U.S. COMMISSION ON CIVIL RIGHTS

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BRIEFING

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IS THE FEDERAL GOVERNMENT ADEQUATELY PROTECTING
THE CIVIL RIGHTS OF OUR VETERANS AND
SERVICE MEMBERS WHO HAVE FOUGHT
FOR OUR RIGHTS?

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FRIDAY
MAY 31, 2013
+ + + + +

The Commission met in the Grand Ballroom of
the Washington Marriott, 775 12th Street, NW, Washington,
DC at 9:30 a.m., Marty Castro, Chairman, presiding.

PRESENT
MARTY CASTRO, Chairman
ROBERTA ACHTENBERG, Commissioner
TODD GAZIANO, Commissioner
GAIL HERIOT, Commissioner
PETER N. KIRSANOW, Commissioner (via Telephone)
DAVID KLADNEY, Commissioner
MICHAEL YAKI, Commissioner

VANESSA EISEMANN, Parliamentarian

STAFF PRESENT

TERESA BROOKS
MARGARET BUTLER, Director, OCRE
PAM DUNSTON, Chief, ASCD
YASMIN ELHADY
LATRICE FOSHEE
ALFREDA GREENE
JENNIFER CRON HEPLER, ESQ.
ELOISE PLATER
EILEEN RUDERT

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MICHELE YORKMAN

COMMISSIONER ASSISTANTS PRESENT:
NICHOLAS COLTEN
ALEC DEULL
TIM FAY
JOHN MARTIN
CARISSA MULDER
MARLENE SALLO
ALISON SOMIN
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CHAIRMAN CASTRO: Good morning. It is 9:35 and we are bringing this meeting to order.

Welcome, everyone. My name is Marty Castro. I'm chairman of the U.S. Commission on Civil Rights.

Today, we're going to be doing a couple of things. This morning we're having a briefing on the issue of whether or not the federal government is adequately protecting the civil rights of our veterans and servicemembers who have fought for our rights.

Later this afternoon, we're going to have a business meeting of the Civil Rights Commission, our monthly meeting.

However, given the schedules of certain of our commissioners throughout the day, we are going to make some adjustments. We're going to have motions to make some adjustment to our agenda.

So, I just want to assure that the person who is the court reporter is present. He's nodding yes.

We have a number of commissioners with us. We have Commissioner Kirsanow on the telephone. With us presently, Commissioner Heriot, Commissioner Yaki, myself, Commissioner Achtenberg and Commissioner

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Kladney.

We expect other commissioners to be arriving a little later. So, we do have a quorum present.

What I would like to do is initially make a motion that we will have a brief portion of our business meeting today at 12:30 after the second panel. And then we will entertain some motions to amend the agenda.

One will be to deal with a particular issue at the 12:30 time slot, and then to make some adjustments for our afternoon session.

So, is there a second?

COMMISSIONER YAKI: Second.

CHAIRMAN CASTRO: Okay. Any discussion?

All those in favor, signify by saying "Aye."

GROUP RESPONSE: Aye.

CHAIRMAN CASTRO: Okay. And do we have any amendments? The Chair recognizes Commissioner Yaki, then Commissioner Achtenberg.

COMMISSIONER YAKI: Yes, thank you very much, Mr. Chair. In deference to some schedules of commissioners today, I'd like to move up the item regarding the discussion and for approval of the Stand Your Ground investigation to 12:30.
CHAIRMAN CASTRO: Is there a second to that?

COMMISSIONER ACHTENBERG: Second.

CHAIRMAN CASTRO: Okay. Any additional discussion? Hearing none, all those in favor signify by saying "Aye."

GROUP RESPONSE: Aye.


Before I go on to Commissioner Achtenberg, I just want to make sure that the operator has opened the public line, public session.

Commissioner Achtenberg.

COMMISSIONER ACHTENBERG: Mr. Chairman, I'd like to move to amend the item with regard to the State Advisory Committee agenda.

The subcommittee is recommending that we delete Kentucky for consideration this time, it's not quite ready, but we add to the agenda the consideration of the Illinois SAC.

CHAIRMAN CASTRO: Do we have a second on that?

COMMISSIONER HERIOT: Second.

CHAIRMAN CASTRO: All those in favor signify by saying "Aye."

GROUP RESPONSE: Aye.
CHAIRMAN CASTRO: Any opposed. Any abstentions. Okay. That passes unanimously. So, now, we'll move to approve the agenda as it's been amended.

Is there a second to that motion?

COMMISSIONER YAKI: Second.

CHAIRMAN CASTRO: All those in favor say "Aye."

GROUP RESPONSE: Aye.

CHAIRMAN CASTRO: Any opposed. Any abstentions. Okay. Thank you. So, now we'll move on to our briefing.

So, today, we really want to look closely and examine the issue of the enforcement of the veterans and servicemember civil rights by various of our federal agencies particularly on the basis of certain protected classes such as the person's race, sex, disability or national origin.

We also want to make sure that as we present this, we realize that this week, we celebrated Memorial Day. And this commission has in the last few months, made a special emphasis on looking at the rights and protections that should be afforded to those members of our military who have literally fought and died to protect our way of life and our rights.
A few months ago, we did a hearing on the condition of sexual assault in the military. And, we are working on a report that is our statutory report for the year and is going to be ready by the end of our fiscal year for presentation to the President and Congress so that hopefully we’ll have recommendations that they can take action on.

We also hope that at the end of this process, we will be able to put together a report that has some strong recommendations and findings for the President and Congress as we address the other broader civil rights issues and this is important to every one of us on this dias.

The fact that we're here today is the result of a bipartisan concern about the issue, and we each individually also have personal concerns about this.

I know some of my colleagues have served in our armed forces. Some of us have not, but we try to serve our country in this capacity.

And, for me personally growing up in a neighborhood on the southeast side of Chicago where during the Vietnam War our parish lost more men, in that case, to the war than any other parish in the country.

And, I remember going with my dad to - in 1969 and 1970 to collect money in little tin cans
throughout the neighborhood to try to raise money to put
together a memorial to those Vietnam soldiers who died.
And, this was in 1969 and 1970 when that was not one of
the most popular things to do.

And, as we walked from house to house, there
were homes that had flags in the window with a blue star
or with a gold star. And, I recall asking my father, what
did that mean?

And, he said those folks who had a blue star
had someone in their family serving in the military. And
those with the gold star had already paid the ultimate
price. They lost someone.

And, I always thought those homes were very
special homes in our community, and I still do.

My dad became very involved. He was a
member of the U.S. Navy and a veteran thereafter. And
so, I was exposed to all of the issues that military
families are confronted with.

And, it came to the point where we realized
that, in fact, the mere fact that this Civil Rights
Commission can be here today is due in large measure to
the work and the sacrifice of our military.

And, I want to share what I think to me is
an encapsulation of why we're doing what we're doing here
today, and that is a poem that is written by a member,
a veteran of the U.S. Army, Charles Province. And it's called "It Is The Soldier." Some of you may have heard this. If not, I commend it to you.

It is the soldier, not the minister, who has given us freedom of religion. It is the soldier, not the reporter, who has given us freedom of the press. It is the soldier, not the poet, who has given us freedom of speech. It is the soldier, not the campus organizer, who has given us the freedom to protest. It is the soldier, not the lawyer, who has given us the right to a fair trial. It is the soldier, not the politician, who has given us the right to vote. It is the soldier who salutes the flag, who serves beneath the flag, whose coffin is draped with the flag, who allows the protestor to burn the flag.

So, it is with that in mind that we are very pleased to open this panel today. A couple of housekeeping matters before we proceed.

As you see, we have here a sign language interpreter for anyone who needs that.

We also will be – I understand this will be televised on C-SPAN at a later point in time. So, your comments not only are being taken for the record, but will hopefully be shared with the broader population in our country.

And, for the first time, I would like to
encourage those of you in the audience to utilize social media while we are going through our panel here.

So, for those of you who are Twitter aficionados, I would encourage you to tweet with the hashtag USCCR, and the hashtag Protect Our Defenders.

If you're on Facebook, feel free to go to our page, United States Commission on Civil Rights. And, there's a couple of pages that have that, but look for the one with the official seal. And, hopefully, you'll like our page and then feel free to post.

If any commissioners want to have their Twitter handles mentioned, I'll let you do that. I'm TheMartyCastro. I don't know if any other commissioners want to be tweeted.

What's yours, Michael? I know you're a Twitter man.


CHAIRMAN CASTRO: So, with that out of the way, I want to start the briefing today.

We are very pleased to have 13 distinguished speakers who are going to provide us with a diverse array of points of view.

We're going to begin first with -

COMMISSIONER GAZIANO: Mr. Chairman.
CHAIRMAN CASTRO: Yes.

COMMISSIONER GAZIANO: This is Commissioner Gaziano. I just wanted -

CHAIRMAN CASTRO: Oh, okay. Commissioner Gaziano, yes.

COMMISSIONER GAZIANO: - for the record to reflect and those who may be listening that I will be trying to participate by phone. My apologies that I can't be there this morning in person.

CHAIRMAN CASTRO: Okay. We'll make a note that you are participating. Thank you.

So, every speaker is going to have - every panelist is going to have seven minutes to speak. Each panelist will in that period of time make their initial presentations.

Once that's happened, we will open it up for questions from commissioners where we'll have a greater interchange and you can elaborate on your remarks.

And, I know some of you have written statements you've submitted. Some want to elaborate on those as well.

Once that is done, I will continue on. I'm going to try to enforce as strictly as possible the time allotments obviously for the speakers as well as for our commissioners so that we can move forward.
I know that, Dr. Jesse, you're going to have to leave, I understand, at 10:15; is that correct?

DR. JESSE: 10:15 or 10:30.

CHAIRMAN CASTRO: Okay. So, what we'll try to do is when we start questions, maybe we'll start questions earlier for you. We'll see where we are on the time so that you have an opportunity to be interacting with us before you do have to leave.

DR. JESSE: Appreciate it.

CHAIRMAN CASTRO: I know you have to see patients.

You're going to notice a system of warning lights here, panelists. Green, yellow, red, just like the traffic lights.

So, green, go. Yellow unlike when you're on the street doesn't mean, you know, run the red light. It does mean get ready to stop. And then, red, of course, stop. And, once that's done, we'll move on to our questions.

With those bits of housekeeping out of the way, I want to present our first panel, introduce each of you.

Our first panelist is Robert Jesse, principal deputy under secretary for health with the Department of Veterans Affairs.
Our second panelist is Kenan Torrans who is the deputy director in the Department of Labor, Office of National Programs, Veterans Employment and Training Service.

Our third panelist is Sharon Alexander, special assistant to the Equal Employment Opportunity Commission's Chairwoman Berrien.

And, our fourth panelist is Bryan Greene who is the Department of Housing and Urban Development's general deputy assistant secretary for Fair Housing and Equal Opportunity.

And, our fifth panelist is Matt Boehmer who is the acting director of the Federal Voting and Assistance Program within the Department of Defense.

Dr. Jesse, please proceed.

DR. JESSE: Thank you.

CHAIRMAN CASTRO: Actually, let me swear you in. Will each of you please swear and affirm that the information that you're about to share with us is true and correct to the best of your knowledge and belief?

GROUP RESPONSE: I do.

CHAIRMAN CASTRO: Now, you may proceed.

DR. JESSE: Thank you. Good morning, Mr. Chairman and commissioners. It's an honor to be here today to talk about what the Department of Veterans of
Affairs is doing.

COMMISSIONER YAKI: Here's one big housekeeping thing.

DR. JESSE: Sure.

COMMISSIONER YAKI: Move the microphone up as close as you can.

DR. JESSE: All right.

COMMISSIONER YAKI: And speak right into it.

DR. JESSE: It's an honor to be here today to talk about what the Department of Veterans Affairs is doing to protect and ensure the civil rights of veterans.

Our department has a solemn responsibility of caring for the men and women who have served our nation in uniform.

We are guided in that work by a promise made by President Lincoln in the second inaugural address "To care for him who shall have borne the battle and for his widow and his orphan."

VA administers billions of dollars in federal benefits for veterans and their families.

We operate more than 1700 healthcare facilities, issue millions of checks for education, disability and pensions and oversee 131 national cemeteries.

Perhaps the most visible of all benefits and
services we provide veterans is healthcare.

We operate the largest integrative healthcare system in this country, which is also tightly coupled to important social services that support health and well-being.

Eligibility to enroll in the VA healthcare system is determined by factors like the time served in the military and the type of military discharge received. It is not determined by race, gender or sexual orientation.

All veterans are entitled to receive the same level of quality care no matter who or where they are in our system, but our efforts to achieve equity in the healthcare we provide veterans have sometimes fallen short.

And that is why we have established a number of offices whose role in the organization is to ensure that all patients are receiving healthcare that is proactive, personalized and patient driven.

I'll highlight some of these offices and the work they are doing to identify and close gaps in health equity.

Our Office of Health Equity is working to position VA as a national leader in achieving equity in healthcare. This office is developing a Health Equity
Action Plan which includes a comprehensive communication plan, measures for equitable access, cultural competency training for staff and information on translating research findings into clinical treatment, education and outreach.

We have established a Health Equity Coalition made up of a diverse group of both clinical and administrative professionals from across VA.

The group's mission is to make certain that we are providing individual healthcare that eliminates disparate health outcomes and ensures health equity.

Our Center for Health Equity Research and Promotion conducts studies on groups of veterans who face discrimination because of race, ethnicity or social status, and those at risk for disparities in healthcare because of certain physical or mental conditions.

Our researchers work to detect these disparities, understand the causes and develop ways to eliminate them.

VA along with federal agencies, including the Department of Defense and the Department of Housing and Urban Development, is a member of the Federal Interagency Health Equity Team which works to attain the highest level of health for racial, ethnic minorities and underserved populations.
We have been an important participant in this team's activities since its inception serving on work groups, delivering presentations and hosting meetings.

We are committed to addressing the unique needs of lesbian, gay, bisexual and transgender veterans and reducing health disparities for them.

We're providing information, guidance and education to providers about health issues of this vulnerable community and promoting a welcome environment for them in our system.

To respond to the gender-specific needs of women veterans, we offer comprehensive primary care services including breast and cervical cancer screening, reproductive healthcare, mental health services and very importantly, the treatment of military sexual trauma.

Every VA medical center has a women's veterans program manager. Every community-based outpatient clinic has a liaison for women veterans. And, every VA regional office has a women's veterans coordinator.

In addition to the services we provide at every VA medical center, we have 50 women's health centers. These centers whose number has increased eightfold in the past decade in response to the growing
need develop enhanced programs for women.

Some also conduct research on medical and psychosocial issues affecting women veterans.

Our Office of Rural Health works to improve access and quality of care for the three million veterans enrolled in the VA Healthcare System that live in remote areas.

This office supports initiatives like home-based primary care and telehealth that bring care closer to the home - closer to home for rural veterans.

VA Center for Minority Veterans works to ensure all veterans receive equal service. Minority veterans’ program coordinators stationed in our healthcare facilities, regional offices, and national cemeteries support that work at the local level.

They conduct outreach to minority veterans, educate staff about their unique needs and advocate on behalf of minority veterans to improve service delivery at their facilities.

VA has made ending homelessness among veterans by the end of 2015 a top priority. It is among the Secretary's top priorities.

Together with our federal, state and local partners, we provide substantial hands-on assistance to homeless veterans.
In fact, VA's major homeless programs constitute the largest integrated network of homeless assistance programs in the country.

These are just a few of the many ways that VA is working to protect the civil rights of veterans and to keep President Lincoln's promise.

So, I thank you for the opportunity to join this important discussion. America's veterans deserve nothing less than our best care and services this nation can offer. Thank you.

CHAIRMAN CASTRO: Thank you, Dr. Jesse. Mr. Torrans.

MR. TORRANS: Yes, sir. Thank you very much.

Members of the Commission, good morning and thank you for inviting me to speak about the Department of Labor's efforts to protect our servicemen and women and veterans' employment/reemployment rights.

