may have no advantage at all.

Access to VA's healthcare system, even on a space available basis, was more valuable to veterans before Medicare was established to provide care for older Americans and Medicaid was established to provide access to care for the poor.

The value of veterans' benefits, compared to programs available to all Americans, became more important when the United States abandoned the draft and went to an all volunteer force. In that environment, our veterans' benefits took on a new mission in addition to the traditional missions of equity and mitigation, and readjustment into civilian life. Veterans' benefits have also come to be seen as part of the remuneration package for service members.

That additional mission doesn't change the challenges VA faces — and you will face—as we prepare for the century to come.

America's challenges may profoundly change how we live. In the long run, America must face the challenges of the aging baby boom generation. VA faces the challenges of the aging World War II generation of veterans, today. VA's innovations in non-institutional long-term care and end-of life care have the potential to revolutionize how our society meets the challenges of an exploding population of the very old.

Recent reports by the Institutes of Medicine on patient safety and the quality of medical care document the problems faced by American medical care in general. Those reports make recommendations that could revolutionize the

practice of medical care in this country. Many of those recommendations are derived from practices already implemented by VA. VA's systematic analysis of the quality of care and identification of practices or procedures affecting patient safety may set the standard of care for our nation.

In a world of steadily increasing health care costs, VA's efforts to maximize the amount of healthcare it can deliver on a finite budget have the potential to set the pace for the cost-effective delivery of quality health care.

In a world increasingly conscious of the possible health effects of the chemicals we introduced into our environment, VA's efforts to come to grips with the expectations of veterans who may have been exposed to ionizing radiation through exposure to atomic testing or herbicides during Vietnam, or environmental agents during the Gulf War have lessons to teach decision makers in both government and commerce.

In a world in which citizens are increasingly intolerant of bureaucratic responses to their problems, VA's efforts to break down the barriers impeding the flow of information to and from VA and the Department of Defense and the Social Security Administration have illuminated many of the problems, and I hope some of the solutions, to effective public service in an increasingly complex world.

Our debt to the Private Ryans who avenged Pearl Harbor and extinguished the scourge of Nazi Germany is clear and incalculable. But our debt does not end there. For half a century, young men and women entered our Nation's armed forces and served on the front lines of freedom. The wars in Korea, Vietnam and the Persian Gulf were "little wars" only in comparison to the global war of World War II — or to the World War III we did not fight.

Nothing is so destructive to a society's ability to address the problems of its citizens as a war. There is no greater threat to civil liberties or to the free exchange of ideas than a war. I would argue that the legacy of the generations of veterans whose service deterred global war is measured in the intensity and openness of debate and discussion on any issue you might chose to discuss, here in Charlotte or in any part of our country.

I want to thank each of you for partnering with our department to ensure that America's veterans receive the benefits and services they earned through their service to our nation. Your leadership has told me that as many as seventy-five percent of the claims we receive originate from your offices.

I know that you are very concerned with the amount of time it takes our department to process benefit claims. I want you to know that my highest priority is to reduce the enormous backlog of claims that are currently pending before our department.

This is a critical time for the Department of Veterans Affairs. It is a time when many veterans have lost faith in VA's ability to make accurate and timely

decisions about their disability claims. It does take much too long to decide a claim. And the rate of error in those decisions is much too high.

If nothing is done, we will soon have a backlog of over 600,000 pending claims. And the average time it will take to process a claim will be about nine months. I have told the President that we need to declare war on claims processing time, get people motivated, hire the right people, and get it done. I want us to reduce our backlog to no more than 200,000 to 250,000 claims in progress. I want us to review those claims in no more than 90 to 100 days. I want us to get our claims decisions right the first time.

I will be holding our entire department responsible for this effort; not only those directly responsible for processing veterans' claims, but also our physicians who provide medical evaluations; our information technology experts; and our lawyers. This is a VA crisis, and we will solve it as a department, not as individual organizations within our department.

To some, the numbers of people we provide compensation to are nothing more than dry statistics from some annual report. But, as you well know, every one of these people is a real person, or someone who loved a veteran; someone who was disabled in the service of our country, or someone who waited patiently for someone else to come home — who never did.

These people simply do not deserve to wait a year for a decision—or two years for an appeal. They do not deserve to have cases remanded because appeals officials have too big a workload, and can't do what they need to on behalf of veterans. This can not stand. It must not stand.

Last spring, I commissioned a Claims Processing Task Force to conduct a top to bottom review of our claims system. The task force is headed by Vice Admiral Dan Cooper, and its members are expected to provide recommendations to me by mid-August on how we can speed our decisions by changing our organization and administrative procedures.

Their charter is narrow. I want solutions that are practical. I don't want abstract theories of veterans' benefits. I don't want recommendations on how the law should be changed to deny benefits, or curtail benefits, or limit benefits. We will work within the law as Congress has written it. I want practical hands-on solutions that I can implement.

VA has a great history; a history of accomplishment. We were formed to meet President Lincoln's Civil War challenge to America: "*to care for him who shall have borne the battle, and for his widow, and his orphan.*" In our medical research, in implementing the GI Bill, and in dozens of other ways, VA has helped to create today's America. And we will help to create tomorrow's, too.

When I became Secretary, I told the President, VA employees, and America's veterans, that I intended to make a difference. Reducing the backlog of claims is my highest goal. With your help, I cannot fail.

Today, June 14, is Flag Day. America's flag has been borne in battles from the first days of our struggle for independence. It has been fought for...and died for...in famous campaigns and in little-known skirmishes.

When there was a fight for freedom in Valley Forge, the flag was there.

The flag was with John Paul Jones on the *Bonhomme Richard* when he declared he had not yet begun to fight.

The flag was washed in the blood of fathers, sons, and brothers at Antietam and Gettysburg.

The flag heralded the Expeditionary Forces entering the War to End All Wars.

The flag served to comfort and inspire a nation shocked at Pearl Harbor.

The flag came ashore along the beaches of Normandy, and it was raised high on the volcanic peak of Mt. Suribachi on Iwo Jima.

The flag wintered with our troops on frozen and nameless Korean hills, and it stood like a beacon far from home during the siege of Khe Sahn.

During Desert Storm, the flag waved proudly from the antennae of our armor racing to liberate Kuwait.

The flag is a banner for freedom; it is also the shroud for those who give their last full measure in freedom's defense.

It is the tribute to our founders' vision; it is the symbol of all we hold dear in this great land. And now, at peace, the flag flies gently by the homes of our veterans who can look back with pride at all they have accomplished.

You, too, should be proud on Flag Day, of our Flag, and of the men and women who have served under it, and those who are serving today throughout the world. And you should also be proud of what you have accomplished, and are accomplishing, as veterans service officers. It was of another land and another century when Rudyard Kipling wrote:

*"For it's Tommy this, an Tommy that, an' Chuck him out, the brute!  
But it's 'Savior of 'is Country' when the guns begin to shout;  
And it's Tommy this, an Tommy that, an' anything you please;*



*An Tommy ain't a bloomin' fool – you bet that Tommy sees!*

All of us—every American has an interest in ensuring that our “Tommys”, the men and women upon whom we depend in peace — and whom we will count on should we face a war, see that our nation values their service. Those service members will certainly see whether or not they will have the means to create a civilian career when they put their uniforms aside.

They must know that they and their families will be taken care of should their commitment to put their bodies, and their lives, on the line on our behalf results in their injury or death.

As you do your jobs every day, I ask you to bear that in mind.

Every service member has made an unlimited commitment to our nation. The Department of Veterans Affairs has been entrusted with the mission of transforming our nation’s reciprocal commitment to them into the reality of benefits and services for the 21<sup>st</sup> century, not the century gone by.

The midwives of our 225-year-old national experiment in democracy were the men of the Revolutionary War. The revolution they set in motion, and the flag they carried, continues today and, just as it did then, depends upon the willingness of individual Americans to put country ahead of self.

I believe that we have an important mission to honor that commitment with a reciprocal commitment to take whatever revolutionary steps are necessary to welcome them back to civilian life when they exchange their uniforms for civilian clothes and assume the honored title of “veteran”.

As veterans service officers, you play an integral role in helping us to honor that commitment. I thank you for the work you do on behalf of America’s veterans every day. Americans everywhere are grateful for what you do.

**REMARKS BY THE HONORABLE LEO S. MACKAY, JR., PH.D.  
DEPUTY SECRETARY OF VETERANS AFFAIRS  
DEDICATION CEREMONY FOR THE MOUNTAIN HOME ENERGY CENTER  
JAMES H. QUILLIN VA MEDICAL CENTER, MOUNTAIN HOME, TN**

July 12, 2001

Thank you, Dr. (Carl) Gerber, for that kind introduction, and thank you all for your warm reception. Dr. Gerber, I know you have been a visionary in enhanced use leasing. I would like to congratulate you for your leadership in bringing VA's first privately financed and operated energy facility to the James H. Quillen Medical Center ... The first in Government using this type of public-private development authority and financing structure.

