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***EXCERPTS OF STATEMENT OF  
JOSEPH A. VIOLANTE, DAV  
SENATE COMMITTEE ON VETERANS' AFFAIRS  
May 15, 2014***

Mr. Chairman, DAV remains deeply concerned about allegations that VA employees or management took actions that, whether by design or not, obscured the true picture of access problems at some VA facilities.

We fully support the ongoing investigation by the Inspector General and will demand full accountability for anyone found to have violated the law or failed to responsibly follow and enforce VA's rules and regulations, no matter who or where they are inside VA.

We also support Secretary Shinseki's initiative to audit all VA facilities to determine whether similar problems are occurring, however we strongly recommend that VA include outside, third-party experts to increase its objectivity and credibility and help re-gain the full trust of veterans and the American people.

Mr. Chairman while no health care system is perfect, and medicine is far from an exact science, veterans have earned the right to expect the VA health care system to provide medical care at the highest level, equal to if not better than private sector care.

While it may be weeks or months before the investigations and audits are completed, we continue to have confidence that VA, led by Secretary Shinseki, can and will correct any problems identified or uncovered. This Secretary has a track record of directly and honestly confronting problems and working with Congress and stakeholders to correct them.

Mr. Chairman, we continue to believe that VA provides high-quality health care for the vast majority of veterans treated each year, and that veterans are now and will be better served in the future by a robust VA health care system than by any other model of care. The real challenge facing VA, and the root cause of the problems being reported today, have to do with access to care rather than the quality of care delivered.

For the past decade, DAV and our partners in The Independent Budget have consistently pointed out funding shortfalls in VA's medical care and construction budgets. In the prior ten VA budgets, funding for medical care requested by the Administration and ultimately provided by Congress was more than \$5.5 billion *less* than the IB recommended. For next year, FY 2015, the IB recommended over \$2 billion more than VA even requested.

I would point out that you, Mr. Chairman, did call for an increase of \$1.6 billion for FY 2015, but based on available information today, it appears your Senate colleagues will not significantly increase the Administration's inadequate request, just as the House already failed to do.

Similarly, over the past decade funding requested by VA for major and minor construction, and the final amount appropriated by Congress, has been more than \$9 billion less than the IB recommendations. For FY 2015, the VA budget request is \$2.5 billion less than the IB recommendation, which was based upon VA's own internal SCIP analysis.

We agree with your Views and Estimates letters the past two years, Mr. Chairman, when you stated that Administration's budget request for construction has been "clearly insufficient to meet the identified needs..." but unfortunately, neither your Senate colleagues nor the House took actions to increase construction funding.

Finally, VA needs to better utilize its purchased care authority when necessary to supplement and bolster the VA healthcare system. DAV believes that whenever an enrolled veteran is unable to receive care directly from VA within established timeframes, VA must take responsibility to find alternative means to provide and coordinate such care, regardless of where the veteran lives.

However, since each dollar used to pay for non-VA care is one dollar less that is available to hire new VA staff required to treat veterans in a timely manner, VA must provide accurate estimates of the additional funding required and Congress must appropriate those dollars.

Even with sufficient funding, how will non-VA care be coordinated with VA care? Are there even sufficient, qualified providers available in each community? Simply giving a veteran a plastic card and wishing them good luck in the private sector is no substitute for a fully coordinated system of health care.

Mr. Chairman, looking at VA today, and putting it into the proper perspective of the entire American system of health care, we continue to have confidence that the vast majority of veterans are well served by seeking their care at VA. We remain confident that VA and Secretary Shinseki, working together with stakeholders and Congress, can, will and must address these challenges. America's veterans deserve nothing less.