Now, USERRA, the main vehicle that we use to do this, is the Uniformed Services Employment and Reemployment Rights Act of 1994. And, that's codified in 38 U.S.C. Sections 4301 through 4335.

This law is nothing new. It's been around in one form or another since about 1940. And, the current iteration although it passed in 1994, really
crystalized the protection set forth in previous statutes and case law into one comprehensive body.

USERRA is perhaps the most employee-friendly labor and employment law in the books today.

If the evidence in any given case or any given situation is in equipoise, then the presumption is always going to be in favor of the servicemember or the veteran.

USERRA is important, now, because since the terrorist attacks of 9/11, more than 900,000 members of the Guard and Reserve have been mobilized in support of the ongoing war against terror.

More than 800,000 of those individuals have returned. And, over an average, about between 40,000 and 60,000 may remain on active duty at the present time.

In fact, it's been said that of the Reserve components to include the Reserves and the National Guard, there are two types now.

There are those that are waiting for deployment, and those that are on deployment—and also those that have come back.

We've had an increase in USERRA complaints since 9/11. They've peaked last year at 1575, I believe, 1575, and averaging about 1400 per year.
But, the Secretary of Labor acting through the Assistant Secretary for Veterans Employment Training, or VETS, is responsible for administering, interpreting, and enforcing the statute.

We do it through outreach and education and technical assistance. And, where necessary, investigations.

We're assisted in these efforts by the Defense Department's National Committee for Employer Support of the Guard and Reserve. That's ESGR. And, also, the U.S. Department of Justice and the U.S. Office of Special Counsel.

The USERRA statute itself is very broad. Unlike many employment statutes, USERRA applies to virtually all employers; U.S. employers here in the states, U.S. employers working overseas, foreign employers conducting business here in the United States.

In addition, it applies to all government entities, all branches: legislative, judicial, executive and elected officials as well. State governments, local governments, it's all covered. No impact on size at all.

Now, it primarily covers three areas. Number one, anti-discrimination which generally provides that employers cannot take any adverse action
against an individual due in any part to that person's past, present or future military service, status or obligations. Military service doesn't have to be the main reason for the adverse action. It could just be part of the reason for the adverse action in order for USERRA's anti-discrimination provisions to apply.

The next thing it does, it provides for anti-retaliation. An employer can't take any adverse action against anyone for helping someone assert their USERRA rights or for asserting those rights directly.

And then, of course, there's the reemployment protections, which means that individuals who leave civilian employment to perform military service, have to be - if they meet the eligibility criteria, properly reinstated in the same positions of status, seniority, and rate of pay they otherwise would have had had they never left.

Now, this is very similar to the Family Medical Leave Act which puts employees in the positions they were in when they come back.

But, unlike FMLA, USERRA is broader because it applies to all employers, regardless of size and puts the returning employees back where they would have been had they never left. Any promotions, any pay raises, anything like that, that's what they would get.
But, USERRA’s reinstatement provisions may result in adverse consequences, too, if the employer can show that the returning employee might have been laid off, terminated, downsized, RIFFed, or similar. This has been the standard since about 1946 in the Supreme Court Case Fishgold v. Sullivan Drydock.

We investigate, as I mentioned, we investigate about 1400 complaints each year. USERRA and military employment is a top priority with our Secretary and we don't really measure success in terms of settlements reached or the amount of dollars obtained through our settlement efforts. Our success is measured more in terms of ensuring that our servicemembers are back to work, that they are properly reinstated, they're properly employed, that they have been made whole, and that the law is upheld. If that happens, then we have been successful.

Our goal is also to preserve the existing employment relationship between the employer and the employee where possible, and we note that very few cases actually have to go to litigation.

But, when they do, the Justice Department and the Office of Special Counsel have taken a very aggressive approach to this. We offer a very holistic approach to assisting veterans and servicemembers who
seek our help.

    If we have an individual who is out of work, we work hard to try to put them - get them back to work.

    Finally, we have programs that are designed to help these people get jobs. And, if they need medical attention, if they have other issues financial or otherwise, we should be able to send them to the right place for that sort of assistance.

    Referring service members or veterans to our colleagues at the VA is a good example. We can send them there for assistance with service-incurred disabilities or other services falling within VA’s purview. Our goal is just not to pursue litigation.

    We're very proud of what we do and, again, protecting USERRA rights is a very big priority with members in light of massive demobilizations. We're going to see more about this.

    There's a lot of attention in Congress, and a lot of attention in the media. These are cutting-edge issues that we're facing. More cases involve disabilities such as individuals with TBI, traumatic brain injuries, post-traumatic stress disorder and how their employment rights are affected.

    So, it's a very - it's a very big priority.

Thank you very much, and I look forward to answering your
questions.

CHAIRMAN CASTRO: Thank you. Ms. Alexander.

MS. ALEXANDER: Good morning, Chairman Castro, members of the Commission. Thank you for inviting EEOC to participate in this important briefing.

I would like to give an overview of the jurisdiction and functions of the U.S. Equal Employment Opportunity Commission and address the specific work that we are doing to protect the rights of veterans under our statutes.

The U.S. Equal Employment Opportunity Commission better known as the EEOC, is the primary agency responsible for enforcing our nation's employment non-discrimination laws.

The statutes EEOC enforces apply to private companies, state and local governments, federal agencies, employment agencies and labor unions.

Collectively, our statutes prohibit discrimination on the bases of race, color, religion, sex, national origin, age, 40 or over, disability and genetic information.

And, they also prohibit employers from retaliating against a person for complaining about discrimination, filing a charge of discrimination or
participating in an employment discrimination investigation or lawsuit.

In light of the fact that the subject matter of this briefing covers both the civil rights of servicemembers and veterans, I want to make clear at the outset that members of the armed forces are not covered by the laws EEOC enforces per se.

Now, civilians employed by the military departments are covered by our statutes. Servicemembers are not. Reservists and members of the National Guard are covered when they are working civilian jobs in covered entities that are covered by our statutes.

The EEOC investigates charges of unlawful discrimination against private sector, state and local and government - state and local government employers.

If we're unsuccessful in resolving a charge through mediation, conciliation or other means, we have the authority to file a lawsuit to protect the rights of individuals and the interests of the public.

We do not, however, file lawsuits in all cases where we find discrimination and individual charging parties may go to court to vindicate their rights under our statutes.

In 2012, the Agency resolved over 111,000
charges of discrimination and obtained over 365 million
dollars in relief for victims of employment
discrimination through our administrative enforcement
efforts.

And, in 2012, we also resolved over 250
lawsuits for total recovery of over 44 million dollars
in addition to substantial equitable relief, and we filed
122 new lawsuits.

The EEOC also provides leadership and
guidance to federal agencies on all aspects of the
federal government's Equal Employment Opportunity
Program.

In 2012, our Federal Sector Hearing's
Program resolved over 7500 complaints of discrimination
and secured over 61 million dollars in relief for federal
employees and applicants who requested hearings through
our agency. And, we also resolved over 4200 appeals of
federal agency decisions on employment discrimination
complaints.

EEOC also works actively to prevent
discrimination before it occurs through outreach,
education, and technical assistance programs.

The Agency's no-cost outreach programs
reached over 318,000 people in FY 2012 through
participation in almost 4,000 events around the country.
We're located here in Washington, D.C., and we have 53 offices around the country where we do our work every day.

EEOC has long recognized the important role our agency plays in protecting the rights of veterans.

Although none of the statutes EEOC enforces prohibits discrimination on veteran status per se, we believe the Commission has an important role to play in safeguarding the rights of veterans under all statutes with a particular emphasis on the American's with Disabilities Act.

Because the ADA's approach to disability in the workplace varies so greatly from the treatment of disability in the military context, we believe that basic training on the ADA is essential to equipping transitioning servicemembers with disabilities to be effective self-advocates in the civilian workplace.

In 2008, EEOC published two important resources for veterans and for employers interested in hiring veterans.

These guides which are written in very simple question-and-answer form, are just questions that veterans might have about their rights under the ADA and questions employers might have about how the ADA applies to veterans.
In November of 2011, the Commission held a public meeting to hear expert testimony on the unique needs of veterans with disabilities transitioning to civilian employment.

Representatives from federal agencies and private organizations were there to discuss the employment needs of veterans. And, one of the key challenges that was identified was a need for more outreach to veterans and transitioning servicemembers about their rights under the ADA.

As an outgrowth of that 2011 meeting, we issued revised guides that also reflect the changes to the law created by the Americans with Disabilities Act Amendment Act.

The definition of "disability" is a concept that both guides discuss in detail. There are three prongs to the definition of "disability" under the ADA.

You either have an actual disability, we say, or record of a disability, or you are regarded as having a disability. Any of these three can create coverage.

We emphasize in our outreach to veterans that there is no relationship between the definition of "disability" under the ADA and how "disability" may be defined by the VA or other federal agencies.
Both of the guides discuss a number of common accommodations that veterans might need and discuss the concept of reasonable accommodation. Again, it's one that may be unfamiliar to veterans.

For example, a veteran with TBI might need extra time to complete a test associated with an application process. And absent undue hardship, an employer would have to provide that accommodation.

They may need exceptions to employer leave policies to allow them to continue treatment at the VA after they have been discharged, but maybe they still have follow-up treatment going on.

There are a number of employers who have very strict leave policies that disallow leave in the first few months of employment, for example. A reasonable accommodation might be an exception to one of those leave policies to allow someone to attend follow-up appointments, for example.

The guidance also discussed in some detail the ADA's restrictions on medical exams and inquiries. Because, again, this is so different, I believe, from the military context where medical examinations and inquiries are quite commonplace and relatively unrestricted.

We emphasize to veterans that, in the
civilian employment context, there are restrictions on exams and inquiries; and we try to educate them about what those restrictions are.

We've been increasing our outreach to veterans and transitioning servicemembers over the last couple of years.

We have worked with a number of federal agencies, some of which are represented at this table, in addition to some non-profit organizations, some of which will be here on a later panel as well.

I think moving forward, the big challenge for us is going to be to systematize our outreach to not only veterans, but people who are leaving the service to really try to educate them about the ADA.

To the greatest extent possible, we've focused so far on veterans and transitioning servicemembers with significant medical issues that will likely be disabilities under the ADA, but we would even like to broaden our outreach beyond that to all veterans even leaving through administrative channels, because we know some of them will have qualifying conditions under the ADA as well.

Again, I'd like to thank you for having this important hearing today, and I look forward to our discussion.
CHAIRMAN CASTRO: Thank you, Mr. Greene.

MR. GREENE: Thank you. Thank you, Mr. Chairman. Thank you, commissioners. I want to thank you for having HUD speak at this very important hearing today.

Those who serve in our armed forces make many sacrifices to protect the freedoms of Americans and our allies around the world.

When they return home, they should never have to sacrifice their own freedom, especially the right to live where they choose free from discrimination.

The Department of Housing and Urban Development is committed to ensuring that servicemembers and veterans have access to housing.

In several recent cases, HUD has vindicated the rights of servicemembers and veterans under the Fair Housing Act, a federal law that prohibits discrimination in residential real estate-related transactions based on race, color, national origin, religion, sex, familial status or disability.

While the Fair Housing Act does not specifically prohibit discrimination on the basis of veteran status, veterans are represented in the broad range of cases that HUD investigates.

This past February, HUD reached an
agreement with PNC Mortgage in Trumbull, Connecticut, settling allegations that the lender required a Navy veteran on paid maternity leave to return to work before the lender would approve her application for a Department of Veteran Affairs-guaranteed home loan in violation of the Fair Housing Act's prohibitions against sex and familial status discrimination.

Because PNC required the woman to return to work before approving the loan, the woman and her husband alleged that they could not close on their new home until a month later than they had planned and had to pay the seller an additional $3,000 for the delay.

Under the settlement, PNC paid the couple $15,000, revised its policy regarding its treatment of applicants on parental leave and agreed to review applications for VA-guaranteed residential mortgage loans filed in the last two years in the eight northeastern and Mid-Atlantic states and to identify and compensate applicants who were wrongfully denied.

In 2011, HUD charged a Utah homeowner association with discriminating against a Gulf War combat veteran with psychiatric disabilities when it refused his request to keep an emotional support dog despite medical documentation verifying his need for the animal.
The homeowners association also assessed fees and fines against the veteran for the time he had the dog and refused to renew the veteran's lease until he paid the charges.

In February 2012, the Department of Justice obtained a settlement in this case with the homeowners association that awarded the veteran $20,000 and required the homeowners association to implement a new reasonable accommodation policy and train its staff on the requirements of the Fair Housing Act.

And, in yet another case, HUD investigated allegations of housing discrimination against a veteran who uses a wheelchair due to a service-related injury.

The veteran moved to the Washington, DC, area with his wife, a retired Army medical technician, who had accepted a position with Walter Reed Army Medical Center.

They were accepted into a special program that makes surplus housing on military bases available to civilian contractors.

However, their assigned home at nearby Fort Meade was a two-story townhouse with no bathroom on the first floor.

Needing an affordable place to live, the couple agreed to move in with the understanding that they...
could transfer to a more accessible unit as soon as one
became available. Three months later they had not been
offered a transfer.

After HUD negotiated with the parties, the
Army's housing contractor allowed the couple to relocate
to a single-story townhome and provided a curb-cut and
designated parking space near the couple's new home.

Although these three cases reached a
positive resolution, the discrimination these veterans
faced is a reminder of how much still needs to be done
to overcome the challenges facing veterans and
servicemembers returning home from Iraq and Afghanistan.
Particularly, those with mobility issues and other
conditions that requires assistance.

No veteran or person serving on active duty
should ever be subjected to housing discrimination, and
HUD is committed to taking action whenever and wherever
it occurs. Thank you.

CHAIRMAN CASTRO: Thank you, Mr. Greene.

Mr. Boehmer, please proceed.

MR. BOEHMER: Good morning.

CHAIRMAN CASTRO: Good morning.

MR. BOEHMER: Chairman Castro and members of
the Commission, thank you for the opportunity to appear
today to discuss the Department of Defense's Federal
Voting Assistance Program and our work with uniformed services personnel, their families and U.S. citizens living overseas to vote in U.S. elections by absentee ballot.

As Congress and courts have repeatedly affirmed, voting is an individual's most fundamental political right.

Traditionally, voting is an interaction between individual citizens who receive, mark and cast a ballot and a state or local government that distributes, collects and counts the ballots.

Recognizing that absent members of the military, their families, and U.S. citizens living abroad face unique challenges to participating in U.S. elections, Congress created a set of protections to make voting in federal elections easier and more accessible.

These protections are codified in the Uniformed and Overseas Citizens Absentee Voting Act as most recently amended by the 2009 Military and Overseas Voter Empowerment or MOVE Act.

The Act ensures that military members and overseas citizens have ample time to receive, vote and return their absentee ballots by requiring states to send blank ballot to these voters at least 45 days before every federal election, and to allow them to offer the receipt
of that blank ballot electronically. The Act does not apply to veterans, unless of course those veterans live overseas.

While states and localities remain in charge of administering elections, the Federal Voting Assistance Program exists to help military and overseas citizens – excuse me – help military and overseas citizen voters overcome the unique obstacles they may face.

We are committed to two primary tenets; promoting the awareness of upcoming elections with a specific focus on the right of servicemembers and overseas citizens to vote using the absentee ballot, and eliminating the barriers for those who choose to exercise their right to vote.

Military members are provided the opportunity to apply for voter registration or request an absentee ballot at each transition point in their military careers.

Department guidance requires voting assistance to be included in administrative in-and-out processing activities of both reporting and detaching personnel.

Servicemembers transitioning out of the military are advised to notify their local election official of their change of status and are provided the
opportunity to register to vote.

We provide voting assistance every day. Voters seeking assistance will find a myriad of resources available, including a professional call center, well-trained voting assistance officers and an information-rich portal at FVAP.gov where voters can then find intuitive, automated tools to assist with completing voter registration and ballot application forms.