It is at the forefront of VA energy initiatives.

I would like to extend a special "*Thank You*" to Jim Adams, President of ESG, who has been committed to this venture for so long. He brought it from concept to reality, in part, by nonstop commuting between Indiana and Johnson City to ensure its completion according to his high standards. Thank you, Jim, for both your professional and personal energy!

It is an honor for me to dedicate this facility because, today, we are "*raising the bar*" in VA standards of economy and technology. As importantly, though, it is in keeping with the President's National Energy Policy for the 21<sup>st</sup> Century.

This is the right project at the right time, and a model to be emulated by other VA locations across the country. Additionally, it is a great example of how effective "partnering" for technology innovation can be. The relationship among the Department of Energy, the State of Tennessee, Johnson City, ESG, and VA has come together here at Mountain Home to showcase the best of who we each are, and what we do.

### Challenges of the Future

We here can no longer speculate about what the 21<sup>st</sup> century will be like. It is no longer our future. It is our present.

President Lincoln, who gave our Department its mission, once said: "*The struggle of today is not altogether for today — it is for a vast future also.*" His words are just as true for us now as they were for Americans living then.

Our greatest challenge — and our greatest opportunity — is to build systems that will meet the needs of the American people for today and tomorrow.

At a time when messages circle the globe at the speed of light, it is not acceptable to take a year or more to award a government contract.

At a time when a company like Federal Express can promise to deliver a package anywhere in the world within 24 hours, it is not acceptable for it to take six months to deliver records from one government office to another.

At a time when Motorola can build a pager that is guaranteed to last forever — and they really mean forever — it is not longer acceptable to struggle with old, cumbersome technologies when new, better, and more reliable methods are available.

Today's VA's customers — America's veterans — rightfully expect levels of service and innovation that were unheard of just a decade ago. Tomorrow's customers will expect even more; they deserve and have earned it. We in government must meet these new expectations, new demands, and new technologies — just as private industry does.

VA must focus on outcomes. Our bottom line is to provide the best possible care for America's veterans. Just as business looks to stockholder return as their bottom line, and provide dividends in return for investments, so we must provide dividends to veterans ...

Dividends in the form of improved management; responsive programs; timely service; forward-thinking initiatives; and practical, not theoretical solutions to everyday problems.

We have an obligation to each of the Nation's 25 million veterans and their families. When they come to VA for inpatient care, outpatient clinical services, prescriptions, financial benefits plans, or cemetery services, we must be able to respond in their best interests.

And the best interest of veterans is at the heart of the Mountain Home Energy Center. This monumental effort addresses a very basic and pressing VA need. The upgrade of our infrastructure — the very support base that fuels our ability to give the best possible care and service to veterans.

For example, this plant has dual back-up power systems, each of which can provide 100% of the medical center's power needs in an emergency — that's two levels of back-up power that it did not have just months ago. This initiative is what I mean when I say *"the best possible care and service to veterans."*

It not only equates to low risk, cost savings, and cost avoidance — all great outcomes in and of themselves. But it directly translates to more reliable delivery of health care to those who come here. And that's VA's bottom line.

VA has a vital mission and a proud history. Our organization has faced and overcome challenges before. We have more than once rejected the dogmas of the past in favor of new and better approaches. We know the meaning of thinking anew, and acting anew.

That forward thinking attitude has been put into action here at the James H. Quillen VA Medical Center. By reinventing the acquisition of energy services, you have found new ways of doing the Department's business ... and better ways of serving veterans.

The Energy Center initiative is a cutting edge initiative. It reduces the Medical Center's capital and operational costs. It cuts energy consumption. It provides a reliable energy source. And it improves customer service.

Designed environmentally, in harmony with the historic Beaux Arts campus architecture — it will serve, for many years to come, the energy needs of this Center and East Tennessee State University's College of Medicine.

On behalf of Secretary Principi and the entire Department, I congratulate each and every one of you — and I know there are many — who have worked so hard, so diligently, to make this Center a reality.

It's an exceptional accomplishment ... it's a job well done

### The President's Energy Plan

I don't have to tell you that energy is on everyone's mind this summer. Vacationers face rising prices at the pump. Californians prepare for rolling blackouts. And we all anticipate the shock of that next gas or electricity bill.

Energy is on our minds at VA, too. Today's modern hospitals depend on lots of energy to power the facilities and equipment demanded by quality health care. VA operates more than 170 medical centers and 600 outpatient clinics. We manage 1200 health care sites across the Nation. Our power consumption is growing. And our energy bills are climbing along with everyone else's.

And like most Americans, we operate on a fixed budget. Ours is appropriated each year by Congress. A lot of Americans know what happens when you are on a fixed income and expenses rise. You cut back. You do with less ...

Or, you find new ways of doing things that save money, or even generate income. And that's what Mountain Home has done ... it's what VA is doing ... and it's what President Bush's energy plan does.

He has proposed a comprehensive blueprint that ensures the Nation a dependable supply of clean, affordable energy.

To achieve that goal we must first increase energy conservation. The President's plan calls for an expansion in energy efficiency programs.

At VA, we are actively seeking out and installing energy and water conservation systems that will pay for themselves in energy savings. We are relighting our hospitals ... installing computerized power and energy control systems ... and even selling excess power back to local utilities.

The Mountain Home Energy Center is the vanguard in VA's efforts in conservation. It cuts energy consumption by fully 25%. And its accompanying energy upgrades improve the environment for VA customers and employees, who use and work on this campus.

The President's plan calls for modernizing and expanding the Nation's energy infrastructure. Like many of our VA hospitals, America's energy supply network was designed in the 1950s. We need a new, high-tech energy delivery network that will be ready for the Nation's needs in 2050.

The Mountain Home Energy initiative is the "point man" in retooling and updating VA's infrastructure. It provides a long-term, dependable source of energy using the latest in "environmentally friendly" technology.

And to achieve our national energy goals, we must also diversify our energy supplies by investing in, and using technologies that will bring new, renewable power sources on line. This power plant alternative not only supplies energy, but produces and sells energy to private consumers. It will bring in revenues projected at \$5 million and save VA up to \$15 million in utility costs.

All this points to a truly outstanding achievement, and I cannot stress enough its importance to VA and to America's veterans.

Our Department exists for one reason — to fulfill President Lincoln's mandate to America *"to care for him who shall have borne the battle, and for his widow, and his orphan."*

Veterans are VA's business, not energy.

But like all other Americans, we cannot do our jobs without a dependable, predictably priced energy supply. We can't provide the highest quality service and care to our veterans if our budget is constantly eroded by rising and unwieldy energy costs. We must do more than just spend our dollars wisely.

That is why we believe so strongly in the President's energy plan and in initiatives such as the Mountain Home Energy Center.

They provide the weapons with which we can effectively fight a battle on behalf of America's veterans. We are keenly aware that every dollar we save in energy costs, is a dollar we can redirect and spend in enhanced care and services to veterans.

And the Nation's veterans, ladies and gentlemen, are VA's number one priority, bar none.

As stewards of VA, Secretary Principi and I are pledged and dedicated to keeping President Lincoln's promise.

We are committed to President Bush's Energy Plan for the 21<sup>st</sup> Century.

We are intent on finding solutions to the challenges that are before us.

And we applaud and thank the VA employees of Mountain Home for their very significant contribution to these goals and to the welfare of the Nation's veterans.

May God bless you all.

**REMARKS BY THE HONORABLE ROBIN L. HIGGINS**  
**UNDER SECRETARY FOR MEMORIAL AFFAIRS**  
**NATIONAL CEMETERY ADMINISTRATION ANNUAL CONFERENCE**  
**SCOTTSDALE, AZ**  
June 25, 2001

As I told the Senate Veterans' Affairs Committee at my confirmation hearing last month, I am humbled and grateful for the confidence President Bush demonstrated in nominating me as Under Secretary for Memorial Affairs. I am *still* humbled—and after having the opportunity to meet so many of you at last night's reception—I am even *more* grateful.

The dedication and enthusiasm I've seen in NCA employees in VA Central Office is obviously Administration-wide.

I come to you not just as a Presidential appointee and your new Under Secretary. I also come to you as a "customer," if you will.

In 1988, my husband, Marine Colonel Rich Higgins, was serving on an overseas assignment with the United Nations in the Middle East. One morning he was captured by terrorists in Lebanon, and my life was changed forever.

It wasn't until a year and a half later, when a gruesome photograph of him appeared in newspapers and on TV screens around the world that I knew he had been murdered by his captors.

I know how important it was to me and my family to get his body home to bury in hallowed ground with his brothers and sisters in arms.

On December 23, 1991, almost four years after he was taken captive, his body was dumped on a Beirut street. That was my 41<sup>st</sup> birthday and would have been our 14<sup>th</sup> wedding anniversary.

Later that week, I buried my husband at Quantico National Cemetery in Virginia. I learned first hand about your mission. I know that our national cemeteries are hallowed ground. Through visits to his grave, I have learned about some of your challenges and your successes.

In many ways, what you do is the finest mission in all of VA. You are the ones who help grieving families pay our Nation's final tribute to their loved ones. You see them at the end of their journey, in what often times is their only contact with the VA — and you get one chance and one chance only to do it right.

I believe my job is to do all *I* can to help *you* do it right. My only agenda is to leave this place a little better than when I came.

I was told that many of you want to know a little more about me — where I came from and how I got here. I am a native of the Bronx, New York. My bachelors and masters are both in English. After college, I followed in my father's footsteps and became a high school English teacher. And so, yes, I've been told I can be a tough editor!

If anyone had told me the day I graduated from college that I would've had anything to do with the military or with veterans, I would have laughed. After all, nice Jewish girls from Long Island normally don't become soldiers, but that is exactly what I did. But most of us who are old like me, know now what I didn't know then: God has plans for us, and they are usually not the plans we have for ourselves.

After teaching for a short time, I was unsatisfied and wanted to do something different, to get away from Long Island. So, I joined the Marine Corps. The very first day of my very first tour after training, I met then-Captain Higgins, and we married a year and half later.

By the time Rich was taken, I had been in the Marine Corps for 13 years. They were my family, and I stayed. The Marine Corps speaks about being a family, about watching out for its own, and it was during that time that I learned how true that was. In fact, there were thousands of service members of all services and veterans who were there for me.

It was then I learned that the bond that veterans and their country share is a special one that spans life and death. My passion to serve veterans was borne then out of gratitude. My religion, Judaism, tells me that gratitude is perhaps the most fundamental of emotions.

I finished out my 20 years in the United States Marine Corps, with my last assignment as Chief Spokesperson for the Commandant and as head of the Public Affairs Division's media branch at Marine Corps Headquarters in Washington, DC. Yes, I was a public affairs officer, so I like to see lots of positive news about OUR family.

Under the Administration of the first President Bush, I was Deputy Assistant Secretary and Acting Assistant Secretary for Veterans' Employment and Training at the U.S. Department of Labor, a job I loved because it gave me the opportunity to foster programs that put veterans to work in the private sector. I especially focused on special needs veterans – homeless, Native Americans, women ...

And then when I moved to Florida, my former boss, President Bush, set up a meeting between me and his son, Jeb, who came to be the Governor of the Great State of Florida. Governor Bush offered me an awesome job. As the Executive Director of Florida's Department of Veterans' Affairs, my mission was to come to work every day to do something good for the 1.7 million veterans down there.

But God was not finished with me, as it turns out, and neither was the Bush family – when the current President Bush offered me yet another opportunity to serve veterans. I have been welcomed into what I’m finding out is truly a family – the National Cemetery Administration family. And it is clear after only three weeks here, that it’s going to be tough for me to leave this place better than I found it. Let me tell you why:

I’ve just been briefed on the survey that was taken of next of kin satisfaction with interments in national cemeteries.

This survey is no slouch. It was conducted by the American Customer Satisfaction Index (ACSI). ACSI is an internationally accepted method of measuring the level of customer satisfaction with the services and products provide by private and public organizations. It is used by over 200 of the largest companies in the world. It is produced by a partnership between the University of Michigan Business School and the American society for Quality.

Although other VA programs participated in past cycles of the ACSI, this is the first year NCA participated. Several other VA programs are undergoing this survey currently. For the survey, they contacted families who had actually buried a loved one in one of our cemeteries during a 6-month period. This survey was designed to determine the level of satisfaction next of kin experience with the following attributes of the service NCA provides during an interment:

- The accessibility, clarity and helpfulness of information provided;
- The courtesy and professionalism of NCA staff;
- Respectfulness of the service provided and how well the cemetery is maintained as a national shrine.

It also measured how well organizations met desired outcomes of programs which in NCA, as in other government programs, was identified as “user trust”, that is:

- How willing next of kin would be to say positives about the job NCA is doing in providing a final resting place for America’s veterans
- How willing next of kin are to rely on VA and the NCA to meet the burial needs of veterans and to maintain national cemeteries as national shrines in the future.

Results over 80 are considered excellent. Private sector scores average 71.2 and Federal government-wide scores average 68.6.

*NCA scored a 93 out of a possible 100 on the index.*

*NCA scored a 96 out of a possible 100 in “user trust.”*



The briefers used words such as “phenomenal” and “best practice among both public and private sector” to describe NCA’s results. In fact, the Federal Consulting Group (a federal agency devoted to quality improvement) intends to use NCA government-wide as a best practice provider.

This is good news for all of you. You should be justifiably proud. You should go back and congratulate your people for the work they do. I have informed the Secretary of this – and he is proud of you as well.

Since several aspects of the Department are in the process of receiving their scores, I expect there will be a Department-wide rollout and public affairs plan on the release of this information later in the year, but I didn’t want to wait that long to share the good news with you.

But, this is not the end. I implore you not to rest on your laurels, but to seek ways to maintain our high excellence. As you know, it took hard work to get where you are, and will take constant vigilance to maintain it. Further, I charge you to be enthusiastic and innovative in seeking ways to improve and excel.

And I’d like to conclude with three little anecdotes. I’m finding in this business everyone’s got good cemetery stories, and I’ve got a few:

My husband was missing for almost 4 years, and I never thought I’d get his remains home. So when it appeared in December 1991 that there was a good possibility I would get him home, I had to think about where to bury him, where he would want to be buried.

Like so many others, even though we knew he was in a dangerous business, we never had talked about it. Everyone just assumed I’d bury him at Arlington. Indeed, he was being returned with Bill Buckley, the CIA station chief who had been killed years earlier in Beirut, and Bill was going to be buried at Arlington.

However, I remembered being asked to speak at a Veterans’ Day event a couple of years earlier at Quantico National Cemetery. It was beautiful and serene. I had also placed a memorial stone there. And, Quantico was the place where we had both trained and had met, 15 years earlier.

So I decided to bury him at Quantico. Your colleague, Pat Novak was there then and treated me very well (she was “Pat” then, I know she is “Trish” today).

I knew Rich would be well cared for there. There were hundreds of people there, as well as a platoon from 8<sup>th</sup> and I, the Marine Corps drum and bugle corps, and plenty of media. It was the coldest day I ever remember. And I just knew it was the right place. As I said, Rich and I had never once spoken of it. I didn’t know whether he even knew there was a National Cemetery at Quantico.

However, years later, I ran into an old secretary of Rich's. She recalled to me wistfully of the time her veteran husband had died suddenly, and Rich had spent a week with her, taking care of all the arrangements for her because she was so shaken. I remembered when he did that. He never spoke to me about it afterwards, and I never asked, not wanting to intrude.

However, she told me that at Rich's suggestion, she had buried her husband at Quantico and, after the beautiful ceremony, Rich turned to her and said, "when I die, this is where I want to be buried." I never knew that until that day.

As many of you know, I have a personal web page. I don't spend too much time working on it anymore, but at one time, I did. When I first put it up, a tribute to my husband, I got lots of email – and many of them were from people who knew Rich during his 22-year career.

Here's one I received in the fall of 1997:

*I served very proudly under Lt. Higgins in Nam with 1/3 Charley Co. 3rd Platoon from April 68 - Oct 68, then with CAP unit 2-4-2 in Hoi-An, south of Da Nang. I participated in numerous combat operations in the DMZ with the Lt. I was one of his tunnel rats, point man, machine gunner and whatever else he needed done.*

*I got on the 'Net a couple of weeks ago looking to find out some information on 1/3 when I came across your wonderful home page. I was shocked to read of Lt. Higgins being murdered. I will never forget following the news coverage on it when it took place and just never put it together as being my Lt. Higgins as I remembered him, not Col. I'm so very sorry for your great loss.*

*I now live in Dumfries, near Quantico, Virginia. My fiancé and I went to visit Lt. Higgins' gravesite at the national cemetery. We also visited the memorial on the walkway. We cleaned the stone and left a flag in his memory.*

*Take care of yourself, Semper Fi,  
very sincerely yours  
Lance Corporal Steve Brown. "Loco" 68-69.*

Since then, Steve and his now wife, Lisa, have become good friends of mine. They continue to visit the cemetery often, to pay special attention to Rich's gravesite. They're the ones who drive that white HumVee that I know has been seen at the cemetery. When I was in Florida and couldn't visit very often, they'd send me a picture annually of the site decorated for Memorial Day.

One of the many emotions I remember going through as I prepared to bury Rich, was what I was going to do with the rest of my life. At that time, I had been in the Marine Corps for 15 years, and I wasn't sure if I was ready to get out, or to think of something to do when I retired from the military.

I remember having such a good experience at Quantico while dealing with the director, her foreman John Ferris (who has since passed away and is now buried at Quantico), and the rest of her staff.

Maybe Pat doesn't remember this, but I do. I remember specifically asking her what the process was to become a director of a national cemetery. At that moment and for some time after that, I felt sure my next calling was to aspire to become the Director of a National Cemetery.

Well, I've always been a kind of overachiever – but it would surely have been an admirable goal, and I salute you for your dedication and passion.