During the 2012 election, more than 880,000 voters used the site to download the federal postcard application which is used for simultaneous voter registration, as well as absentee ballot requests.

All of these resources are continually updated to reflect state-specific absentee voting rules and local election contact information.

To assist the military services to prepare for the 2012 election, the Federal Voting Assistance Program conducted in-person voting and voting assistance officer training at 81 locations worldwide.

We also developed self-paced online training resources for military voting assistance officers, as well as our state and local election administrators.

In coordination with the Office of Wounded
Warrior Care and Transition Policy and the U.S. Election Assistance Commission, we developed a specialized guide and checklist for voting assistance officers to address the voting-related needs of our wounded warriors.

We reach out to military and our overseas citizens by executing a comprehensive communication and media engagement plan. We can email all members of the uniformed services with a .mil email address.

During 2012, we sent out a total 18.4 million emails reminding servicemembers to register, to vote, and to request their absentee ballot. In total, our website received more than 20 million page views in 2012.

We also place print and online publications in military interest magazines and publications.

And, as social media has become prevalent, we are active on Facebook, Twitter and LinkedIn as well.

These efforts target our younger voters. Especially our 18 to 24-year-olds who make up a large portion of the military. And, like their general population counterparts, have less experience with voting and may be less familiar with the process.

In addition to assisting voters directly and supporting military services, the Federal Voting Assistance Program works with states and local election
administrators to ensure that they are aware of the federal requirements to support their efforts to improve services for our military and our overseas voters.

Since 2009, when Congress enacted the MOVE Act, more than 40 state legislators have enacted reforms to their state election code making the absentee process simpler and more accessible to our voters.

Just one example. For the 2008 presidential election, only 13 states emailed blank absentee ballots to military and overseas voters. In the 2012 election, all 50 states did so.

Additionally, beginning in 2011, we awarded research grants on a competitive basis to states and localities to examine the effectiveness of new electronic tools to assist military and overseas voters.

These grants are funding a wide variety of projects including online voter registration and online delivery of blank ballots. In total, we have awarded 25 million dollars to 35 grantees.

Voting is fundamentally an individual's choice and a personal responsibility.

But, for those members of the uniformed services, their families and our U.S. citizens living overseas who want to vote, I firmly believe that the voting resources that we provide have never been better.
Mr. Chairman, members of the Commission,

thank you again for this opportunity and I look forward
to our discussion.

CHAIRMAN CASTRO: Thank you. So,

Commissioners, you know, I will acknowledge those of you
who want to ask a question. I'll keep a list here.

What I would like to suggest is giving
preference to anyone who has questions for Dr. Jesse
before he leaves.

Are there commissioners who would like to
ask him a question? Commissioner Kladney followed by
Commissioner Achtenberg. And any commissioner on the
phone, speak up.

COMMISSIONER KLANDNEY: Dr. Jesse, I don't

know if - I couldn't hear you very well.

Disability adjudication, how is that coming
in terms of change within the Veterans Administration?

DR. JESSE: The adjudication process is, I'd

like to say, relative and straightforward, but it's
probably not.

It's first handled in the regional offices.
If a claim is awarded, things move forward. If there is
an appeal on that claim, that would go back through the
Board of Veterans Appeals, which is a series of judges
who then mediate those cases.
COMMISSIONER KLADNEY: I understand that. It's a pretty Byzantine process, I think, once you get into the appellate action.

But, the length of time that it's taking and I've heard reports up to - when you take appeals, up to 600 days.

And I've heard that the Veterans Administration is trying to put the medical records in some sort of electronic form.

But, when you see the files of the veterans, the medical records aren't even in order let alone some kind of cogent way to process them.

So, and I know that Congress has put some, for lack of a better word, pressure on the VA to start acting.

What is the timeline for actually shortening this down and getting a better resolution?

DR. JESSE: So, there's a couple different issues here. The VA health records have been electronic for over 20 years now.

COMMISSIONER KLADNEY: So, there's no problem with them?

DR. JESSE: No, no. So, the VA, the Veterans Health Administration, their health records have been electronic for over 20 years.
Many of the claims and particularly the ones that are taking a long time, are claims that date back or are coming from Vietnam era veterans' questions and involve their military records, most of which are not electronic.

One of the major initiatives going on right now is a complete data interoperability and integration of the military records, electronic records with the Veterans Affairs' electronic records, both the coherence of their health records, as well as a thing called VLER, which is the Virtual Lifetime Electronic Record that was announced by the president several years ago which would include also the service records. Because, fundamentally, when - many of the claims actually relate to injury, if you will, injury or illness that arose as a result of serving in the military.

The claims process is now being computerized. There is a program that the benefits - Veterans - VBA, Veterans Benefits Administration is rolling out, it's in well over half of the regional offices now, that's fully intended to speed that process up dramatically. And in some cases, we've been able to move beyond even the adjudication process as an example.

Secretary Shinseki made the decision in 2010, I believe, that markedly expanded the presumption
for illnesses related to Agent Orange. One of those being ischemic heart disease.

At that time, we were able to pull together a process where we could identify through the VA health record those patients clearly had ischemic heart disease and flag them and push those benefits out very quickly.

The issues get difficult when the records are, I'll say, scattered, meaning they have to come from multiple sources.

The other thing that's being done now, too, is that disability evaluations are being structured in a process that actually allows physicians, clinicians whether they be VA, whether they be through even private physicians now, to structure a disability exam in a way that all of the information that's required to meet that claim will be there, because the biggest problem is claims coming forward that aren't complete.

So, they have to go back and further request for more information, and that creates part of the problem.

COMMISSIONER KLADNEY: Has the VA ever thought of an interim award of benefits pending a final resolution -

DR. JESSE: So, there is -

COMMISSIONER KLADNEY: - because it's -
DR. JESSE: Yes, there is now actually a process moving forward that gives essentially a provisional award that can get the process moving. And then, it will be, you know, a final adjudication.

COMMISSIONER KLASDEY: Is that for every claimant, or just those that are presenting -

DR. JESSE: I don't know that it's for every claimant.

COMMISSIONER KLASDEY: You're not aware of how it works?

DR. JESSE: I can't tell you for certain that that's true.

COMMISSIONER KLASDEY: Thank you, sir.

CHAIRMAN CASTRO: Commissioner Achtenberg.

COMMISSIONER ACHTENBERG: Thank you, Mr. Chairman.

Dr. Jesse, I'm particularly interested in the health disparities that you referred to in your testimony.

I'm wondering if you could elaborate on that part of your testimony and talk specifically about the disparities that do exist that the Department is currently aware of, and what kinds of interventions to reduce or eliminate those disparities you are currently aware of, and whether or not you could direct this
commission's attention to studies that have been done that validate with data those - the existence or nonexistence of those disparities, which data we might be able to - you might be able to provide us within a subsequent submission that we might be able to examine in greater depth.

DR. JESSE: So, let me respond to that by making a clarifying comment. The term "disparity" in the sense that it is used in health outcomes research is not a value-loaded term, meaning that it's describing a difference.

And often, those differences are explainable, often they are expected, and many times they're not.

And, I think the difference between equity and why we use that specific term is that when there is a disparity that - when there is a difference that is explainable, is expected, can be given a reason, we need to know that. We need to understand that.

But, when it exists because a patient, a veteran, an individual is treated differently because of who they are versus somebody else and is not receiving that same level of care, that's not acceptable.

And so, we look carefully for disparities for differences, because we want to know where they...
exist. We want to understand them. And, if it is an issue of equity, we want to ensure that we correct that.

So, I'll give you a simple example. When so, I'm a cardiologist. And, I - my first role in the national level in VA was as the National Director of Cardiology, because a GPRA, a government program review, looked at heart attack care in the VA relative to care outside.

And, there were some differences in mortality which was not as good in the VA as it was in - compared to the Medicare population. And when we looked carefully at that data, a couple things came out.

The first was that veterans tended to travel longer distances for their care. And, for patients suffering a heart attack, time is - time is muscle, as the saying is, meaning the faster one gets treated, the better.

So, distance became an issue. So, how do you ensure that patients having heart attacks get care as quickly as possible became an important part of that.

And then, secondly, that we did fewer procedures in the African-American population than we did in the Caucasian population, and that became the headline.

But, in a sense, it was interesting because
there was complete equity in all of the evidence-based therapies, meaning they had the same number of stress tests, they had the same number of diagnostic tests as indicated, but they had fewer surgeries, bypasses and fewer stents – actually, angioplasties at the time.

And so, the question was why, but the really interesting thing is, is that the mortality in the African-American population was actually lower, better than in the Caucasian population.

And so, that difference in the number of procedures was explainable based on the basis of the disease, not as that they were being treated differently because they were African-American versus Caucasian.

There are many instances we can't explain those differences when we find them, and that's our intent. And, we look very carefully to try and understand why so we can correct that.

So, you asked for data. There is a lot of data. We have – VA, as you probably are aware, is among the more prolific in research in health services delivery.

In trying to understand this, we have an office, the Center for Health Equity Research, for instance, a number of specific centers whose purpose it is, is to do exactly this type of research.
So, there is a long list of publications which I can't cite you now, but I'd certainly be glad to provide if you would like to move into that area further.

But, again, you know, we look for differences. Often, they are justified and explainable, not — and they are not — it's not an issue of an inequity. It's simply a difference.

But, we need to make absolutely certain when we see a difference that we can explain why. And, when it is an inequity that we deal with it.

COMMISSIONER ACHTENBERG: Well, we're very interested in making that same assessment.

So, your offer of additional information from your equity division, I think —

DR. JESSE: Sure.

COMMISSIONER ACHTENBERG: — our staff would like to take you up on that.

DR. JESSE: Okay. So, I guess someone from your staff will reach — you have my contact number and —

COMMISSIONER ACHTENBERG: Yes.

DR. JESSE: Okay.

COMMISSIONER ACHTENBERG: I think that would be extremely important. I think that is one of the questions I believe this commission is going to want to
Consistent with that, could I ask an additional question or do you want me to -

CHAIRMAN CASTRO: Yes, one more and then -

COMMISSIONER GAZIANO: And then, Mr. Chairman, if there is an opportunity for me, too?

CHAIRMAN CASTRO: Okay. We're also going to want to try to get the doctor out of here on time. He's got five minutes left.

COMMISSIONER GAZIANO: Oh.

CHAIRMAN CASTRO: All right. You're going to ask a quick question.

COMMISSIONER ACHTENBERG: I just wanted to ask a quick question on gender-specific care capacity.

Are you satisfied with the progress - you identified that you've made substantial progress in addressing the particular needs of female veterans?

Are you satisfied with the progress? And, if not completely satisfied, what additional actions would you have the Department take in order to well address the particular needs of female veterans?

DR. JESSE: The Women's Veterans Program in VA, I think, has done absolutely astounding work in a relatively short period of time. An incredibly dedicated group of people. The leadership is
magnificent. The field has been incredibly responsive.

We've invested millions of dollars in physical improvements to make the environment both suitable, but also welcoming to the female veteran.

So, that program in itself I am very pleased with. I think it's an absolute shining star in the Veterans Health Administration.

Now, am I satisfied that the work is done? And the answer is no. There are, you know, the more we do, the more we learn.

We, you know, obviously have a very dynamic population with the post-9/11 veterans, you know. It's now, I think, 25 or 30 percent female. So, the veteran population is coming in, in proportions that we have not experienced before.

And so, ramping up to take care of that has been important, but it also changes the age-specific needs of the women veterans.

So, we're now having to deal with issues like pregnancy. We're having to deal with issues and there's actually legislation moving forward to deal with reproductive - assisted reproductive technology for both women and their - and the husband, male veterans.

And, these are areas that are new to us, often requires both regulation and legislation to fix,
if you will, but it's areas that we're committed to, we're dedicated to and we will work through.

So, the answer is I think the program itself is incredible. They've done magnificent work literally over about the past five or six years. And, there are new things that we're working on and we will continue in our commitment to serve the women veterans.

COMMISSIONER GAZIANO: Mr. Chairman, I had a question. Instead of a question for Mr. - for Dr. Jesse, if possibly before he leaves I could at least interject a quick statement?

CHAIRMAN CASTRO: Okay. He's going to stay a little longer. So, we're going to take this in order, because there are other commissioners here.

COMMISSIONER GAZIANO: Okay. If he can stay, that's fine, but my question was addressed to him.

COMMISSIONER KLABNEY: I understand Dr. Jesse has to leave. I'm going to have a few more questions. What I would like to do is submit them in writing after the hearing if we could leave the record open for that.

CHAIRMAN CASTRO: Great. Thank you. That will be fine. Commissioner Heriot.

COMMISSIONER HERIOT: I really have more of a comment than a question.
The Commission actually did a report on healthcare disparities, both disparities in treatment and in outcomes, a few years ago which I found very enlightening. And, with your permission, I'd like to send it to you.

The comment that you made that relates to it is the comment about rural clinics, because a lot of the evidence that we looked at suggested that some of the disparities that on the surface look like racial disparities, are, in fact, really urban versus rural where in some parts of the country, some rural parts of the country regardless of whether one is black or white, it's a little more difficult to get top healthcare.

So, I basically commend the Veterans Administration's efforts to look into the rural/urban imbalance.

DR. JESSE: Thank you. This is actually really important to us. We are the only healthcare system in this country who provides - who must provide care to people where we don't have a physical presence.

We cover the entire United States. Any other healthcare system covers the area where they have a physical presence.

And, we have - are literally, I think, at this point, probably the leaders in the world in the
development and deployment of — and I'll use the term "connected health," because it's not just telehealth. There's a number of modalities one can use to engage patients from afar.

It's work that we're very excited about. The Department is very supportive of this as in many respects the future of healthcare. So, thank you for the kind words.

CHAIRMAN CASTRO: So, I will ask a question. Then Commissioner Yaki. And then, we'll go to Commissioner Gaziano. And then, that will be it so that Dr. Jesse can do.

COMMISSIONER YAKI: I just — my question isn't particular to him.

CHAIRMAN CASTRO: Okay.

COMMISSIONER YAKI: So, if you just want to get the Dr. Jesse’s questions out of the way —

CHAIRMAN CASTRO: Okay. That's great.

Thank you, Commissioner Yaki.

So, you know, Dr. King said of all the forms of injustice, the most shocking and inhumane is disparity in healthcare.

And, I worked in the healthcare industry for a number of years myself. And, one of the issues that you raise in your statement is the issue of cultural
competency and the trainings that are done by VA, but I think a big part of that is also having medical professionals and particularly doctors that are from the culture and from the communities of the patient base.

And, could you talk a little bit about where the VA stands as it relates to that?

DR. JESSE: So, in terms of culture competency, our origin, I guess, for lack of a better word, I'll come back to, but let me just say that whatever we as physicians get in the course of our training when people come to work in the VA system, this is something we take very seriously and we provide all our clinicians with additional training including the cultural competency of working with a veteran.

And that goes across all bounds of race and ethnicity, because veterans almost always have unique experiences and unique needs. And, in some respects, almost speak a different language that has to be understood.

So, for instance, it's different whether you ask the question, are you a veteran, versus, have you ever served in the military. You'll get different answers.

The VA is the, I'll say, the largest trainer of healthcare professionals in this country.
That's a broad statement, but the bottom line is about 70 percent of healthcare professionals receive some part of their training in the VA system.

So, we support the training of physicians and nurses and psychologists and psychiatrists and a broad number of healthcare professionals in a very large way.

We also work very hard to ensure that we can have the right people in the right place. And, frankly, one of our real challenges is getting the services we need in the more rural areas.

And, as I'm sure you know, HRSA has a great program for both supporting the training and placing physicians in rural areas and we have been working with them to help fill out the VA system.

But, in terms of specifically, you know, looking at who goes where, I think it's an issue more of competence rather than African-American versus Caucasian, versus Asian Islander.

Although, except in the one area, it does seem that in the women's health system there is a greater preference for having women - female physicians in many of those areas and that is actually something that's happening.