As you can tell, the major theme of my life has been service to our Country. Secondary to that theme has been the proper place of the military and of veterans in our society, and ensuring they receive the benefits to which they are entitled.

I, therefore, feel very much at home in the National Cemetery Administration, both personally and professionally.

In my short time as your Under Secretary, I have already set about doing the work of NCA. I have had my first Congressional field hearing in Philadelphia, where I testified concerning a bill in Congress to make land at Valley Forge National Park into a national cemetery. I have addressed the current Leadership VA class, and I will in August address the Leadership VA Alumni Association at their conference. I have toured Quantico National Cemetery, including visits to our Centralized Contracting Division and our Systems Integration Center. Before long, I will visit the MSN I in Philadelphia and Long Island and Calverton National Cemeteries in New York. I can't guarantee that I will visit each of you on your home turfs, but I do guarantee that I will try.

I assure you, as I did the Secretary and the Deputy Secretary when I met with them, of my passion for this job. There is no finer work than to help others through their grief; to provide a lasting memory of a dignified burial, a beautifully marked grave or niche, and a knowledge that perpetual care means just that—someone truly cares, and always will.

Together, we will continue the great work you are already performing and make it even better. I thank you for making me feel so welcome.

Enjoy your week and get the most of it – both professionally and personally — make sure you have a little well-deserved fun as well.

**STATEMENT OF THOMAS L. GARTHWAITE, M.D.**  
**UNDER SECRETARY FOR HEALTH**  
**BEFORE THE**  
**SUBCOMMITTEE ON HEALTH**  
**COMMITTEE ON VETERANS' AFFAIRS**  
**U. S. HOUSE OF REPRESENTATIVES**  
June 20, 2001

Mr. Chairman and Members of the Subcommittee:

The Department of Veterans Affairs (VA) provides mental health services for veterans across a continuum of care, from intensive inpatient mental health units for acutely ill persons to residential care settings, outpatient clinics, Day Hospital and Day Treatment programs, and intensive community care management programs. VA views mental health as an essential component of overall health and offers comprehensive mental health services, including programs for substance abuse, as part of its basic benefits package.

In FY 2000, the Veterans Health Administration (VHA) treated 678,932 unique veterans in a comprehensive array of mental health programs. This represents a 1.1 percent increase from the previous year. Only 11.2 percent of these patients required an inpatient stay, demonstrating VHA emphasis on providing care in the least restrictive, most accessible way that meets patients' needs. The clinical care costs for these services was \$1,659,709,000. For FY 2001, it is estimated that VA will treat 687,000 unique patients at a cost of more than \$1,735,000,000.

This statement describes VHA mental health clinical services, education and research initiatives, program monitoring efforts, and special programs for homeless veterans.

### **Clinical Care Services**

Treatment for mental disorders in VA rests essentially on two main approaches, pharmacotherapy and psychosocial rehabilitation (including psychotherapy). It is our practice to provide the latest medications for mental disorders to veterans who need these drugs and to prescribe them in accordance with the latest medical evidence. VHA formulary for psychotropic medications is one of the most open in organized health care. It includes virtually all the newer atypical antipsychotic and anti-depressant drugs. In virtually every instance, medications alone are not enough to bring patients with serious mental disorders to their optimal level of functioning and wellbeing. The application of psychosocial rehabilitation techniques, designed to optimize patients' strengths and correct behavioral deficits are essential. These interventions include patient and family education, cognitive and behavioral training, working and living skills training, and intensive case management. Treatment settings are both inpatient and outpatient settings and can include supervised living arrangements in the community.

VHA clinical services are increasingly being structured to accommodate mental health participation in medical and geriatric primary care teams and medical capabilities in mental health primary care teams. An informal survey has identified over 30 VA facilities with mental health primary care teams. In FY 2000, a multidisciplinary task force of mental health, primary care, and geriatric clinicians identified examples of program criteria and best practices in mental health, primary care, and geriatric integration. Twelve sites were identified as best practice models based on criteria that included patient clinical improvement, prevention, screening activities, and patient satisfaction. Innovative uses of technology such as tele-mental health are also being implemented to enhance mental health services to distant sites (e.g., CBOCs) and provide psychiatry support to Veterans Outreach Centers. By disseminating information about best practices across the system, program development will be encouraged, and higher quality, more cost-efficient care will be delivered to VA patients. Also, FY 2001 strategic plans for several Networks include plans for expansion of mental health capabilities in new or existing CBOCs.

### **Mental Health Special Emphasis Programs**

VA has identified several particular target populations and has developed special emphasis programs designed to serve those populations. They include veterans with serious mental illness (e.g., those suffering from schizophrenia); the homeless veterans with mental illness; veterans suffering from Post-traumatic Stress Disorder (PTSD); and those with substance abuse problems. A significant percentage of all veterans receiving mental health services are seen in the following special emphasis programs.

#### Serious Mental Illness

Preliminary data prepared for the FY 2000 Capacity Report on seriously mentally ill (SMI) veterans identify \$1.9 billion spent treating 290,819 SMI veterans at a cost of \$6,551 per veteran. Since 1996, the number of SMI veterans seen has increased by eight percent while the cost has decreased by eight percent, primarily reflecting decreased hospital days of care.

Since 1996, the average length of stay for general inpatient psychiatry decreased from 29.9 to 16.7 days nationally, and the average number of days of hospitalization within 6 months after discharge (reflecting readmissions) dropped from 12.4 to 6.8. The percent of discharged patients receiving outpatient care within 30 days of their discharge has increased from 50 percent in FY 1996 to 60 percent in FY 2000. These indicators suggest more effective hospital treatment and aftercare. A 33 percent decrease in the number of general psychiatric patients hospitalized since FY 1996 was accompanied by a 22 percent increase in general psychiatric patients receiving specialized mental health outpatient care, resulting in a net increase of 22.5 percent of individual veterans treated in specialty mental health. These data suggest an effective move from inpatient to

community-based mental health treatment nationwide.

VA has committed itself to expanding state-of-the-art treatments of serious mental illness, using the Assertive Community Treatment (ACT) model. VA now operates one of the largest networks of ACT-like programs in the country, the Mental Health Intensive Care Management (MHICM) program. As of June 2001, VA has 54 active MHICM programs with another 10-12 in various stages of development. All VISNs have submitted plans for expansion of MHICM teams, which are under review.

Another aspect of VHA care for the seriously mentally ill is our commitment to using state-of-the-art medications, which result in improved clinical outcomes, decreased incidence of side effects, and increased compliance with prescribed medications. Patient functioning and patient satisfaction are increased. In the last quarter of FY 1999, two-thirds of all new prescriptions were for the new generation of atypical antipsychotic medications such as olanzapine, clozapine, and risperidone.

### Homeless Veterans

VA operates the largest national network of homeless outreach programs. VA expects to spend \$142.2 million on specialized programs for homeless veterans this year and is projecting a budget of \$148.1 million for these programs in FY 2002. In FY 2000, VA initiated outreach contact with 43,082 veterans. VHA Health Care for Homeless Veterans (HCHV) program incorporates:

- \* outreach to serve severely mentally ill veterans who are not currently patients at VA health care facilities;
- \* linkage with services such as VA mental health and medical care programs, contracted residential treatment in community-based halfway houses, and supported housing arrangements in transitional or permanent apartments; and
- \* treatment and rehabilitation provided directly by program staff. These activities serve not only to help homeless veterans; they play a role in destigmatizing mental illness in the homeless population. Attachment A to this statement further describes VHA homeless programs.

Secretary Principi recently announced his decision to establish a VA Advisory Council on Homelessness Among Veterans with the mission of providing advice and making recommendations on the nature and scope of programs and services within VA. This Committee will greatly assist VA in improving the effectiveness of our programs and will allow a strong voice to be heard within the Department from those who work closely with us in providing service to these veterans.

## Post-Traumatic Stress Disorder

VA operates an internationally recognized network of 140 specialized programs for the treatment of PTSD through its medical centers and clinics. In addition, 11 new specialized programs were funded from the Veterans Millennium Health Care and Benefits Act and will become fully operational in FY 2001. In FY 2000, VA Specialized Outpatient PTSD Programs (SOPPs) saw 53,192 veterans, an increase of 5.4 percent over the previous year. Of these, the number of new veterans seen was 22,607. For SOPPs, the outcome of continuity of care was consistent between FY 1999 and 2000.

Specialized Inpatient and Residential PTSD Programs had 5,106 admissions in FY 2000. Overall inpatient PTSD care is declining while the alternative, residential care, is increasing. Outcomes for Specialized Outpatient PTSD programs (e.g., Continuity of care) and for Specialized Inpatient PTSD Programs (e.g., PTSD symptoms at four months post discharge) have been maintained or improved in FY 2000.

These specialized Mental Health PTSD programs act in collaboration with VHA 206 Readjustment Counseling Service Veterans Outreach Centers. These community-based operations are staffed by a corps of mental health professionals, most of whom have seen active military service, including combat.

## Substance Abuse

In FY 2000, 366,429 VA patients had a substance abuse diagnosis. Of these 131,890 were seen in specialized substance abuse treatment programs. The numbers of veterans receiving care for substance abuse disorders as inpatients is decreasing, as part of the shift to outpatient care. Studies show that residential and outpatient substance abuse treatment can be as effective as inpatient services. To accommodate this shift, services are increasingly being developed on a residential and outpatient basis. From FY 1999 to 2000, VA saw a decrease of 7.8 percent in the number of veterans treated in its in-house specialized substance abuse programs. At the same time, a number of networks instituted contracts for residential substance abuse treatment services. Consequently, VA has begun a process to determine where these veterans are now being treated and the adequacy of that treatment.

## **Maintaining Capacity (Public Law 104-262)**

Public Law 104-262, the "Veterans Eligibility Reform Act of 1996," requires VA to maintain its capacity to meet the specialized treatment and rehabilitative needs of certain disabled veterans whose needs can be uniquely met by VA. Mental health encompasses two of the designated populations: severely, chronically mentally ill (SMI) veterans and veterans suffering from post-traumatic stress disorder (PTSD). As part of its monitoring of the capacity of SMI programs, VA

tracks its capacity for treating homeless mentally ill veterans and veterans with substance abuse disorders.

From FY 1996 to FY 2000, VA has maintained or increased capacity to treat veterans in both the SMI and PTSD categories in terms of patients served. Although overall capacity has increased, there has been a decrease in the number of veterans with substance abuse served in specialized programs by the system as a whole, from 107,074 in FY 1996 to 94,603 in FY 2000. In addition to this apparent loss of treatment capacity for substance abuse, there are also system-wide variations in the capacity to provide specialized treatment services to veterans for the other categories as well as in substance abuse. VHA is currently conducting a detailed review of specialized mental health treatment programs, to determine if the apparent loss of substance abuse treatment capacity is due to counting errors or to actual loss of services. This review will also address the quality of care provided to patients with the target diagnoses (e.g., PTSD, Substance Abuse Disorders) both within specialized VHA treatment programs and outside of these programs. We expect the results of this review to be reported in April 2002.

### **Program Monitoring**

To track its progress and enhance its performance in mental health services, VA has one of the most sophisticated mental health performance monitoring systems in the nation. To monitor the care provided to over 670,000 veterans per year, VA uses measures of performance, quality, satisfaction, cost, and outcomes. The results published annually in VHA National Mental Health Performance Monitoring System report indicate that care is improving. Lengths of inpatient stay are decreasing as are readmission rates and days hospitalized after discharge. Outpatient visits after discharge are increasing, as is continuity of outpatient care. However, development work is continuing to improve the outcome measures for mental health care.

The Seriously Mentally Ill Treatment Research and Evaluation Center (SMITREC) has created a Psychosis Registry, a listing of all veterans hospitalized for a psychotic disorder since 1988. This registry tracks the health care utilization and outcomes of these veterans over time. Over 70 percent of these veterans are still in VA care.

To support its mental health programs and to ensure acquisition of the most current knowledge and dissemination of best practices, VA has undertaken a number of activities. These include development of practice guidelines, educational programs, and partnering with other organizations involved in mental health services.

VHA has also published up-to-date, evidence-based practice guidelines for major depressive disorders, psychoses, PTSD, and substance use disorders. The International Society for Traumatic Stress Studies used VHA PTSD guide-



lines as a start for their guideline development. Recently, the major depression guidelines have been revised in collaboration with the Department of Defense (FY 2001). A new “stand-alone” Substance Abuse guideline created with DOD is in final stages of development, and the Psychoses Guidelines are also being updated. Automated clinical reminders are in development to assist clinicians in following the practice guidelines and document and track compliance and outcomes.

As was previously announced, VHA will soon begin a new quality improvement program - the National Mental Health Improvement Program (NMHIP). This program will be modeled after a number of VHA well-established, data-driven improvement programs, such as the Continuous Improvement in Cardiac Surgery Program (CICSP), the National Surgical Quality Improvement Program (NSQIP), the VA Diabetes Program, the Pharmacy Benefits Management Program (PBM), and the Spinal Cord Injury/Dysfunction National Program. The NMHIP will use validated data collection, expert analysis, and active intervention by an oversight team to continuously improve the access, outcomes, and function of patients in need of our mental health programs. It will draw upon existing resources in VHA’s Health Services Research and Development Service, including existing initiatives in the Quality Enhancement Research Initiative (QUERI), the Northeast Program Evaluation Center (NEPEC), and the Mental Illness Research, Education and Clinical Centers (MIRECCs).

## **Education**

VA has been a leader in the training of health care professionals since the end of World War II. More than 1,300 trainees in psychiatry, psychology, social work, and nursing receive all or part of their clinical education in VA each year. Recently, VA has developed an innovative Psychiatry Resident Primary Care Education program with involvement of over thirty facilities and their affiliates, representing approximately 11 percent of VHA more than 700 psychiatry residents who receive training in VA facilities each year. In addition, 100 psychology and psychiatry trainees are involved in the highly successful Primary Care Education (PRIME) initiative, which provides mental health training within a primary care setting. This type of activity is changing how VA is training mental health providers and preparing them to meet the primary care needs of mentally ill patients. It serves and improves the mental health of veterans seen in medical and geriatric primary care in both VA and the nation.

VHA educational efforts involve both traditional programs and innovative distance learning techniques. Face-to-face workshops serve a useful purpose for certain kinds of demonstrations (e.g., Prevention and Management of Disturbed Behavior Training) and for networking (e.g., the 2001 “Impact of Mental Health on Medical Illness in the Primary Care Setting and the Aging Veteran” MIRECC/GRECC conference). Distance learning such as satellite broadcasts, Internet training, and teleconferencing, offer accessible, cost-effective training.

## Research

VHA National Center for PTSD, established in 1989, is a leader in research on PTSD. Its work spans the neurobiological, psychological and physiological aspects of this disorder. Women's sexual trauma and mental health aspects of disaster management are also addressed by the National Center, which has become an international resource on psychological trauma issues.

VHA Mental Illness Research, Education and Clinical Centers (MIRECCs), which began in October 1997, bring together research, education, and clinical care to provide advanced scientific knowledge on evaluation and treatment of mental illness. The MIRECCs demonstrate that the coordination of research with training health care professionals in an environment that provides care and values results in improved models of clinical services for individuals suffering from mental illness. Furthermore, they generate new knowledge about the causes and treatments of mental disorders. VA currently has eight MIRECCs located across the country, from New England to Southern California.

Mental health currently has three projects in the VHA QUERI program. These include the Substance Abuse QUERI project, associated with the PERC, the Major Depression QUERI associated with the VISN 16 MIRECC, and the Schizophrenia QUERI associated with the VISN 22 MIRECC. The goal of QUERI is to promote the translation of research findings into practice and observe their impact on quality of care.

VHA has established an interagency Memorandum of Agreement (MOA) with the Substance Abuse and Mental Health Services Administration (SAMHSA) and Bureau of Primary Health Care (BPHC) of the Health Resources and Services Administration (HRSA). This MOA will support a cross-cutting initiative to determine if there are statistically significant differences over a full range of access, clinical, functional, and cost variables between primary care clinics that refer elderly patients to specialty mental health or substance abuse services (MH/SA) outside the primary care setting and those that provide such services in an integrated fashion within the primary care setting. It will also address improving the knowledge base of primary health care providers to recognize MH/SA problems in older adults.

VA is also a partner with the National Institutes of Mental Health and the Department of Defense (DOD) in the National Collaborative Study of Early psychosis and Suicide (NCSEPs). This ongoing project is designed to better understand the clinical and administrative issues of service members who suffer from psychotic disorders during military service, their course of care, and the transition from DOD to VA care in such a manner that continuity of care is maintained.

In FY 2000, VA Research Service funded 397 mental health projects at a cost of \$53,884,518. Attachment B, "Research Highlights," provides further information about selected research projects.

VA Mental Health programs provide a comprehensive array of clinical, educational and research activities to serve America's veterans. Our clinical programs are designed to provide the highest quality, most cost-efficient care, across a continuum of care designed to meet the complex and changing needs of our patients. Our educational programs train a significant proportion of our nation's future mental health care providers and ensure that our employees remain on the cutting edge of knowledge about the best clinical practices using traditional as well as innovative educational approaches. Our mental health research programs encompass both basic science as well as the essential translation of scientific findings into clinical practice. The Mental Illness Research Education and Clinical Centers (MIRECCs) are excellent examples of the creative fusion of all three of these tasks. Perhaps the most exciting aspect of VHA mental health programs as we look to the future lies with the National Mental Health Improvement Program (NMHIP). Dedicated to the development of performance and outcome measures and their implementation through research, education, and monitoring, NMHIP will ensure that VA becomes a national leader in the development of evidence-based care for the continuing benefit of our veteran patients. Our mental health care system is strong and effective, but no system is perfect. The NMHIP concept symbolizes VHA ongoing commitment to continuing improvement in the delivery of comprehensive, high quality clinical services to those veterans who need our care.