CHAIRMAN CASTRO: Thank you. Commissioner
Gaziano.

COMMISSIONER GAZIANO: Thank you. And thanks to all the panelists, but I will try to direct a brief comment and maybe just one question to Dr. Jesse if he has time.

I do join my other commissioners in thanking VA for making studies and data available to our staff. I question our ability to properly reanalyze data that the VA has been trying to analyze.

My brother - all my brothers are doctors, but one of them is a - two of them are cardiologists, and one of them is a cardiologist who works part-time at the VA and I know just how sophisticated your studies are.

As currently constituted and as short-staffed as we are, I don't think we have the expertise, but what I would suggest - or to reanalyze them, what I would suggest is that we might - it might be productive for us to at least note and publish the studies that the VA and others have already completed in this area.

Then, if commissioners want to try to comment on their own as to what they mean, they're free to do so.

In my questioning, I was going to maybe ask you a hypothetical or two, because I know you're looking
for reasons why disparities based on race, gender, ethnicity might exist.

Commissioner Heriot suggests that just one of many - I'm going to just ask one hypothetical and ask you to sort of pretty broad, hopefully, comment on it.

Interestingly, diet is sometimes - and other sort of lifestyle factors correlates with an ethnic or racial population in a particular part of the country.

And that lifetime diet might, obviously, or, I would think, and this is what I'm asking you to comment on, affect cardiovascular disease.

And, two people who may present with somewhat similar symptoms or somewhat similar incidents, may have a different, you know, underlying health status and it has very little to do with the fact that they were in the military or served.

Is that, or factors like that, that could be one possible reason for differences in cardiovascular disease and then in outcomes?

DR. JESSE: So, I think the answer to that question is exhibited if you look regionally across the United States just in the difference of, say, the instance of stroke where, you know, we talk about the southern eastern states being the stroke belt of this country. So, yes, diet has a huge impact.
We, you know, I mentioned that it's not just healthcare that we provide, but social services as well. But, you know, trying to talk to patients about – not just talk to them.

Trying to ensure that patients approach diet as every bit as important part of their management of their chronic diseases as any pill we might give them, is something the VA has been doing for quite some time now, but is even more engaged in moving forward.

So, as an example, a couple years ago – we counseled people in nutrition all the time. It wasn't really making a difference. And, our concern was that it wasn't making the impact that we knew we needed to make. So, we began to establish what we call were test kitchens.

Essentially, it's one thing to tell somebody what to eat. It's another thing to teach them how to shop and how to cook.

And so, we've been rolling these out, because that's a much more fundamental knowledge base than saying, you know, don't fry foods and, you know, stay away from cholesterol.

But, particularly in different parts of the country, access to fresh vegetables is a problem.

We know that in the deep urban areas they
can literally be, you know, fruit and vegetable-free zones. And, you know, how do we encourage the right kinds of diets?

And, this is a national issue, you know. How do we bring the right kinds of food in an affordable way into the inner cities is - this is a national issue, but we're very attuned to this and it's part of the type of how we interact and work with our patients.

As I said, you know, the VA's goal is to practice personalized preventive and patient-driven care trying to move the healthcare equation away from the find-it-faster, you know, doing all the high-tech things moving much more into a preventive and personalized mode.

And that includes having patients be much more engaged and understanding their health, understanding that health is a personal attribute and not something that you can buy, and that helping them understand how to manage their chronic diseases better.

And so, we're very committed to this, but there are regional differences. A lot of the diseases that we see didn't start in the military or even after the military.

They're a consequence of, you know, not just an individual's genetic basis, but also their lifelong habits and histories.
COMMISSIONER GAZIANO: Thank you very much. Let me just, if you don't mind, two very quick comments. First of all, I have read some who dispute the healthy food desert hypothesis. But, to the extent that it exists, it's not a government problem.

But, I also want to thank you in your earlier answer to - I think it was Commissioner Achtenberg's question talking about how health outcomes are actually better for certain minority or ethnic populations who receive fewer surgeries or interventions. I'm at least vaguely aware of that.

And, medical professions have to study that, but maybe the do-no-harm rule is actually accruing to certain people's benefits.

But, I thank you on your conclusion for your work, and I thank the other panelists for their good work in this area.

CHAIRMAN CASTRO: Thank you. And so, thank you, Dr. Jesse. We appreciate your coming. We know you have to leave. We will now begin to question the other panelists.

And also, to the point that Commissioner Gaziano mentioned, actually our Illinois State Advisory Committee did do a report on food deserts in the Chicago area where it does indicate that particularly in
African-American communities, more so than other ethnic communities in Chicago, there are huge issues of access to fresh and healthy foods. So, you can find that on our website.

Any commissioners have other questions? I know I have some. Commissioner Yaki, go ahead.

COMMISSIONER YAKI: Yes, thank you very much, Mr. Chair.

When I look at the enlisted military today, I guess the stats are somewhere around that it's 18 percent African-American, 12 percent Latino, four percent Asian-American, 15 percent are women. I like data. I really do. I look at it and take big swats at cuts of data.

I'd like to know for each of your programs, I know that you're looking at it from the standpoint of a veteran or in your - purely veterans. But in your case, they are people who happen to be veterans applying for EEO for these specific programs and you have other programs as well.

Do you keep data that takes a cut at not only are they veterans, but what ethnicity are they or if they are - are they also veterans?

And, I guess the question I'm asking, the reason I'm asking that is because given the data, given
the size of each population that's in a protected class that is part of our mandate as the U.S. Commission on Civil Rights, I'm interested to know whether there is any disproportionate impact - disproportionate number of people applying for, not applying for, turning down, on waiting lists, what have you, for your different - for all your different programs, I guess, with the exception of the voting one which is probably - I have different questions for that.

But certainly for Labor, for EEO and for HUD, I am very curious to know if you keep that kind of data available.

MR. TORRANS: Labor, we don't. With the employment programs, we don't track that.

We do look at disabilities and things like that, but not any of the Title 7 criteria.

COMMISSIONER YAKI: And in disabilities, do you keep ethnicity data at all?

I mean, disability is also one of our protected classes as well, but I also like - again, I like data. I like to dig into things a little bit.

MR. TORRANS: Right. No, we don't. The data that we do maintain is required by statute and it's reflected in our USERRA annual reports to Congress.

The next one should be out hopefully towards
- hopefully in July, possibly later.

COMMISSIONER YAKI: Ok. Thank you.

MS. ALEXANDER: We do collect a significant amount of data about the people who file charges with the EEOC.

We do have data on race and national origin and gender, the individual disabilities at issue in an ADA charge, for example, in addition to the particular issue raised whether it's failure to hire or a promotion or what have you.

What we don't keep at EEOC is veteran status. So, we do not have a way to cut our data that would tell us which of our ADA charges, for example, raising PTSD, would be veterans. Veteran status is not something we currently collect.

COMMISSIONER YAKI: But, you have data that says if you have someone who is raising a claim under the statute, and they are African-American or Latino or disabled, does it also indicate whether or not they are veterans or not?

MS. ALEXANDER: No, we do not track veteran status. No, sir.

COMMISSIONER YAKI: Okay. That's interesting.

CHAIRMAN CASTRO: And let me just ask the
reason is that you do not cover veterans.

MS. ALEXANDER: That's correct. We don't have veteran status as one of our protected bases.

So, we collect a lot of data about each of the categories that EEOC's laws govern, but veteran status is not one of them.

COMMISSIONER YAKI: I'm getting the word "silo" just sort of appearing in my mind here.

CHAIRMAN CASTRO: Yes.

MR. GREENE: Well, with respect to our civil rights enforcement at HUD, as I said, the Fair Housing Act prohibits seven particular bases which does not include veteran status.

So, we collect data specific to the bases of discrimination that people are alleging. And so, we wouldn't typically have data on veteran status.

We do publicize our settlements and our charges. And so, I know of cases involving veterans largely because, you know, when we are publicizing those cases and creating summaries, you know, we provide background on who the persons are.

And, in that context, we learn or, you know, have information regarding veteran’s status, but we would have to sort of manually tabulate that.

So, it - since veteran status was not the
basis for the complaint even if the person was a veteran and the context of the case may have –

COMMISSIONER YAKI: And, for the record, as someone who knows how HUD works at the local level pretty well, do you require any record-keeping of housing authorities, of people who are running HUD-subsidized programs at the local level about their wait lists or their profiles that not only cuts by ethnicity, but also whether or not they are veterans or not?

MR. GREENE: Right, right.

COMMISSIONER YAKI: I guess what I'm sensing here and maybe it's – is that getting to the core – getting to a core issue about how we can make some – determine the recommendations with regard – not just to veterans as a whole, because we all care about the veterans as a whole, but in terms of our charge for people who are within the charge of the U.S. Commission on Civil Rights, I'm sort of getting the impression that the data would be very, very hard to find.

MR. GREENE: Well –

COMMISSIONER YAKI: But that being said, on the local level do you require local housing authorities or operators of what used to be 223 and other types of programs, 203, 223, whatever they're called, I used to know them, to keep breakdowns of their population, their
waiting list by ethnicity, but also whether or not there
is a veteran status as part of that?

MR. GREENE: Well, yes. So, there was a
second part to what I was going to say that so for civil
rights, you know, we only collect information with
respect to the basis, but then we have programs.

Actually, we have programs that are
specifically tailored to veterans.

COMMISSIONER YAKI: Right.

MR. GREENE: We have homelessness programs
and supportive housing programs. And there, there is
some rich data. And, there is some rich data with
respect to some of our other programs regarding one's
veteran status.

So, there's a fair amount of data there in
terms of the housing service that's provided to veterans.
But, because the civil rights laws don't currently
protect veteran status, we don't have it specific to our
complaints.

COMMISSIONER YAKI: But do you -

MR. GREENE: But we can -

COMMISSIONER YAKI: But your veteran center
may have ethnicity or gender or other types of data that
might be helpful to us if we were to take a look at it?

MR. GREENE: Sure. So, we do have - we have
data. So, among the cases that we have where we have obtained settlements and charges, we can pull together data regarding veterans in those cases.

COMMISSIONER YAKI: Okay, thank you.

COMMISSIONER ACHTENBERG: I seem to be asking the opposite of that question, which is with regard to your homelessness data where -

MR. GREENE: Okay.

COMMISSIONER ACHTENBERG: - you do collect statistics about veterans because these are specifically focused on alleviating homelessness in the veteran population, can we extract from that?

Is there racial data that goes along with that or gender?

MR. GREENE: There is. And so, every year we put out an annual report to Congress on fair housing. And, as required in the Fair Housing Act with respect to all of the other programs that are administered by HUD, we provide demographic breakdowns of who the beneficiaries are of that data - of those programs.

Now, one of the questions I could not answer off the top of my head is whether - how it intersects.

So, for example, we may have a dataset on what percentage of, say, homelessness or people benefit from homeless programs are of different racial groups,
et cetera.

I don't know whether then within that subset you can say and what percentage of those specific persons are veterans, but we would know perhaps overall what percentage are veterans.

So, I can look at that, but there's a fairly rich dataset for all of our programs on demographic data.

And, you know, there may be some intersection between veterans and the other demographic data when you break it down.

COMMISSIONER YAKI: And, just one quick additional comment, Mr. Chair. With regard to DOL, I just find USERRA - the USERRA statute, I think, is one of the most important statutes, protections that servicemembers have when they go off to serve.

And, anecdotally, you know, you read about situations where that right of return isn't - and you obviously have to get involved in that, but I would really be curious to know whether or not how that cuts across in terms of race and gender and disability.

It just strikes me as something that is important to know given how - given the fact that we have an entire agency devoted toward the fact that people are often denied a job because of their ethnicity, because of their race, religion, because of their disability.
In fact, we have an actual statute in DOL that protects servicemembers and then, you have to adjudicate cases where people come up against that and not have it.

I just find it puzzling and something that I think that we need to take a look at, because I think it's important to know whether that statute is not - is not being observed as much.

I'm not saying whether it is or isn't, but it would be interesting to see what the data says about how that statute is or is not being used with regard to the protected classes that are part of our jurisdiction.

CHAIRMAN CASTRO: I have a question for each of you. Ultimately, what we hope to do here is prepare a report with some findings and recommendations that we send to the President and to Congress.

I would ask each of you to, if you could, tell us one or two things from your agency, your perspective that maybe your agency does, but could do better as a best practice or something that you're already doing that needs to be different.

Something that you could recommend to us that would make an important difference so, hopefully, we could get a majority of our commissioners to present to the President and Congress.
COMMISSIONER YAKI: Other than repeal the sequester.

CHAIRMAN CASTRO: Yes, we all agree on that.

MR. TORRANS: That was very good.

Well, we have — we do very good investigations. We do — we have subpoena power, you know. USERRA investigation is primarily — is complaint-driven — complainant-driven.

So, unlike any other investigation which may arise from a — which may arise from a pattern in practice or something like that, these have to — in order for us to be able to get engaged, a claimant actually has to file a formal complaint.

Now, there is a bill pending on the Hill right now that will allow the Justice Department to look for patterns and practices and will give them authority to look at, investigate and bring suit against those.

Now, that is one thing that we've commented on before. We actually mentioned it in our FY 2011 annual report to Congress and talked about it.

It didn't pass that time, but it's up again. And that would — I think we do believe that would strengthen the statute.

MS. ALEXANDER: At EEOC, I think in the last couple years, we've made some good strides in terms of our outreach to not only veterans, but transitioning servicemembers. So, people who are on their way out.

And, we really try to emphasize people who are on their way out of the service and are looking to go into civilian employment as opposed to, say, go to college or something else, but there are an enormous number of government entities that sort of touch people on their way out of the service depending how you're going out whether you're going out as a result of a medical discharge or some other means.

I think the challenge for us moving forward is to have a more systematic approach to ensuring that every person leaving the service and on their way out into civilian employment gets some exposure to the ADA.

It is so - the ADA is so different from how disability is treated in the military environment. And, I think, you know, the dream I would have, the thing I would love to see us figure out how to do is, you know, to make sure no matter how you're leaving the service whether you're just having an administrative discharge or going through TAP, whether you're going out through a Warrior Transition Command unit, because you have medical issues and you're receiving treatment on your
way, no matter how you go out, I think you should get just
some very basic information about the ADA so at least
there's some glimpse of recognition when you enter the
civilian workplace of what right looks like.

CHAIRMAN CASTRO: Let me just quickly ask
you, would you be supportive of adding veterans as a class
that you would protect?

MS. ALEXANDER: I'm not at liberty to express
the position of the Commission on potential legislation,
but you're welcome to pose it to the Commission in the
future.

CHAIRMAN CASTRO: Thank you. Mr. Greene.

MR. GREENE: Yes. We do a fair amount of
outreach currently to the veteran population, but it's
fairly ad hoc, and I think we could probably do this more
formally and do it in greater coordination with the VA
and with the Defense agencies.

Obviously, veterans and active
servicemembers move a fair amount. And so, with every
housing transaction, there's always the prospect that
someone can face discrimination.

A large percentage of the cases that we do
have involving veterans involve discrimination against
persons with disabilities as well.

And so, I think to do more formal outreach,
more coordinated outreach to that population to let them
know of their fair housing rights is something that we
can do better.

And then, finally, on the issue of data
collection, I think we can probably do something to
better integrate the veteran's data into our data
collection so that we aren't doing it manually even if
it isn't currently a prohibited basis under law.

CHAIRMAN CASTRO: Thank you. Mr. Boehmer.

MR. BOEHMER: It seems like awareness is key
here this morning. The federal voting assistance
program after the last couple of years has spent time and
resources developing this suite of tools that I discussed
in my statement.

I look at it as a toolbox. It's a toolbox
of resources that our voters can use depending on how they
want to receive information.

And recently, through our data, we know that
voters who touch those resources and who use those
resources cast their ballot at greater rates than those
who didn't touch those resources. So, awareness for us
really is key.