Mr. Chairman, while we truly believe that VA Mental Health Services remain strong and effective, no system is without problems. It is imperative that access to mental health services and best clinical practices be provided in a uniform manner across the VA health care system. To the extent that there are unacceptable levels of variance in these parameters, corrections must and will be made. If additional resources are required to provide needed care, whether by virtue of shifts of populations or unmet care needs, then a plan to provide these resources will be developed. We have a lot of questions to answer. For example: Have we gone too far in reducing inpatient care services for these patients who need them or neglected to establish sufficient residential care for patients who need that level of care? Where do we need to place more opiate substitution services? What kind of mental health capacities do even the smallest of CBOCs need, and what is the best and most effective way to provide them? We will answer these and other questions. Although we anticipate that much of the data gathering, practice monitoring, and staff education that will be involved in making these changes will be enhanced by technology, we must assure that clinicians, at the point of service, have adequate and timely access to these technologies so they can actually use them to benefit patients. This may require allocating additional resources within VHA for this purpose. It should be noted, however, that technology issues impact not only mental health care, but all VA health care.

**STATEMENT OF  
THOMAS L. GARTHWAITE, M.D.  
UNDER SECRETARY FOR HEALTH  
BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES SENATE**

June 14, 2001

Mr. Chairman and Members of the Committee:

I am pleased to appear before the committee to discuss VA's nurse staffing situation and the looming crisis in nursing.

**Nursing Shortage: A National Perspective**

VA is able to provide quality care to veterans, and meet most of the demands for nursing staff. However, there are increasing difficulties in filling positions in some locations, and extreme difficulty filling some specialty assignments. We recognize that if national nursing workforce projections are accurate, a shortage of nurses could adversely affect our ability to provide health care for veterans.

The future supply of registered nurses is not assured given the current aging of the registered nurse workforce and the decreasing number of students who choose nursing as a career. National nursing leaders and health care organizations are projecting a shortage of registered nurses that will be unlike any experienced in the past. Additionally, the demand for registered nurses is expected to increase as baby boomers age and require more health care services.

Noted nursing economist Dr. Peter Buerhaus has predicted that the total number of nurses per capita will likely peak in 2007 and decline steadily thereafter. The number of nurses in the workforce is projected to fall nearly 20% below requirements by the year 2020. One-half of the 2.1 million nurses currently in the United States workforce will reach retirement age in the next 15 years. At the same time, changes in the way health care is delivered will require larger numbers of well-educated nurses who perform increasingly complex functions. These changes are projected for health care delivery in all settings, whether in hospitals or in community settings. Based on current trends, the demand for nurses will grow 23% between 1999 and 2006.

The projected shortage will result in part from a number of substantial changes that continue to take place in the profession. Factors identified that will intensify the nursing shortage include:

- A decline in enrollment in schools of nursing
- Aging of the nursing workforce

- Average age of a new graduate in nursing has climbed to 30.5 in 1995 - 2000 versus 24.3 in 1985 or earlier
- Poor image of nursing as a career choice and more career choices for women
- Pay stagnation, after inflation adjustment
- Perceived negative work environment
- Inadequate numbers of qualified faculty to educate the numbers of nurses needed

### RN Staffing Within VA

Registered nurses comprise the largest segment of health care workers within the Veterans Health Administration (VHA). Currently, VHA employs over 35,000 registered nurses and nurse anesthetists. VA nurse employment is stable at this time. VA enjoys a lower turnover rate (9.5 percent in 2000) than the national average of 15%. However, VA is experiencing difficulty in recruiting nurses with certain special qualifications such as intensive care, nurse practitioners or nurse anesthetists. While the difficulties are occurring nationwide, the types of nurses for which there are shortages vary by geographical region. Certain VA medical centers also report difficulties recruiting Licensed Practical Nurses (LPNs) and nursing assistants (NAs).

Based on the new reporting requirement established in Public Law 106-419, after September 30, 2001 we will have a more complete picture of the RN staffing levels and recruitment and retention difficulties at each VHA facility, as well as throughout the system.

VA is more successful than the rest of the healthcare industry at retaining nurses. VA's nurse turnover rate is 9.5% vs. 15% for the U.S. This means that when nurses take positions with VA, they are more likely to continue their careers in VA. However, the age of a new nurse hire in VA is 41.65 years. If younger nurses were attracted to VA, they would be more likely to stay with VA, and VA would be less exposed to the looming nurse supply shortage in future years.

Today, 12 percent of the VA nursing population is eligible to retire. Each year, an additional 3.7 to 5.3% of VA nurses become eligible to retire. By 2005, 35% of the current VA nursing workforce will be retirement eligible. Based on past experience, we predict that about two-thirds of these nurses will actually retire by that date. That means that over 1 in 5 VA nurses today will be gone by 2005. VA has been able to successfully recruit to fill these vacancies as they occur. However, as the labor market tightens considerably, recruitment difficulties can be expected.

The retirement eligibility projections for allied nursing occupations are similarly high with 29% of LPNs and 34% of NAs will be retirement eligible by 2005.

## **Changing Skills for Future Nursing Workforce**

The current trends in health care delivery – increased focus on outpatient settings delivering comprehensive wellness and health care, with patients experiencing shorter hospital stays for acute illness episodes – will continue to force changes in the nursing profession.

Nurses must possess clinical decision-making and critical thinking skills, with preparation in community health, patient education and nursing management/leadership. They will require a breadth and depth of knowledge to make rapid patient assessments during critical stages of an acute illness, as well as to assist patients in making the transition from one care setting to another.

Based on this intense and complex care environment, the National Advisory Council on Nursing Education and Practice has proposed that by the year 2010 two-thirds of all practicing nurses must possess a baccalaureate degree if optimal care is to be provided. VA's new Nurse Qualification Standard, with its emphasis on educational achievement, and VA's commitment to funding academic education for nurses completing baccalaureate and higher education are positioning VA to attain this desired mix of educational attainment.

VA is taking steps to ensure that our workforce is ready to meet the challenges by offering career tuition assistance to nurses. VA has implemented two educational assistance programs to enhance recruitment and retention of health professionals such as nurses - the Employee Incentive Scholarship Program (EISP) and the National Nursing Education Initiative (NNEI). The EISP provides scholarships of up to \$10,000 per year for up to three years for employees to pursue degrees or education in health care occupations for which VA is experiencing staffing problems. In return for VA's tuition and expenses support, employees agree to serve a period of obligated service. As of this month, VHA has awarded 189 scholarships amounting to over \$1.7 million, primarily for nursing and pharmacist degrees.

In addition, VA has implemented the NNEI to help ensure that we are able to meet our staffing needs for registered nurses. The NNEI functions like the EISP, but awards scholarships solely to nurses to obtain baccalaureate or post-graduate degrees and training. Already, 1,639 VHA nurses have been awarded more than \$18.5 million support for tuition and expenses. The investment that we are making in educating our nurses and other health care professionals, coupled with the requirement that scholarship recipients serve a period of obligated service, will help VA retain quality health care staff, even during times of shortages. It is also noteworthy that the implementation of the EISP and the NNEI has stimulated interest in working for VA.

## VA Strategies to Address the Nursing Shortage

VA is actively addressing the projected future nurse supply shortage through several initiatives. First, I appointed a VHA Staff Focus Group to develop a comprehensive plan aimed at increasing employee job satisfaction that enables VHA employees to fully develop and use their talents. I have just received this Group's recommendations and am reviewing them now.

Second, the VHA Office of Patient Care Services, Nursing Strategic Healthcare Group (NSHG) has implemented a Future Nursing Workforce Planning Group to advise the Chief Consultant on issues that impact VA's future supply and utilization of registered nurses. This group will make recommendations before the end of this fiscal year for specific actions to address the impending shortage of registered nurses and other nursing staff.

In addition to the work of the national VA groups noted above, a number of VA facilities are initiating programs to combat an impending nursing shortage. Facilities are actively recruiting through the media. Relocation, recruitment and referral bonuses are being used. New youth programs are being developed in several facilities. Structured programs for new hires are in place in many facilities. Facilities report partnerships and special programs for students in middle school and high schools.

Recruitment and retention efforts include the EISP and NNEI described above. These programs provide great benefit to VHA and our nurses. In addition, the Education Debt Reduction Program (EDRP), being readied for implementation this summer will provide an additional recruitment and retention tool. The EDRP will provide tax-free payments to newly hired employees to help pay the costs of obtaining their training or degrees. This program enables VA to pay up to \$24,000 over three years to employees enrolled in the program.

I have attached to my prepared statement a comprehensive listing of all the strategies VA is using to recruit and retain nurses. I will continue to encourage all facilities to use these authorities to the extent necessary to assure quality nursing care for veterans.

**REMARKS BY MRS. ELIZABETH PRINCIPI  
CONGRESSIONAL WOMEN'S CAUCUS  
TRIBUTE TO WOMEN WHO HAVE SERVED  
ARLINGTON, VA**

May 24, 2001

*I shall be telling this with a sigh  
Somewhere ages and ages hence;  
Two roads diverged in a wood, and I  
I took the one less traveled by,  
And that has made all the difference*

These words from Robert Frost's *The Road Less Traveled* aptly describe the road women take, when they choose the military as a career. It is a road many have found too demanding to choose. And of those who have chosen it, many have found it difficult to travel. But for me, the road was clearly marked. It was a path I was proud to take.

I am the daughter of a World War II veteran. I am the sister of a Vietnam veteran. I am the wife of a Vietnam combat veteran. And today, I am proud to tell you, I am the mother of two Air Force officers.

This memorial honors all women in military service: veterans and active duty, alike. This memorial is like a woman, strong but subtle, bringing a touch of beauty and letting in the sunlight through its beautiful etched windows. It gracefully stands at a distance, but its widespread arms encircle all, nurturing and accepting. It is soft but wise, patient but proud. She has shed her tears...she has shed her blood...She has given birth to our freedom.

I am very proud of the fact that my husband wrote the Senate legislation for this memorial, introduced by Senator Frank Murkowski in 1986. It is notable that President and Mrs. Clinton spoke at this Memorial's groundbreaking and that Vice President Gore presided at its dedication.

But as I stand here today, I remember, in hushed reverence, the thousands of American women who have served. This is their memorial. I salute their service to this country.

Although we shared a military career, the experiences of my father, my brother, my husband and my sons have been different from mine. I know that America has always honored the courage and valor of the forty-seven million men who have worn the uniform of our nation, throughout its history. And that each Veterans Day, we offer a special salute to those who served in peace and war and returned to their rightful place in society. And that this Monday, Memorial Day, we will again honor those who gave the last full measure of devotion in defense of our freedom.



But how often are the observances of those days centered exclusively on men? How often do Americans forget that on the battlefields of World War I, on the beaches of Normandy, in the mud at Anzio, and at the fall of Bataan, women were there? Too often, when Americans think of our service members and veterans, they think only of men. Yet women have served America's military since the days of the Revolutionary War.

In the Civil War, women served as nurses, cooks, tailors, spies and scouts. Some of them even disguised themselves as men and fought for the Union or the Confederacy. The sole woman to receive the Medal of Honor, Dr. Mary Walker, served in the Civil War.

In World War I, women served as nurses and as clerks. Many of them served overseas, saw duty close to the front line, and were wounded or gassed as a result. In World War II, women served throughout the theatres of operation. They were interpreters, intelligence operatives and secretaries.

Just last weekend, I had the privilege of meeting two fellow military nurses, survivors of Bataan and Corregidor. Ninety-one years young, Eunice Hatchitt served as an "angel of Bataan." Sally Millet, an Army nurse on Bataan, survived nearly three years in a Japanese Prisoner of War camp. More than two hundred women were killed in action, including six who are still buried at Normandy. Several hundred others received military decorations for heroism and bravery, including the silver star and bronze star.

And as is so typical of the Greatest Generation, these Army Nurses downplay their true heroism. Beatrice Hood Stroup, a Major in the Women's Army Corps in World War II captured this patriotism. She wrote: *"It isn't just my brother's country or my husband's country. It's my country as well. And so the war wasn't just their war, it was my war, and I needed to serve in it."*

The road those women traveled was long and hard. From the rice paddies of the Mekong Delta, to the jungles near the DMZ, women served in hospitals and support areas everywhere our troops were stationed. There were no safe places in Vietnam—for men, or for the nearly 10,000 women who served there. Women nurses were exposed to enemy fire, lived in primitive conditions, and saw streams of casualties nearly every day. It took a tremendous toll—but they did great good.

Because these women worked so close to the battle zones, less than two percent of all the wounded died of their wounds. This was an extraordinary accomplishment. Many Vietnam veterans are still alive today, thanks to the courage and skill of our combat nurses. And women who were not nurses demanded, and got, the right to serve in the theater of operations. Throughout the war, more women volunteered for assignments in Vietnam than there were positions available. It is an impressive story of patriotism.

The Vietnam War changed a great deal about our society and our military. One of the things it changed was the role of women. For while they were fighting for their country, they were also fighting for their rights to serve on an equal basis with men. And Vietnam proved that they could do so.

The end of the war made the road for servicewomen a little easier to travel.

The advent of the all-volunteer force, the increasing demand within the services for technological skills, and the push by women for equality in society in general all helped to make apparent that the ongoing contributions of women were vital to our nation's military. At the time the Persian Gulf War began, more than 11 percent of the active duty military, and 13 percent of the reserves, were women. And in that war, women were called upon for the first time to demonstrate their effectiveness in combat situations.

They manned Patriot missile batteries, flew helicopters, and drove convoys over the desert. The 35,000 women who served in the Gulf demonstrated that the characteristics needed to be successful and effective are not only found in men. And yes, some gave their lives.

Today, more and more women serve in military occupations formerly closed to them. But with this added responsibility comes added risk. Last month, three of the twenty-four crewmembers of the Navy EP-3 patrol aircraft forced down by China were women.

And as we mourn our nation's war dead this Monday, we add the names of two more women who made the ultimate sacrifice. They were among the 17 crew members killed in the attack on the U.S.S. Cole last October. Lakeina Monique Francis of Woodleaf, North Carolina, and Lakiba Nicole Palmer of my hometown San Diego, California gave the last full measure of devotion to our country, in defense of our freedom.

Our military has finally learned that it must make the most of the skills of every service member. The Armed Services have led society in the area of racial integration; and I believe that it will not be long before they lead the nation in gender integration as well. But as Senator Margaret Chase Smith, a veteran herself, warned: *"There will be demands upon your ability, upon your endurance, upon your disposition, upon your patience. Just as fire tempers iron into fine steel so does adversity temper one's character into firmness, tolerance, and determination."*

And when that day comes, the road less traveled will be a wide and splendid boulevard—open to all who serve, and have served, our nation in uniform.

We must not forget the road we have traveled, and must still travel, to reach that day. This memorial, and the story it tells, will be there to remind us. It reminds us of what all of us—women and men, service members and civilians, veterans and non-veterans, owe to the generations of American women who have given so much to our

nation, and done so much to keep it free.

Let me close with some words that are etched on the beautiful glass of this magnificent place. They are the words of an unknown United States Army Nurse who served in World War II. They were written in a grove of camellias in the Burmese countryside, near the spot where several of her fellow nurses, killed in a plane crash, had been buried. They read:

*“Let the generations know that women in uniform also guaranteed their freedom. That our resolve was just as great as the brave men who stood among us and, with victory, our hearts were just as full and beat just as fast—that the tears fell just as hard for those we left behind.”*

We, the women and men of this generation, have been given the task of carrying her message to those who will come after us.

We will see to it that our descendants, too, pass on this message of heroism, from generation to generation, for as long as our republic shall stand.

For this is not just my father’s country, or my husband’s country, or my brother’s country, or even my sons’ country. It is my country and I was honored to the depths of my soul to wear her uniform.

And that has made all the difference.

Thank you all for coming today. May God bless all of you, and God bless America’s military women.

**REMARKS BY THE HONORABLE PAUL WOLFOWITZ**  
**DEPUTY SECRETARY OF DEFENSE**  
**AT THE NATIONAL LEAGUE OF FAMILIES ANNUAL MEETING**  
**WASHINGTON, D.C.**  
**June 21, 2001**

Thank you very much. I think it's fun to be back at the Pentagon for the third time. I thought it might be a little easy, but then [Secretary of Defense Donald] Rumsfeld said, "We're going to keep bringing you back until you get it right." And then I realized I was in for some demanding times.

But it is a real pleasure to be back with the League with whom I've spent so many evenings like this one. I want to thank the League in the person of my good and most persuasive friend [Executive Director, National League of Families] Ann Mills Griffith for inviting me to join you this evening. This is one occasion when Ann didn't have to twist my arm. It is a pleasure to be here.

As many of you know, I've had a longstanding association with the League dating back nearly 20 years when I first went to work in the State Department's Bureau of East Asian and Pacific Affairs.

I remember those early days when George Brooks was your chairman, and I'm sure he's with us in spirit this evening. I'm sure George Shine is also. His granddaughter, Colleen, helped keep the League and family quest alive, and is here in person.

My admiration for this organization and its vital mission—its mission to keep missing Americans in the forefront of U.S. foreign policy—has deepened through the years, and I'm delighted to be here as you gather for your 32nd Annual Meeting.

Indeed, I've thought this organization epitomizes something that is so characteristic about Americans through the decades. It's something that was noticed by the great French writer and observer Alexis de Toqueville almost 200 years ago when he commented on the Americans' ability to form associations for the public good—voluntary associations for the public good. Certainly this is exactly such an association.