During the 2012 election cycle, we really
stepped up those efforts in terms of our communications,
our engagements. But, we know going forward into the
2014 election cycle and looking even greater to the 2016
election cycle, that awareness and letting folks know
about the resources they have available will be really
important in order for us to get our messages out.

CHAIRMAN CASTRO: Thank you. Commission
Kladney, and then that will be the last question, because
I think we're at 11 o'clock now.

COMMISSIONER Kladney: First of all,
Commissioner Yaki actually brought this to my attention
this morning.

And, I'd like to apologize because later in
the day we're going to have advocacy groups that are going
to come in and talk about your programs or lack of your
programs or things like that and you won't be able to
respond to them. And, I was wondering perhaps if we
could leave the record open for you to be able to respond
should you feel the urge to do so.

Mr. Greene, I'd like - you spoke that you
don't do things and keep track of veterans specifically.

Do you do survey of the homeless throughout
the country on a regular basis to see how best to respond
to them?

MR. GREENE: Right. So, I was speaking
about the civil rights function not collecting this data.

But, in terms of the other programs that HUD has, we have
that data because HUD is a service provider specifically for the homeless and specifically for homeless veterans. So, there is -

COMMISSIONER Kladney: Right. Can you describe the VASH program? I mean, you only provide 10,000 units a year for veterans and it seems to me like we have a lot more people who need housing than that that are veterans.

MR. GREENE: Right. Well, I know that is a priority for the VASH program to better serve veterans.

COMMISSIONER Kladney: Well, 10,000 units a year, I mean, compared to Section 8 housing, it's tiny.

MR. GREENE: Right. Well, I will - I will take that under advisement and make sure -

COMMISSIONER ACHTENBERG: He didn't do it.

COMMISSIONER Kladney: I'm not blaming him. I'm asking him a question.

(Laughter.)

COMMISSIONER Kladney: I'd also - I'd like to ask you all - the chair asked about adding veterans as a special group to your mandates.

So, but right now your mandates are race, disability and sex; isn't that correct?

So, if you were to - if you were to add veterans, you would be adding what? Anybody have an
answer?

MS. ALEXANDER: I mean, I presume that the question the Chair was posing was having veteran status as a protected status.

CHAIRMAN CASTRO: Yes.

MS. ALEXANDER: So, currently we have race, color, religion, sex, national origin, age, disability -

COMMISSIONER KLADNEY: Right.

MS. ALEXANDER: - and genetic information are the ones the EEOC covers. So, veteran status, presumably, would be a potential additional basis.

CHAIRMAN CASTRO: And, Commissioner Kladney, certainly every veteran has a race, a sex, a gender, et cetera.

But, for example, in Illinois, our Human Rights Act which is essentially our civil rights law, provides protection for veterans as veterans. So, if they're being discriminated, because of the fact that they're veterans.

So, that's really the issue I'm putting towards -

COMMISSIONER KLADNEY: You mean because they were in the military -

CHAIRMAN CASTRO: Yes.
COMMISSIONER KLADNEY: - they were being discriminated against. That would be, I mean, I'm just having -

CHAIRMAN CASTRO: Yes.

COMMISSIONER KLADNEY: - difficulty getting my arms around that. I mean, if it's because they're disabled, they're covered. I mean, if it's because they're a certain race or gender, they would be covered.

CHAIRMAN CASTRO: You know, for example, and I'm sure folks here later in the panel could talk to this as well, sometimes employers don't want to have military working for them, because they know they're going to leave. And, they make come back after service and it presents a problem for their employment situation to have employees that are going to come and go and have to accommodate their return. So, issues such as that, you know, we've seen.

And some folks who may have other issues coming back, posttraumatic stress disorders, folks may not want veterans to be in their housing, because they're concerned about those issues.

Certainly there's the disability issue, but it's really the veteran status which is the first filter that is being used as an element of discrimination.
So, we've certainly seen those issues in Illinois.

COMMISSIONER Kladney: And, Mr. Greene, one more question.

MR. GREENE: Sure.

COMMISSIONER Kladney: With your section 8 housing, how many veterans do you serve?

Do you have that figure somewhere?

MR. GREENE: I suspect we do.

COMMISSIONER Kladney: Could you provide that to us?

MR. GREENE: Sure.

COMMISSIONER Kladney: The total and then how many veterans.

MR. GREENE: Sure.

COMMISSIONER Kladney: Thank you.

Chairman Castro: Well, we're going to conclude Panel 1. I want to thank each and every one of you. This was excellent.

We appreciate all the information that you've given today and we're looking forward to the additional data that you will send us. So, thank you very much. Appreciate it.

And then as Panel 1 steps down, we're going to ask Panel 2 to begin to make your way up here.
(Pause in the proceedings.)

CHAIRMAN CASTRO: Commissioners, we'll take a couple-minute break and then come right back.

(Whereupon, the proceedings went off the record at 11:04 a.m. for a short recess and went back on the record at 11:10 a.m.)

CHAIRMAN CASTRO: Commissioner Gaziano and Kirsanow on the phone?

COMMISSIONER GAZIANO: Yes, I'm here, Mr. Chairman.

CHAIRMAN CASTRO: Okay.

COMMISSIONER KIRSANOW: I'm here, Mr. Chairman.

CHAIRMAN CASTRO: Thank you. So, we're going to now begin our second panel. Let me begin to introduce our panelists here.

Our first panelist is Heather Ansley, vice-president of Veterans Policy for VetsFirst and co-chair of the Consortium of Citizens with Disabilities Veterans Task Force.

Our second panelist is Albert Gonzales, national commander with the American GI Forum.

Our third panelist is Wendy McClinton, president and CEO of Black Veterans for Social Justice.

And, our fourth panelist is Danny Ingram,
I am going to ask each panelist to please swear or affirm that the information that you are about to provide us is true and accurate to the best of your knowledge and belief; is that correct?

GROUP RESPONSE: That is correct.

CHAIRMAN CASTRO: And, were you all here earlier when I explained the system of warning lights?

GROUP RESPONSE: Yes, sir.

CHAIRMAN CASTRO: Okay, great. So, then we will now begin. Ms. Ansley, please proceed. Thank you.

MS. ANSLEY: Chairman and commissioners, thank you for the opportunity to present information about protecting and promoting the civil rights of disabled veterans.

VetsFirst, a program of United Spinal Association, represents the culmination of over 60 years of service to veterans and their families.

As a veterans organization, our primary mission is to ensure that veterans with disabilities are able to reintegrate into their communities after acquiring a disability.

To ensure that veterans have access to VA benefits, VetsFirst provides direct representation to
assist them in applying for benefits and administers an online portal through which anyone can submit a question that will be answered by a trained veterans service officer.

Through this and other outreach we assist thousands of veterans and their families.

VetsFirst also provides extensive legislative and executive branch-focused public policy advocacy on behalf of disabled veterans.

Our public policy work is guided by three core principles. One, promoting community integration and independence. Two, ensuring timely access to quality VA healthcare and benefits. And three, protecting the civil rights of disabled veterans as people with disabilities.

The remainder of my testimony will focus on four areas that we believe should be addressed to protect the civil rights of disabled veterans.

First, VetsFirst believes that VA programs and policies must allow disabled veterans to receive long-term services and supports in their homes and communities.

Providing increased access to VA home and community-based services and ensuring proper supports for caregivers are critical to ensuring the rights of
disabled veterans to community integration.

Without these and other types of supports, many disabled veterans would be at risk of institutionalization.

The United States Supreme Court has held that the Americans with Disabilities Act, or ADA, requires that long-term services and supports for people with disabilities administered by public entities be provided in the most integrated setting.

We believe that VA must be more robust in efforts to rebalance their long-term care system.

Rebalancing refers to efforts to provide additional services, home and community-based services by shifting resources from institutional services to ensure a more balanced approach to the provision of long-term services and supports.

Programs like VA's veteran-directed home and community-based services program represent a good way to provide long-term services and supports for people with disabilities.

This program allows veterans flexibility in managing a budget through which they are able to purchase long-term services and supports that they need to be independent.

It also represents an important step toward
fulfilling their promise of community integration.

    We hope that this program will continue to be expanded and that disabled veterans will be educated about its benefits.

    Second, VetsFirst believes that we must increase access to housing and communities for disabled veterans.

    Through the years, we have worked with the Department of Housing and Urban Development, or HUD, to ensure access to homes and communities.

    We believe that HUD has an important role to play not only in ensuring compliance with accessibility and non-discrimination requirements found in the Fair Housing Amendments Act of 1988 and Section 504 of the Rehabilitation Act of 1973, but also in promoting visitability.

    Visitability is a design concept that allows people with disabilities to be a part of their neighborhoods and communities by integrating a minimum level of accessibility in housing units that are not covered under Fair Housing or Section 504.

    For example, we are working with HUD's Office of Sustainable Housing and Communities on helping grantees to include people with disabilities in required planning processes.
These efforts are important to broader community requirements to affirmatively further fair housing.

We are also, however, working with HUD to promote visitability to these grantees. We believe that these efforts are key to increasing access to the built environment for disabled veterans.

Third, we believe that we must increase access to transportation options. Over the years, our advocacy has led to numerous victories that have increased access to public transportation for all people with disabilities. However, we know that barriers remain that prevent transportation equity.

For example, we are actively working to increase the number of wheelchair-accessible taxicabs in New York City, Washington, D.C., and other metropolitan areas.

We are also working to ensure that individuals with other types of disabilities are not discriminated against when seeking access to a taxicab such as people with disabilities who use service animals.

Expanding access to transportation options is key to ensuring access to healthcare and opportunities to participate in the community.

Lastly, we believe that we must increase
access to employment and education opportunities.

Veterans with disabilities like other people with disabilities, face barriers to employment that include misinformation about disability and misperceptions about required accommodations.

Disabled veterans often remain a distinct segment of the disability community, however, which challenges disability rights advocates traditional avenues of outreach and communication.

Veterans who have disabilities related to their service will likely not be as familiar with the disability community or programs generally available to people with disabilities and are more likely to rely on VA for services.

For the broader disability community, the ADA serves as the primary statutory force of protection against discrimination due to disability in employment, purchasing goods and services and then receiving state and local government programs and services.

Disabled veterans may be less familiar with the protections offered by the ADA than they are with veteran-specific laws and programs.

For many veterans, it takes an encounter with the broader disability rights movement to help them understand their connection to the community.
Outreach to disabled veterans is critical to ensuring that they are aware of the employment protections of the ADA.

The protections available to veterans and people with disabilities generally should work together to remove barriers to employment.

The ADA is an important tool along with the Uniformed Services Employment and Reemployment Rights Act, or USERRA, in protecting veterans from employment discrimination due to their service.

The need to educate veterans about disability-related rights and protections in employment and education begins when they are transitioning out of the military.

Those that have acquired disabilities as a result of their military service, need a basic understanding of the protections available to them under the law as they return to the workforce or seek education opportunities.

To ensure that this information is received by all servicemembers who need it, we believe that it should be integrated into the information presented to transitioning servicemembers about preparing for employment or education opportunities.

We would like to acknowledge the efforts of
the Equal Employment Opportunity Commission, or EEOC, to reach out to veterans with disabilities about protections available to them under the ADA, and we hope that greater interagency collaboration between VA, the Department of Labor and EEOC will ensure that disabled veterans understand the protections available to them.

Again, thank you for the opportunity to present our views regarding protecting the civil rights of disabled veterans. This concludes my testimony.

CHAIRMAN CASTRO: Thanks, Ms. Ansley.

Before I proceed to the next panelist, our staff has asked me just to confirm whether there are any individuals in our audience that have the need for sign language interpretation.

If so, please notify the Commission staff.

Thank you. Mr. Gonzales.

MR. GONZALEZ: Chairman Castro and commissioners, thank you very much for allowing the American GI Forum to come before you and make some comments.

We have sat on that side of the table. Our founder, Dr. Hector Garcia, was nominated and appointed by President Johnson years ago.

The American GI Forum did start as an advocacy group for the over 500,000 Mexican veterans.
And I say "Mexican," because most of them were from the southwest at the time of Mexican descent after World War II and the discrimination that they were facing at the time, but we have evolved. We are a veterans organization.

So, even though the majority of our membership is of Hispanic descent, we are engulfing all veterans whether they be female, black, white. We're a veterans organization.

So, in my written statement to you, I talk — and let me preface this. I'm not a combat vet. Okay. I've never been in combat.

So, a lot of my comments are going to be in rhetorical, because some of the data is difficult to come by.

What I'm going to do is request permission from the Commission to deviate and talk about three individuals that the Colorado Springs Gazette did a story on.

I was contacted by a grandmother or an aunt from California of a Sergeant Alvarado. He was stationed at Fort Carson going through the Wounded Warrior Transition Unit.

And the article is called "Disposable Soldiers." And what it is, is soldiers that are being
chaptered out of the military.

Now, it was kind of difficult. I couldn't find any data as to how many of those soldiers were Hispanic or - so, I'm just going to use the numbers that we got when I contacted the individuals from the Gazette that were doing the research.

And as the PTSD, I mean, there's been - DoD admits that there's been over 2.4 million deployments to the wars in Iraq and Afghanistan with over 400,000 of those being - have been deployed some as many as three or four times.

And with each deployment, the possibility of PTSD or TBI or other psychological illnesses rises.

For the last two days and today, they are concluding right across the street at the Grand Hyatt, the Homeless Veterans Coalition Conference to deal with homeless veterans.

So, I'm not going to talk to you about the PTSD, which is an attributing factor to a lot of this, but PTSD makes it difficult a lot of times for these soldiers to follow the orders that are necessary to be good soldiers. But at some point, some incident causes them to not be good soldiers.

One of the soldiers was wounded, came back to the United States, got rehabbed, had half of his face
blown off, volunteered to go back.

So, what made him be a bad soldier so that when he came back a second time - I mean, he wasn't an ordinary soldier either, he enlisted when he was 31 years old - that made him a bad soldier that the military didn't want to keep him?

Now, they have a lot of options. They could have given him a medical discharge. Medical discharges in 1912 - or 2012, I apologize, were taking almost 400 days to accomplish that.

So, there's an article in here again of another soldier. He sat in jail in El Paso County where Fort Carson is situated. Fort Carson doesn't have their own brig or jail. So, they put him to the county jail. He sat in jail for three months without any charges, any military charges.

So, when he did go back to post and they got him into the Wounded Transition Unit, he was kind of offered, hey, look, we're going to Article 15 you to get you out, or you can sign an Article 10 which is a chapter out, but you give up your benefits.

Because Article 10, you can't come out of there with less than honorable conditions. And once you give up your honorable conditions, you lose a lot of your benefits. The majority of your VA benefits.
So, it's not the VA's fault that we created a lot of homeless in Vietnam. And, it's not the VA's fault that we're creating homelessness today.

I guess my, there again, comment without data is it's the Department of Defense.

We prepare these men and women for war, but we don't prepare them to come home. And so, I guess I'll stop there and hopefully we can have some questions and dialog on that.

CHAIRMAN CASTRO: Thank you, Mr. Gonzales.

Ms. McClinton.

MS. McCLINTON: Thank you to the chairman and to the commissioners for allowing me the opportunity to speak briefly to you today.

In January 1994, I transitioned from the United States Army as an active duty soldier to an honorably discharged homeless female veteran with three children under the age of five.

I completed all the required transition briefings facilitated by the Transitional Assistance Program known as TAP and planned my future for me and my sons based on the information received.

Little did I know that as soon as my plane landed at LaGuardia Airport in New York City, I would be homeless with no access to resources for my children.
While I waited in a homeless shelter assignment, a nicely-dressed gentleman came through the EAU, which is the Emergency Assistance Unit, handing out flyers about a community-based organization known as Black Veterans for Social Justice located in Brooklyn, New York.

The flyer asked, are you a veteran? Are you homeless and in need of tender loving care and a listening ear?

And, I immediately said yes. I took the flyer and left the EAU with my children and made my way to BVSJ.