I'm also pleased to see [former Deputy Secretary of Defense] Rudy de Leon here tonight, my predecessor. Like the members of the League, Secretary Don Rumsfeld and I know Rudy as a patriot and a friend of the highest order. We had a tough transition with very little help around, and Rudy was kind enough and dedicated enough and quite bipartisan enough to stick with us and help us through a couple of tough months, and Rudy, we thank you.

As I look at Rudy here tonight and I think about the budget debates we've been going through this week, I'm glad that there's obviously at least one person here who feels my pain.

In addition to the families, I want to recognize particularly Congressmen Sam Johnson and Martin Frost, both from the great state of Texas; my colleagues at this table and in the audience from DoD [Department of Defense]; distinguished guests from the NSC [National Security Council] and my old haunts at the State Department, other distinguished guests, veterans, and most of all our returned POWs. I salute all of you.

The League's dedication and devotion have made a difference in the lives of countless Americans—not only for those who served our nation in the past, but also for those who serve us now. They have fought for the policy and the resources to enable our government to support the tireless work of our men and women working on behalf of our missing. This partnership is unprecedented in the world, and it has raised the issue of the missing as a priority, even in the lands of our former adversaries.

Some 15 years ago when I was at the State Department as Assistant Secretary for East Asian Affairs, Ann Griffiths and [former director of Asian Affairs at the National Security Council] Dick Childress and [former Assistant Secretary of Defense and current Deputy Secretary of State] Rich Armitage and I traveled together to Vietnam. That was January 1986, and at the time we were the most senior executive branch delegation to visit the country since the end of the war. That time Ann did have to use her persuasive powers because I was initially, to put it mildly, a somewhat reluctant participant.

Communist rhetoric infused a process that was characterized by fits and starts and deceptions, in addition to the fact that almost a quarter of a million Vietnamese troops were then occupying Cambodia. But Ann and Dick Childress, who can be persuasive in his own way, said to me, "You've got to go. There is hope. The State Department has to show the flag." So I had no choice, and I went.

We traveled to Hanoi where we met with the senior levels of the Vietnamese government, and by the time our talks had concluded my initial skepticism had been replaced by a sense of hope because I felt we had made progress and we could make more progress in the future.

I became convinced then that further progress in the face of that rhetoric and posturing from Hanoi would come only through unwavering steadiness of purpose in future negotiations and in future policies.

It's been gratifying to be able to observe the progress made since that trip 15 years ago by those who have been faithful to the cause, by those who assisted painstakingly through recovery sites in the field, by those who have applied the marvels of science to identify those missing who have returned.

I'm aware that fitful maneuvering and domestic pressures sometimes made hopes seem remote or even unrealistic, but, certainly, as we look over the course of time great progress has been made.

The extent of that progress was brought home to me very poignantly on a sad occasion some two months ago. Quite a few of you here this evening gathered with us at Fort Meyer to remember the lives and service of men from both the United States and Vietnam who had been killed in a helicopter accident during a joint recovery mission.

The Americans who died in that crash were members of Joint Task Force Full Accounting, and the Central Identification Laboratory. One of those killed, Detachment 2 Commander Lieutenant Colonel Rennie Martin, captured the essence of why someone would take up the cause of removing uncertainty from the hearts of fellow Americans. He told his father, *"All of a sudden, you are here, and you have a mission to let a family know: we found him."*

Rennie was about to hand the reins over to Lieutenant Colonel "Marty" Martin, who was also killed on the mission. Before he left for Vietnam Marty told his father, "Dad, I can't wait to get over there." He wanted to do his part to bring certainty and solace to the families of those who are missing still.

That same sense of noble purpose guided the others who were killed on that joint mission: Major Charles Lewis, Sergeant First Class Tommie Murphy, Master Sergeant Steven Moser, Chief Petty Officer Pedro Gonzalez, Technical Sergeant Robert Flynn, and nine of their Vietnamese colleagues.

Their good deeds and their lives of honor will not only endure but they will strengthen the cause for which they sacrificed. Those servicemen who died in the line of duty were dedicated to a noble cause, seeking answers about their fellow servicemen for themselves and their families. Their colleagues maintain that dedication with pride. It is a sacred trust we owe to those who serve. If they fall on the field of battle, we, their country, will do everything in our power to find them.

That is a solemn compact our government has with each and every soldier, sailor, airman, Marine and Coast Guardsman who serves. Our men and women in uniform will have faith in us only if we keep faith with those who went before.

Our continuing efforts will succeed only with joint cooperation which improved greatly under [former Secretary of Defense] Bill Cohen and Rudy de Leon, and which we intend to continue.

We saw evidence this week of the improvement and cooperation with the announcement that two fallen warriors will finally go home to families who have

been keeping their own vigil for close to 36 years. Air Force Colonel Harley Pyles of Enon, Ohio, and Marine Colonel Winfield Sisson of Berkeley, California, were killed when their aircraft crashed into the side of a mountain in 1965. For their families, the long wait is finally over.

As the families here know, their recovery and return is the result of years of painstaking effort — effort in negotiations, effort in analysis, effort in numerous visits to incident sites, efforts in the process of forensic analysis. Rudy de Leon made it a priority to secure adequate resources critical to continuing this effort, and Ann Griffith has made me, without much twisting of arms, to pledge to you this evening that both Secretary Rumsfeld and I will continue the work that Rudy pursued with such determined dedication.

We are committed to meeting the needs of the Central Identification Laboratory in Hawaii and the other teams that work on our investigate research and recovery operations such as the Joint Task Force at Camp Smith, Hawaii, and the Armed Forces DNA Lab in Maryland.

We will continue to support strongly the work of the Defense Intelligence Agency's Stony Beach Team. We will ensure that the critical skills of the Life Sciences Equipment Laboratory will be fully used. We are firmly committed to strengthening our defense POW/MIA office to help develop policy and ensure its implementation. They will have a renewed focus and we will look to them for the analysis we will need for negotiations.

Most importantly and I think I know I'm speaking also for my good friend the new Assistant Secretary of State for East Asian Affairs Jim Kelly in saying we are committed to strengthening the diplomatic efforts needed to gain unilateral actions on the part of Vietnam—actions at the core of resolving the many discrepancies we must address. In particular, to account for Americans last known alive in captivity or in proximity to capture.

With what we've long known of Vietnam's wartime and post-war behavior, we are confident that in addition to our successful joint operations, Vietnam can help us further on remains and archival records.

We are determined to continue to search for resolution to free you and all the families from the prison of uncertainty whenever and wherever possible. Our commitment includes seeking answers for the families whose loved ones are still unaccounted for from the Second World War and the Korean War to the Cold War. It is an obligation we owe to those who serve and to their families, and we will honor it by giving the task our best efforts so one day the men and women of organizations like the League can themselves return home, their mission complete.

Let us recognize the significant progress that has been made over the last two decades, but also recognize the many gaps that must be filled. It is a challenge that this administration intends to meet.

As President Bush said on Memorial Day when he was surrounded by Arlington's testament, row on row, to ultimate bravery and sacrifice, and I quote the President, "Those missing deserve and will have our best efforts to achieve the fullest possible accounting, and alive or dead, to return them home to America."

Three weeks ago I had the opportunity and the honor and the privilege to speak to our future Army leaders at the West Point commencement. I spoke to them, among other things, about courage, and especially moral courage, and I told them about a West Point soldier from the class of 1959, a soldier whose name is still listed among America's missing, a name known to many of you—Captain Rocky Versace. His heroism and his courage are legendary.

In October of 1963, just weeks shy of completing his second tour in Vietnam, he was captured by the Viet Cong and held in a prison in South Vietnam. Even under excruciating torture he defied his captors and sang "God Bless America".

I told the cadets that Rocky Versace exemplified honor and courage and that 40 years after his death, his life, his determination, his patriotism, and his courage call out for recognition. If Congress agrees, we will answer that call and recommend to President Bush that Captain Rocky Versace, Class of 1959, be awarded the Medal of Honor.

Rocky did not return to us, but other heroes who did return are with us tonight, those whom Ann introduced earlier. I thank you for supporting the League's continuing quest and for your great service to our country.

These men serve as living reminders of the depth of sacrifice that can be asked of those who wear our nation's uniform. They remind us of the debt we owe to all the brave Americans who are yet missing and yet unaccounted for, and the debt we owe to the families who represent them and long for them.

Since the end of the war in Vietnam, members of the League have led their own valiant effort to ensure that these men will not be forgotten. They have traveled to Vietnam, Laos and Cambodia to meet with foreign officials. They have walked thousands of miles through the halls of the Pentagon, the State Department and the Congress, telling the stories of husbands, sons, fathers, brothers, and loved ones—reminding all Americans of our sacred duty.

To paraphrase the words of an English poet, wherever American heroes have fallen, there is some corner of a foreign field that is forever America. But, whenever possible, we want to bring them home to rest in the country they loved and served so well. So we must not, we will not, cease our efforts until we can return to America's welcoming arms and yearning hearts those heroes who have been missing far too long.



I look forward to working with all of you and with the League on this noble task in the days to come. Thank you very much, and thanks for inviting me to speak.