Once I arrived, I was shocked by all the veterans that were there for help. I went inside and I sat down and waited to be helped.

There was a desk with the reception area and a phone that just kept ringing and ringing and no one would answer this phone.

So, I went over to the desk, I picked up the phone, I said "Black Vets," and I've been there ever since.

It was at this organization that I not only received a job as a receptionist, it also gave me a two-bedroom beautiful apartment for me and my children to reside in.
As I began to work, I began to heal. I took the necessary classes and counseling to help me make the needed adjustments to excel.

I sought services at Black Veterans for Social Justice for the deprived state of me and my family. Within two years, I was promoted to become the chief of administration. After several high-level management positions and 17 years later, I am now honored to serve as the first Afro-American female to be appointed as the president and CEO of a veterans service community-based organization.

Black Veterans for Social Justice was established in 1979. It's a not-for-profit community-based organization servicing men and women veterans, their families and members of the community.

BVSJ serviced an estimated 12,000 clients in the past fiscal year. We provide program services to assist military personnel in making a smooth transition from active duty civilian life.

We are dedicated to servicing military personnel, veterans and their families in the areas of social readjustment, housing, employment, compensation, disability, family intervention, prison counseling, relocation into the community, legal advocacy, discharge upgrade and redress of grievances within and outside of
the military.

We will provide counseling benefits information, tender loving care and a listening ear.

The social services under the umbrella of BVSJ, we have our veterans service center which services the family of veterans and the veteran themselves.

We have a Homeless Veterans Reintegration Program for single veterans, and then also the Homeless Reintegration Program 3 for women veterans or veterans with families.

We have the consortium for workers education, supported housing programs, permanent housing, housing for those individuals who have HIV and/or AIDS, Wazobia House which is a mixed dwelling unit for those with mental illness and community-based residents, Shelters Next Step which handled 200 men who are going now trying to get into housing and also employment.

We also have the Grant/Per Diem Program which is for women veterans, but BVSJ has put a twist to it. We supply the services for the family members so that they will go into an apartment setting instead of a facility or institutional-type setting.

The problem, national and local government need to take full and adequate responsibility for the
quality of life of soldiers in the war and military.

The government does not provide full medical and social service coverage for soldiers and their family reentering into society.

Children and spouses of veterans are not eligible for medical treatment at the Veterans Administration or their hospitals once the soldier becomes a veteran.

Veterans are not respected by society to the point of giving each one returning opportunities for a middle and/or upper-class quality of life.

Veterans are faced with a perplexity of issues when transitioning from military to civilian life.

These perplexities are exasperated when they are faced with dogmas, policies and procedures that are known, but are not written, hidden obstacles and barriers that cause civil harm to the welfare of veterans.

When applying for employment, veterans are now scrutinized more than civilians applying for the same job.

While employers are not allowed to ask about your medical or mental status, they will pose the question in a form of interest. Oh, are you in the
military? Where did you serve? Did you see combat? It must have been hard for you.

And then that is used with the answer that they provide to handle their employment.

When seeking housing, veterans are known as the angry veterans. They have different things; PTSD, MST, whatever caused the trauma. They use those traumas to hinder them from housing. Especially when they're going for housing within some sort of board like maybe condominiums or co-ops or even trying to get in gated communities or some other higher level of living.

Veterans should not be just subject to supported housing or some sort of housing that holds case management. They should have other doors open to them that they may have an adequate life for them and their families. Thank you.

CHAIRMAN CASTRO: Thank you, Ms. McClinton.

Mr. Ingram, please proceed.

MR. INGRAM: Hi. Good morning. It is a great honor for this Georgia farm boy to address such an august group of people.

I want to thank all of you for your service on this commission which is indeed very important.

I am the national president of American Veterans for Equal Rights, which is a lesbian, gay,
bisexual and transgender veteran service organization.

We were founded almost 25 years ago by Mr. Chuck Schoen who served in World War II, Korea and Vietnam in the United States Navy. Worked his way from enlisted up to officer.

Six months short of his full retirement as a United States Navy officer, he was dishonorably discharged for being gay.

Due to the work of our organization and many others like us, that will not happen to anyone else. And never again will any American servicemember die on the battlefield, because the medic who could have saved his life was kicked out of the military for being gay.

This is actually my second trip to Washington, D.C., this week. I had the honor on Monday of placing a wreath at Arlington with another organization called the Military Partners and Families Coalition. And, they are the ones who should be speaking to you today, and it is about their members that I will be addressing you.

Specifically, I'd like to name Chief Warrant Officer Tania Dunbar, her spouse, her wife, Deborah Graham-Dunbar, their son Elijah and their daughter Michelle who are stationed at Fort Bragg.

They are a military family struggling with

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all the problems that military families struggle with trying to make it through, through deployments. Yet, they are denied the same rights of other military families by the Defense of Marriage Act.

DOMA, the so-called Defense of Marriage Act, denies equal pay for equal service to the honored United States Marines, soldiers, sailors, airmen and Coast Guardsmen who are legally married to same-gender spouses who stand guard side by side with their heterosexual counterparts here at home and around the planet to defend their nation's liberty sharing the same risks and the same vital responsibilities, yet are denied the same basic rights.


Many of these benefits including health and dental insurance and TRICARE, housing allowances, joint assignment options, life insurance, survivor's benefits, education assistance through the GI Bill, burial benefits, moving expenses, family support for deployed spouses, joint qualification for VA loans, disability and surviving spouse compensation and VA
caregiver support, among many others, are denied by DOMA to married gay and lesbian servicemembers and veterans, their spouses and their children.

Such a blatant denial to civil rights of our servicemembers is offensive to all justice-loving Americans and dishonors the very freedom that these patriotic men and women risk their lives to defend.

LGBT servicemembers must be added as a protected class to the Military Equal Opportunity Program and included in the VA's Center for Minority Veterans.

Minorities designated as a protected class have access to unit-level MEO officers who work to immediately secure issues of discrimination and harassment inside the unit.

Without such protection, our lesbian, gay and bisexual servicemembers do not have crucial access to direct and timely protection from the harm of fellow servicemembers.

If ever there was a minority group that needed the protection of the MEO Program, it would be gay, lesbian, bisexual members of the armed forces who until recently could have been terminated from their positions just for being who they are.

Many LGBT veterans from World War II to the
Gulf War received less than honorable discharges because of their sexual orientation or gender identity both under Don't Ask Don't Tell and previous policies. These discharges can be upgraded, but the process is slow and cumbersome.

The upgrade process for these discharges needs to be vastly streamlined so that veterans with less than honorable discharges due to sexual orientation can access the vital healthcare they have earned from the VA.

Additionally, the VA should take the reason for discharge into consideration in processing these upgrades and allowing this service.

The VA Center for Minority Veterans should develop an outreach program for LGBT veterans who not only have needs specific to our community such as double and triple PTSD resulting from maintaining a false identity and fear of being fired from their job, and have also suffered obvious and official discrimination in the past.

Transgender Americans are men and women just like any other person and there is no reason that they cannot serve alongside other men and women in the armed forces just as they do in most of our allied countries.

The policies that prevent the service of
these men and women should be abolished to allow patriotic volunteers who are transgender, the right to serve in our country's military. Thank you very much for this opportunity.

CHAIRMAN CASTRO: Thank you, Mr. Ingram. Appreciate it. We will now open it up for questions from commissioners.

I'll ask those commissioners on the phone, do you have questions? Just highlight for me now.

COMMISSIONER KIRSANOW: I do not, Mr. Chairman.

CHAIRMAN CASTRO: Okay.

COMMISSIONER GAZIANO: Mr. Chairman, unfortunately I'm going to have to get off the line to actually come in, in person. So, I'll pass my questions as well.

CHAIRMAN CASTRO: Did you say you're going to ask it in person, or do you want to ask one now?

COMMISSIONER GAZIANO: I'll see if I can make it in time, but, no, I - since I need to leave now anyway, I'll - I may have to benefit from reading the transcript.

CHAIRMAN CASTRO: Okay. We'll wait for you then.

COMMISSIONER GAZIANO: Thank you.

CHAIRMAN CASTRO: Commissioner Kirsanow, go
COMMISSIONER KIRSANOW: Mr. Chairman, I did not have a question.

CHAIRMAN CASTRO: Pardon me?

COMMISSIONER KIRSANOW: I did not have a question.

CHAIRMAN CASTRO: Oh, I'm sorry. I thought you did. You passed, okay. So, I have a question, Mr. Gonzales.

Are there any specific issues that you see as it relates to Latino and Latina servicemembers and veterans, challenges that they may uniquely face or may face disproportionately compared to other veterans when it relates to issues of their civil rights enforcement?

MR. GONZALES: You know, since the 1960s and '70s so much has improved. It's really difficult to quantify and qualify saying that, yes, there is still some, if you would, covert-type discrimination, but it would be difficult to actually qualify that.

So, I find it hard to say, yes, that there is, but at the same time I find it difficult to say, no, there is not.

CHAIRMAN CASTRO: Do you know if anyone collects that kind of data?

MR. GONZALES: And Commissioner Yaki was
asking for data. No, I don't know of any of that specific-type data.

Like I say, our veterans outreach program house center in San Antonio if you come in and you're a veteran with a DD214 with an honorable or general – with honorable conditions discharge, you're allowed into the house.

I mean, they don't – we don't keep that type of information as far as I understand.

The employment is as Wendy said, you know. A lot of it is in the human resource people that don't have the – I think you used the term earlier, "cultural training," if you will, you know. How do you deal with these veterans?

You know, the veteran population is approximately one percent. So, you got 300,000 soldiers and sailors and marines, airmen across the country.

So, that means the majority of the people that sit in HR positions don't know, don't understand the hardships that our military men and women face. Especially those today that have two, three, four deployments.

I met a retired master sergeant - a master sergeant in the Army, I guess, E-9. He had had seven deployments in the last 12 years.
He was in the first deployment to Iraq, and he was there when the last helicopters left.

And I asked him specifically about his issue with PTSD. And he said, well, you know, I was an older soldier. I had young men and women that were responsible to me. I had my family at home when I came home, that I could kind of diffuse a lot of that stuff where some of these young men and women that are 18, 19, 20 years old that after 9/11 seen that horrific incident on TV being nine 10, 11 years old decided that they were going to do something for their country and they just didn't have that.

CHAIRMAN CASTRO: Thank you. Commissioner Kladney, Commissioner Yaki.

COMMISSIONER Kladney: I have a few questions on different subjects. So, anybody wants to chime in, just feel free to go right ahead.

But, we've talked about veterans, we've talked about active duty servicemen, but we haven't talked about benefits concerning surviving spouses and children of veterans - of servicemen killed in action.

I was wondering if any of you had any opinions on that.

MS. ANSLEY: Certainly survivors and dependents' benefits are very important and there are
several things that do need to be rectified.

One of them is a perennial issue that has come up before Congress related to an offset between dependents and indemnity compensation for survivors - I know I messed that up - DIC - as it relates to another program that DoD has, the Survivor Benefit Plan, and right now there's an offset between those two programs.

So, the Survivor Benefit Program is something that a servicemember paid into in the event that something happened to them to help their surviving individuals.

And yet, there's an offset between what that - the person can receive from that and what they would receive from VA.

You can't receive both of the benefits even though one was actually paid into with the idea you would be able to get it.

COMMISSIONER Kladney: But a veteran can receive like disability benefits that are non-taxed and social security benefits with no setoff; isn't that correct?

Ms. Ansley: That's correct. If you receive veterans disability compensation, you are also able to receive social security disability. There is no offset there.
COMMISSIONER KLADNEY: And those disability benefits are not taxed; is that correct?

MS. ANSLEY: Veterans compensation is not taxed.

COMMISSIONER KLADNEY: Anything else that anybody would comment on, on that question?

MR. INGRAM: Well, I would like to comment on that, of course, because those benefits can be vital to the survival of spouses and children in helping them through the very traumatic experience of losing their partner.

And of course DOMA denies those benefits to legally married, just like other legally married men and women, who happen to be married to same-sex spouses in the military.

So, those benefits are vital and they are denied to some of our servicemembers.

COMMISSIONER KLADNEY: Another question I have is everyone has been talking - well, I'm very interested in housing. And you all talked about housing.

Does anyone have data on veteran exclusion from housing because of PTSD, disabilities, things like that? And does anybody have data for exclusions just because people are veterans? Because today I know...
somebody was talking earlier about being in combat, not being in combat.

Those people who are deployed today, they're all in combat. I mean, you're in a combat zone. No one is in a safe base, so to say.

So, I think when we keep talking about housing and discrimination, I really haven't seen any data.

Is there a need for collection of data of that sort, because there's very few lawsuits in that regard, very few resolutions?

We heard today, what was it, 1400 labor claims in a year and I'm just wondering do we have numbers, or is this all just little anecdotal information that you've collected?

CHAIRMAN CASTRO: Before you answer that, I think Ms. McClinton wanted to respond to your earlier question as well about -

COMMISSIONER KladneY: Oh, I'm sorry.

MS. McCLINTON: That's okay.

CHAIRMAN CASTRO: - family and spouses.

COMMISSIONER KladneY: I apologize. Should have just yelled at me.

MS. McCLINTON: No, no.

COMMISSIONER KladneY: All right.
MS. McCLINTON: When we talk about benefits to dependents, being in the military itself is traumatic all by itself, and they always look at various classes or groups that are within the military veteran realm that should receive benefit.

You have the survivors benefit, you have the retirees benefit, but what happened to benefits in general?

When we were in the military, they said that they would take care of all of our needs when we left the military. "All" includes our dependents.

So, now that we've transitioned out of the military, what happened to these dependents?

You asked about the numbers. There is - every year, there is an annual legislative caucus that takes place here in Washington, D.C.

Under that annual legislative caucus, there's a group called the Congressional Caucus Braintrust. The executive director's name is Ron Armstead.

They hold the data with the various minority groups with regard to housing, different issues with employment.

So, this congressional caucus will meet this September. And, this braintrust roundtable would
meet as well.

I would invite you to please speak with Mr. Armstead to see how you could be a part of that discussion and you will be able to get the numbers that you are looking for with regard to employment, homelessness and other disparities with regard to minority veterans in various classes.

COMMISSIONER KLADNEY: Thank you.

CHAIRMAN CASTRO: Any other responses?

MR. INGRAM: I would like to add to that, that sending our troops to war, taking care of them when they return is part and parcel to that decision to send them to war.

The decision was made, we sent them, we are not honoring our part of that responsibility to fully take care of them and all of their needs when they return, and that is a matter of national defense.

Because, if young people see that we do not care for the veterans who return from the wars that we are fighting, they will not volunteer to serve in the military.

So, our country is not doing a good job of taking care of our veterans who are returning. And that is a very serious problem. It is a breach of promise.

CHAIRMAN CASTRO: Thank you. Commissioner
Yaki, and then Commissioner Achtenberg.

COMMISSIONER YAKI: Yes, I'm still trying to figure out how to make this work in terms of the context of this commission.

One of the things that you brought up, Mr. Gonzales, really interested me, and it was about the chaptered out vets, the vets who are discharged with less than honorable.

And I take it without presuming, Mr. Ingram, that when you were - what kind of a discharge did you receive?

MR. INGRAM: I was honorably discharged.

COMMISSIONER YAKI: Well, good for you.

MR. INGRAM: Most people under Don't Ask Don't tell were honorable discharges.

COMMISSIONER YAKI: And prior to that, they were not.

MR. INGRAM: That's correct.

COMMISSIONER YAKI: Okay. I'm curious about the chaptered out vets and less than honorable discharges. Especially those who may not be citizens. That's very curious to me.

But, aside from that particular group just to educate me about that, what are the benefits, or lack of benefits, does anyone who received this kind of
discharge receive or not receive – and I guess I'll throw this out to everyone here who does this for – who counsels people for a living.

If you receive a less than honorable discharge, what penalty attaches to you in terms of going out for a job, VA programs, HUD programs, whatever?

MR. GONZALEZ: Okay, if I could, it depends on the human resource person and how educated they are when they are – if they ask you for your DD214, because it's printed on the DD214 quite boldly, discharged general less than honorable.

Okay. So, number one, they have that in front of them right away. So, they could possibly continue with the interview, but then hold that against you for employment.

But, if you do get a Chapter 10, what it is, is a lot of times these individuals – the three individuals specifically that are in the four-day coverage in the newspaper, it's an option that's given to the soldier.

They can give you a court-martial, they can give you a Chapter 14 which is a misconduct or quick and easy is a Chapter 10 where your company commander can basically sign you out and you're gone.

I did have specific one individual that was
a non-citizen that was chaptered out. He was chaptered out with under honorable conditions. And, his was he had in between deployments, he had got a DUI in the State of Colorado.

He was starting to go through the required state training or classes when his unit was deployed again.

Even though he had notified the state, the paperwork got lost. The next thing he knew, because he had missed two classes consecutively, he now had a warrant out.

So, he notified his commander, you know, when he came back within a week. They said, well, you got, you know, the Army caught the paperwork that he had a warrant, but they didn't work with him to find out what the warrant was for. So, within ten days, seven days he was chaptered out of the Army.

Now, we did work with him to get his naturalization paperwork done, because he had been one of these dreamers who had been brought here from the age of three years old.

Senator Bennett worked with his office in Denver, worked really - and we got that taken care of real fast.

And then, we worked on upgrading his general
to an honorable, but it was because his wife reached out, you know.

A lot of times - he himself was scared to come out of the house, because now he had lost his green card. His legal permanent residence had expired, because he hadn't got it updated. And so, now he was actually an undocumented and so we worked with him.

MS. McCLINTON: Just to add to that, even the fact that if you think it takes long for a claims disability to be processed, this whole upgrade process is longer than that.

Because, even if an individual has a disability that may have occurred while they were in the military, until you get that upgrade up to a place where they can go to VA, where they can go apply for a claim, then you still have to wait.

Who deals with the disability or who deals with the issue until you can get them to the VA for that service?

The claims disability takes anywhere from 360 days. They're backlogged. This particular upgrade piece is more tedious and even longer. So, it's a twofold process with that.

And then, also, you asked a question about chapters and the type of chapters and discharges that
they have.

   Based on what that particular – there's another piece on there. It's a code. There's a longer sheet, a second sheet.

   The second sheet has another code that's on there. The code could be an R4. An R4 has different types of code. Like, that can be anywhere from obesity – it's why you were put out of the military.

   Some people are not put out of the military because they did something wrong. They're put out of the military for overweight.

   So, if you have this book and like he said if HR is not keen to it, some employer will look at you, well, why am I going to hire this person who now possibly has a health risk, because he's obese? And they're looking at it, but his obesity may be one pound overweight and the military discharged you, not obesity as the way you see it as someone who is, you know, could be a threat to their employment.

   MR. INGRAM: I am an officially documented homosexual in the United States of America because of my DD214.

   I would like to note that many veterans from the Vietnam era who are now reaching an age where they desperately need their VA benefits, may have received a
less than honorable discharge for being gay.

Back in their day, they probably did not care a whole lot at the time. Now, they need those services from the VA and getting those discharges upgraded is a very serious problem for someone who is facing immediate health problems, but they can't get into the VA to get the services they need.

CHAIRMAN CASTRO: Commissioner Achtenberg.

COMMISSIONER ACHTENBERG: Thank you, Mr. Chairman. I have three questions. I'll start with Mr. Ingram.

Regarding the issue of discharge upgrade, I'm very interested in that, in part, for the reasons that you identified. And also, in part, because in a prior hearing that this commission undertook with regard to women and some men in the military who are subjected to military-related sexual trauma and the fact that those people, at least allegedly, many of them are discharged under less than honorable circumstances and end up being deprived of the benefits to which they would otherwise be entitled, many of the advocates were urging upon us some examination of a streamlined discharge upgrade as a way of making right something that has been terribly wrong.

I'm wondering if you could be more specific
about how a process like that could be streamlined.

What would it take for it to be both practical and fair to those who were improperly classified, and fair to the military such that, you know, their authority to make these kinds of classifications shouldn't be unduly undermined.

MR. INGRAM: That is a difficult question to answer. The process is inside of the military. And so, even if you engage legal help to get that discharge upgraded, there is very little experience outside groups like Servicemembers Legal Defense Network who have a lot of experience in working with that.

There's very little experience of getting civilian lawyers to work with a process inside the military.

My recommendation is that you would remove that process from the military and put it outside of the military where average citizens and attorneys would have much more access to the process.

MS. McCLINTON: Just to add to that, may I?

CHAIRMAN CASTRO: Please.

MS. McCLINTON: If I may, even from a personal note even coming out of the military and then coming - trying to apply for a benefit, a disability benefit, I was denied three times.
Then, once I had other employment, I was able to access insurance of my own where I was able to go to another doctor.

And that doctor then was able to produce the evidence that counteracted what the military had said.

And then, I was able to grant an appeal and then with the attorneys, and now I was able to receive the benefit that was due.

Now, that was in - back in about 2000, 2001 and it's sad because that still has to happen today, that process that he said.

If we don't identify or make this Transitional Assistance Program, there has to be some sort of intervention into this so that they come out and be linked to preventive services.

Once it starts in the military, if the Department of Defense and civil authorities - oh, I'm so sorry - civil authorities do not work together or to bridge this gap, we're going to continue to have individuals to wait until they come out of the military, then to have to go back to the military to get the required documents.

I have to go back and you're actually doing civil and human harm to these individuals who are already in a traumatic position.
COMMISSIONER ACHTENBERG: So, would it be your recommendation that the presumption be in favor of the applicant and then there would be - the burden would be on the military to demonstrate otherwise, or do you have a remedy to -

MS. McCLINTON: I'm saying that everything that's identified with this soldier - well, let me stop. I agree with you.

Once you've violated someone's human rights and civil rights, it should no longer be the responsibility of the United States military to handle that case, because it's not going to be handled fast. It should automatically be moved. That's number one.

Number two, there has to be an intervention program. Something has to be put inside of this military component to ensure that everything that veteran needs to produce whatever claim they need when they come out should be duly given before they leave the military.

The traditional assistance program cannot be an option. It can't be two months long. It has to be a minimum - you've been in the military ten years. It's going to take you more than one year to transition out. You're going to miss, you're going to fall into loops.

It has to be mandatory and everything with
that veteran has to come with that veteran when they come out.

COMMISSIONER ACHTENBERG: Thank you, Ms. McClinton. And then finally Ms. Ansley.

This issue of rebalancing the long-term care system is absolutely one of the most crucial issues, it seems to me, facing military if they're going to do justice by those who become severely disabled as a result of their military service.

The wounds that people incur are - these are lifelong disabilities in most cases. People will always need the assistance of care providers for as long as they live with some of these disabilities that they've incurred as a result of military service.

What additional suggestions do you have that would improve this rebalancing effort, because I think that's key.

I had in my own family, my brother was a quadriplegic. It's, you know, these are not reversible conditions. It's a lifetime of need that has to be addressed here.

And, it's part of you sign up for the military. The military signs up for committing to you for your lifetime based on your service.

MS. ANSLEY: I think one of the things we
would want to first say is that for the programs that VA does have in place like the veteran-directed home and community-based services is making sure that veterans are educated about what is available to them so that they understand what the programs are.

We understand that sometimes they may, you know, you may go into a facility and ask someone, you know, well, would you like to live in the community, but don't help you figure out how you would do that.

And so you think, well, I'm already here and, yes, I would like to, but I'm not sure what the process is. So, making sure that that's clear to people.

And, also, looking at the, you know, this is really happening, as we know, in the civilian sector as well with Medicaid and rebalancing, because more people want services in their homes as opposed to having to go to a facility.

I know the gentleman who is the chair of our board, he's a quad. He's been a quad for over 40 years, and he says they'll drag him out feet first to some facility.

He's been very independent for somebody who has been significantly disabled for a number of years.

And, I think that, you know, having an understanding that we're not talking about, you know,
just, well, we'll just get rid of the systems we have, and people will suddenly fall through the cracks, but that we have to actually transition to systems that really do meet the needs of people, not just, well, okay, fine, we won't have those facilities anymore and good luck to everyone trying to get your needs met.

That we really do have to make that transition of having the programs, having them funded and at the highest levels of the VA, you know, looking at what is happening in the provision of long-term services and supports.

There's a Long-Term Care Commission that's supposed to be happening at the federal level. Senator Rockefeller had that put into some legislation earlier this year.

And, we - I have been very interested in, well, will there be anything coming out of that that looks at veterans and long-term care, because many of their families are going through the same situations that other families are going through.

And sometimes we become so siloed, a word that was used earlier today, that we don't really look at, well, what's happening in each system and how can we benefit from what's being learned, you know.

What are the states doing with rebalancing?
Yes, it's the Medicaid program, yes, it's a different system, but what is being learned that could be applied to other types of systems and other types of care and really just looking at what is it people want these days.

And I think particularly younger people with significant disabilities have grown up in what we call an ADA era where they went to school with people with disabilities and it's not, you know, you have a right and an expectation that you're going to be able to be in your home, in your community.

You're not going to be shunted away to live someplace and, you know, have a nice life there. So, that would be some of the things we would recommend and thank you for your attention to that.

CHAIRMAN CASTRO: Mr. Gaziano, now that you're here, please feel free to ask your questions in person.

COMMISSIONER GAZIANO: Thank you. But because I missed at least part of the - or most of the questioning, I will just listen for a little while and I don't have anything right at the moment.

CHAIRMAN CASTRO: All right. Any other commissioners?

MR. GONZALES: Chairman Castro.

CHAIRMAN CASTRO: Yes.
MR. GONZALES: If I could expand just a little bit on what Heather had, you know, the military has been doing a really good job in upgrading and reupgrading their TAP program.

But once you are out -

CHAIRMAN CASTRO: Could you explain the TAP program?

MR. GONZALES: Okay. The TAP program is the Transition -

MS. McCLINTON: Transitional Assistance Program.

MR. GONZALES: - Assistance Program that's, you know, when I was in the service it was like give me a sheet of paper, go down, make sure that I've turned in my lawnmower, turned in my water hose at housing, you know, different things like that, but today they're doing a lot more stuff, making sure that you're getting a good medical physical, dental, you know, and that type of stuff.

But what Wendy was saying, we need to somehow, you know, and I don't know where you would blur the lines of the Department of Defense and the VA and some of the other military service - serving organizations that would come in to help, you know.

If you have an individual like those that
Heather and them work with, I mean, comes out of the Army, say, double amputee, there should be some sort of not only recovery for that individual, but then some training at home so that there's not a gap.

When he or she leaves the military base, he is - and his family is ready for him to move in into everyday society, you know.

The same thing with those individuals that have PTSD. Now, there's not a lot of real qualified individuals to deal with PTSD, it is my understanding, but, you know, we're putting them out on the street.

So, the VA's goal of eradicating homelessness by 2015, I mean, we're putting more individuals on the street that have that PTSD and TBI and psychological issues that their only way of - if they're eligible to go to the VA, is to get on these drugs that become, what do you call, addictive drugs or they learn to self-medicate with Bud, Jose, Jim, you know, those types of guys.

And so, there has to be some sort of way to diffuse the military's last touch to the soldiers, you know.

We have to allow the military-serving organizations and the VA into that little part of the soldier's life because, you know, he's an Army man, he's...
in the active duty, and then he becomes a veteran.

  Somehow there needs to be some sort of an
  actual transition of bringing the veteran - the VA system
  into the DoD system.

MS. McCLINTON: Inside of my testimony I
  think you have - I did a briefing, but inside of my
  testimony outlines the type of program that he's
  describing and one that I would suggest as an initiative.

  It's an intervention program that links
  with the Transitional Assistance Program and it also
  offers a preventive component once they become veterans.

  So, it's the Department of Defense and the
  Veteran Administration. So, there is a model that's
  described inside of the full testimony that I provided.

CHAIRMAN CASTRO: Commissioner Kladney,
  then Commissioner Gaziano.

COMMISSIONER KLADNEY: Anybody on the panel,
  and, Ms. Ansley, I believe this is probably directed at
  you, what I have found is the difficulty is at the VA after
  discharge determining mostly mental issues and finally
  deciding on treatment for the serviceman.

  I've seen many cases nine to 12 months
  before they actually make a determination as this is your
  diagnosis let alone trying to get you into a program.

  For 30 years now, since like 1980, they
really just started back then a couple of PTSD programs. I think one was in Seattle and then one on the east coast. Now, they have many more, but what is your organization's experience regarding the lack of — you mentioned the lack of people on the outside. I mean, that's just private practitioners I think you were referring to.

But, within the VA they have groups, but their length of time in making this determination and the length of time of getting people in treatment, can you give us an idea of how long that is and if any problems result from it?

MR. GONZALES: Well, if I could just, the young man —

COMMISSIONER KLANDNEY: I know the anecdotal stories, but, I mean —

MR. GONZALES: As soon as the newspaper article came out, within a week, he was contacted that the VA was setting up a meeting for on June the 16th. So, here he had been since 2011, 2010 where he was chaptered.

COMMISSIONER KLANDNEY: Right.

MR. GONZALES: And, as soon as he went to the media and it came out, you know, now the VA says, no, that had nothing to do with it, but —

COMMISSIONER KLANDNEY: I understand
anecdotal stories, but I'm actually looking - I'm trying
to get a sense of, I mean, I know it takes a long time,
but you all are in touch with these vets every day.

MS. McCLINTON: What we've done is we - until
we can get them to services at the VA, we've partnered
with other community-based organizations. That's why
it's so important that the VA not omit community-based
organizations.

So, you have to take access - get them access
to those programs. So, for example, in New York, Black
Veterans for Social Justice has partnered with Steinway
Children and Family Services.

They have a mental health program that deals
with PTSD, military sexual trauma, integrating those
families back in with these various illnesses that the
servicemembers come back home with.

They're based on a sliding scale fee, or,
because of their income, they might not require a fee.
So, you are providing intervention to them until you can
get them to the VA.

And, then they're not just passed off to the
VA. They have to be weaned, you know. They still have
services where the family still receives their services
through the community-based program. The veteran now
can go to more extensive treatment.
One thing I have to add, we're having a problem especially with women veterans now, because we have a lack of those service providers in the VA that can deal with co-occurring illnesses meaning that I may have PTSD, but my PTSD stems from my MST. So, you have to have those individuals.

So, what we try to do is link them to civilian services, try to either get Medicaid or something of that nature, so we can tie them into some sort of mental health until we can get them to where they need to be.

COMMISSIONER KLADNEY: So, what I understand as what you just said is actually - I thought about this. The VA once the vet is accepted into treatment, say, for TBI or PTSD or whatever you have mentally, do they also - they don't bring the families in.

MS. McCLINTON: No.

COMMISSIONER KLADNEY: In other words, the families have to receive separate treatment outside of the VA.

In other words, the treatment is not cohesive.

MS. McCLINTON: No, because the veterans - the dependents are not entitled to services.

COMMISSIONER KLADNEY: Right.
MS. McCLINTON: So, it's imperative that you keep the link with the veteran in the community. So, that way the integration process between the family, the reunification process with the family, how do I deal with this individual -

COMMISSIONER KLANDNEY: And, DoD and the VA don't pay for that at all.

MS. McCLINTON: No. When they - if it was diagnosed when they were in the Department of Defense, the veteran's family was then covered under it.

COMMISSIONER KLANDNEY: Right, right.

MS. McCLINTON: But once you separate, you're not and then it even makes an even deeper separation in the family. So, you have to keep something -

COMMISSIONER KLANDNEY: Retired veterans, a different story.

MS. McCLINTON: Retired veterans are totally different.

COMMISSIONER KLANDNEY: Right.

MR. INGRAM: But, the VA does allow family members to come in for counseling together as a family if they are married and their marriage is recognized.

I would like to add very quickly that while I have been sitting in this chair this morning, two
veterans have committed suicide.

MS. McCLINTON: That's right.

MR. INGRAM: One of them was a Vietnam veteran.

One of the best practices that my organization does is to pair a recent returning veteran from overseas with an older veteran such as particularly a Vietnam veteran who has faced some of these same challenges; alcoholism, drug abuse, PTSD and has overcome them.

That is the most powerful thing that can be done for a young returning veteran dealing with PTSD, is to let them talk with someone who has been there and has experienced that pain and overcome it.

That is the very best thing that we can do and I would hope that the VA would try to develop a program of pairings such as that. Because as we all know, there's nothing like talking with someone who has been in the same place and has overcome those challenges.

CHAIRMAN CASTRO: Commissioner Gaziano and then Commissioner Heriot.

COMMISSIONER GAZIANO: I'll yield to Gail.

MS. McCLINTON: One thing, if I may –

CHAIRMAN CASTRO: Please.

MS. McCLINTON: I'm sorry. What else has to
happen is that the services that they have and the service that you described, the peer service, they have that in New York City, but they only have it – I'm going to go out – in New York City.

So, the services have to be ecumenical across the board so you can have services that are in Georgia that are not in New York. Services that are in other states, they have to be ecumenical and accessible.

They're not always accessible to every – MR. INGRAM: Accessibility is a huge issue.

MS. McCLINTON: - vet. That's a huge issue.

CHAIRMAN CASTRO: Commissioner Heriot.

COMMISSIONER HERIOT: I just have a very quick question for Mr. Ingram.

You mentioned the problem of Vietnam vets who were separated on account of their sexual orientation not receiving medical benefits.

Do you know of any legislation and any efforts to pass legislation that would correct that?

MR. INGRAM: I do not know of any efforts to change that upgrade process. I do know of efforts currently in Congress to look at the window of when someone comes out of the military and identifies some sort of problem such as PTSD. There's a five-year
When they come out of the military to identify that issue, they are put at the front of the line to get that sort of assistance right away.

If it is after that five-year period for something like PTSD, then they have to wait a long time before they can access services. And that's for just veterans in general, but that is something that needs to change.

I mean, there are World War II veterans who may be experiencing PTSD for the very first time in their lives. Now, they want to go to the VA to get help with it.

They're going to be waiting a long time, and we need to take care of those people right away.

CHAIRMAN CASTRO: Commissioner Gaziano.

COMMISSIONER Kladney: If I can make a comment on that last statement, I do know for in fact that's true.

CHAIRMAN CASTRO: Any other questions? If not, I'll end with the question I asked the last panel.

If there was one - and I know you've already made some really solid proposed recommendations to us. But in addition to what you've already suggested or perhaps what you suggested would be the one primary
recommendation that you would make to us that you would hope we could then ultimately support and make to the President and Congress on the issues we've discussed today, what would that recommendation be?

MS. ANSLEY: From the VetsFirst perspective, one of the things that we really want to highlight is the need to provide information to separating servicemembers about the Americans with Disabilities Act as it relates to their employment.

We have talked to the Department of Labor. We have talked to VA. We actually have gotten language inserted into legislation that is pending before Congress right now saying that this type of information is needed.

The Transitional Assistance Program has recently gone a redesign and the informational materials continue to basically omit disability even though a significant number of transitioning servicemembers have disabilities.

We know this, and yet we have been unable to get more than - and I'm not exaggerating - more than just a couple of sentences in the information that talks about these needs.

And, really, that not only looks at getting your first job, but also retention and your second and
third job.

As was made a comment earlier, we're talking about in many cases lifelong issues. Many of our aging veterans who are wheelchair users, they're now aging people with disabilities who are losing the functions that they regained not this time because of disability, but because of age. So, they continually face this every time they are seeking a new job or other new opportunity.

You're not just going to have one job or one career in your lifetime. And so, we really need to make sure people have these tools, and we just need the assistance of the Commission and anyone else that will weigh in that we have got to make this connection for servicemembers regarding the rights and responsibilities that they have available to them.

CHAIRMAN CASTRO: Thank you, Ms. Ansley. Mr. Gonzales.

MR. GONZALES: Chairman Castro, all my recommendations would be very, very difficult to put into place, because I'm sure the Department of Defense would not want to give up any of their control or authority over their soldiers.

So, I would just - I would withhold any of my recommendations.

CHAIRMAN CASTRO: Ms. McClinton.
MS. McCLINTON: I would recommend that there be funding produced to community-based organizations so that they can assist with the servicing of special classes with regard to veterans and also to their family members so that we can continue to help them in the transition into civilian life.

CHAIRMAN CASTRO: Mr. Ingram.

MR. INGRAM: If the American people have to pay taxes until their eyes bleed to take care of our veterans who are returning, we must do that.

And of course what I want to tell you to do is repeal DOMA. If the Supreme Court doesn't do it, then Congress needs to do it, the President needs to do it, but these families need all the help that they can get to be a good family, to be a good servicemember. Repeal DOMA.

CHAIRMAN CASTRO: Well, thank you all again for being here today. It's very helpful and informative. We appreciate your participation today.

If there's additional information you want to send to us after this, you know, we would welcome that.

So, we're going to adjourn this briefing for the moment. We are going to take a brief break. At 12:30 we will start the portion of our business meeting that relates to the Stand Your Ground consideration.
We will then break for lunch and return at 1:30 to start Panel 3. So, thank you. We'll take a five-minute break, commissioners.

(Whereupon, the proceedings went off the record at 12:23 p.m. to break for the business meeting portion and lunch, and went back on the record at 1:33 p.m.)
AFTERNOON SESSION

1:33 p.m.

CHAIRMAN CASTRO: So, we are now reconvening our briefing. Welcome back, everyone. And welcome to folks who have arrived since we went on our break.

This is the U.S. Commission on Civil Rights briefing on the question of whether the federal government is adequately protecting the civil rights of our veterans and servicemembers who have fought for our rights.

For those of you who were not here earlier this morning, I'll just explain a couple of housekeeping things.

First of all, if there is anyone in the audience that requires the use of a sign language interpreter, please let our staff know.

We have one available. So, if you do need one, we will continue to provide one. If not, then we will not.

Secondly, each panelist, and I'll introduce them all shortly, will have seven minutes to make an initial presentation before we as commissioners begin to provide our questions.

There is a system of warning lights here; green, yellow, red, just like traffic signals.
Green, start. Yellow means start wrapping up. And then when it comes to red, we ask you to please conclude.

Commissioners will then have the opportunity to ask you questions and we'll try to keep that as organized as possible. It will allow you to elaborate a little bit more on thing perhaps you did not get a chance to cover in your remarks.

So, with that said, I'd like to first briefly introduce each of our panelists. Our first panelist is Kamal Kalsi, United States Army major.

Our second panelist is Sandra Strickland with Final Salute, Inc. Our third panelist is Elspeth Ritchie, the chief medical officer with the District of Columbia, Department of Mental Health.

Our fourth panelist is Joseph Violante who is the national legislative director for Disabled American Veterans.

And, now that you're all seated, I want to ask you to please swear or affirm that the information that you are going to present to us today is true and correct to the best of your knowledge and belief; is that correct?

GROUP RESPONSE: Yes.

CHAIRMAN CASTRO: Thank you. Major Kalsi,
please proceed.

MAJ KALSI: I'm thankful to the U.S. Commission on Civil Rights for providing me this opportunity today.

I also applaud the Commission for seeking to protect the civil rights of those who, like me, proudly serve and have served the military of our great nation.

My name is Major Kamaljeet Singh Kalsi. I was born into a family with three generations of military service before me and raised to cherish the core values of our Army.

I began my career in the U.S. Army as a first lieutenant in 2001 and continued to serve with tremendous pride as the EMS director at Fort Bragg.

After two deployments, I'm also the grateful recipient of the Bronze Star for my service in Afghanistan, but my journey to service has had its share of challenges.

In 2009, the U.S. Army made history by granting me an accommodation to maintain my turban, my beard and unshorn hair while serving the country I love.

It was the first time in over a generation that a new Sikh-American soldier had been granted such an accommodation.

At first, I was told I couldn't serve my
country unless I gave up my Sikh articles of faith because of U.S. military policy that had existed since 1981.

Led by the Sikh Coalition, it took over 15,000 petitioners and over 50 members of Congress to request my accommodation.

In considering my request for an accommodation, Army officials asked smart and pragmatic questions about the Sikh faith.

They learned that Sikhs have a rich history of military service throughout the world that is tied uniquely to our articles of faith.

They also learned that Sikh soldiers can wear helmets and can make airtight seals with our gas masks. My fellow soldiers and command have supported me throughout this journey.

On my first day of active duty at basic training, the sergeant major assembled us in formation, pulled me out to stand next to him, and told us all that the Army is made of different shades of green.

He then asked if there was a single soldier amongst the hundreds that were assembled there that day who did not feel the same way.

This was the first real test of unit cohesion or espirit de corps that I had encountered and I'll tell you everyone, everyone, applauded in support.
After training, I deployed to Afghanistan as the officer in charge of an ER in Helmand Province. I also served as the chief of disaster medicine for our entire forward operating base.

During my tour, I personally treated over 750 combat casualties, local nationals who suffered from IED blasts, gunshot wounds and other emergent conditions.

I also successfully resuscitated back to life two patients that were clinically dead upon arrival, but I remember one particular soldier whose story I would like to share with you today. Let's call him "Joe."

Our medics radioed in one morning that they're bringing in a Marine from an IED blast just outside our main gates.

The insurgents had taken advantage of a recent dust storm to bury IEDs all around us. They rushed him into our ER tent. He was breathing, but bleeding badly from multiple shrapnel wounds. He was dazed, but was able to converse.

We worked on him for the next two hours. And as Joe was being wheeled away, he grabbed my arm sobbing. He looked at me with his bloodshot blue eyes and said, "Thank you, brother." I will never forget that moment.
I can tell you with a hundred percent assurance that none of my fellow soldiers or patients cared whether or not I had a turban or a beard while I was treating their wounds. All that mattered was whether I was an asset to the mission.

Like me, Captain Tejdeep Rattan who was the second Sikh to be accommodated, also served in Afghanistan. He received an Army Commendation Medal and a NATO Medal for his service.

And, in 2010, the U.S. Army agreed to accommodate an enlisted Sikh soldier, Specialist Simranpreet Singh Lamba.

Together the three of us are the only new Sikh-Americans that our military has agreed to accommodate in a generation.

Both Captain Rattan and Specialist Lamba would agree that our Sikh articles of faith do not interfere with our duties and are, in fact, an invaluable asset to our military projecting our country's core values of freedom and diversity to the world.

I've been on active duty since 2010. I'm currently the medical director for DoD's largest stateside EMS system comprised of over 500 first responders.

While I'm grateful for the opportunity to
serve, it troubles me that my accommodation and that of other Sikh soldiers are simply individual accommodations.

Despite the successful and patriotic service of myself, Captain Rattan and Specialist Lamba, the rule remains that Sikh-Americans cannot serve our military without giving up their articles of faith.

I would add here that even the accommodations that we have received thus far are not permanent.

Despite our service and loyalty, we must reapply for an accommodation each and every single time we are assigned to a new unit or a base.

The time has come for our military to openly embrace those Sikhs who want to serve our country by removing the rules that presumptively exclude us.

By making this call to end the presumptive ban, let me make clear that I would never advocate for anything that would put my fellow soldiers in harm's way.

If Sikhs couldn't wear helmets or gas masks when required, I would never call upon my military to accommodate Sikh-American soldiers, but this just simply isn't the case.

Sikh soldiers have served on special forces teams, they've jumped out of airplanes as paratroopers...
and they've served in far forward combat operations. We can serve our country and be Sikh at the same time.

To my military, I would say that your prospective Sikh-American soldiers are waiting to be embraced by you.

We are mindful that our military now fully allows LGBT soldiers to serve and is beginning to allow female soldiers to serve in far forward combat positions and that the sky has not fallen because of it.

Instead, we are increasing the pool of Americans willing to serve our country, advancing our strategic missions and staying true to the core American principle that it matters not who you are, but what you do.

In closing, I would like to quote from a letter that America's first general, George Washington, wrote to a Jewish congregation.

President Washington wrote that America gives to bigotry no sanction to persecution, no assistant, requires that they who live under its protection should demean themselves as good citizens in getting it on all occasions their effectual support.

Patriotic Sikh-Americans are ready to give America its effectual support. I humbly plead for our military to accept it. Thank you.
CHAIRMAN CASTRO: Thank you, Major Kalsi. It's an honor to have you here. Ms. Strickland, please proceed.

MS. STRICKLAND: Thank you, Chairman, and members of the Commission for the opportunity to share my story today.

CHAIRMAN CASTRO: Can you put the mic a little closer? Thank you.

MS. STRICKLAND: I am a current resident of a program provided by Final Salute. It's a program that provides safe and suitable housing for homeless female veterans and their children. The president and founder of the organization is Jaspen Boothe.

I speak to you today from the perspective of someone who basically served my country honorably. Years after separating from the military, I fell on hard times.

I'm not a veteran who has PTSD, MSTD, no mental illness or anything of that sort. I just - basically, life happened and I fell on hard times.

Being a vet as with any veteran, my first point of contact was to reach out to the Veterans Administration.

When I reached out to them, I didn't receive the response that I expected. They were more concerned
about my mental capacity, whether I was going to do harm
to myself or to others, and I was basically looking for
preventative resources to prevent becoming homeless.

I was given – told that I could, you know,
they could give me a list of shelters. I could have done
that myself by going through the Yellow Pages.

When I explained to them about my employment
situation, they told me to go to the unemployment office.

As a veteran having served my country
honorably, I just felt that if I was given this
information and being treated this way, what would other
veterans be experiencing as well?

I reached out to my community, and that's
basically when I came in contact with the Final Salute
organization.

From someone who basically has experienced
being on the verge of becoming homeless and not having
a disability, if you will, I just don't see that there
are resources or programs out there for a veteran who
doesn't have a disability or who doesn't have PTSD or MST.
You know, where do we go for assistance?

And then, there are those organizations
that do provide the assistance, but they're not given the
federal grants needed to help more veterans in my
situation.
I did have the opportunity to speak on the Senate panel back in March. They were addressing the issue of ending homelessness among veterans by 2015. At that time, you know, they were focusing on female veterans. Female homeless veterans. That number has not decreased. It's increasing.

Female veterans, we have a unique – we have unique needs apart from the male veterans that are facing homelessness or that are homeless.

And, some of the programs that are being offered are not suitable for females because, you know, they want to place you in housing that's just not suitable for your children. Not even suitable for them to live in.

But, because they have a veteran title, you know, they're thinking that, you know, they are doing something for us veterans.

Instead of asking us what we need, you know, they're giving us what they think we want.

I don't see it as an issue that is being addressed properly, because there are gaps within the system.

So, you know, my part as far as speaking on this panel is to just bring awareness to the group of veterans who don't have disabilities or don't have mental...
illnesses who basically are just experiencing life who are falling on hard times and are trying to prevent becoming homeless.

When we reach out, there are no programs for us. And, if we continue to dig deep and dig deep, then we run into those community-based organizations. But then, those organizations can't fully help us, because they don't have the funds to do so.


DR. RITCHIE: Yes. I am also third generation military, and I'm also a female veteran. So, I'm going to circle back to your comments.

I'm a retired Army psychiatrist and that's really the perspective I want to share today.

Although, since I now work for the D.C.'s Department of Mental Health, I also work with many people, homeless veterans who have slipped through the cracks.

So, wanted to talk a little bit about the so-called signature wounds of war; posttraumatic stress disorder, traumatic brain injury, but I want to emphasize that there's a lot of physical wounds that go along with those.

The blast is a signature weapon of this war,
and the blast causes amputations which you hear a lot about, but it causes a lot of other injuries like facial disfigurement, hearing loss.

And so, many of our veterans who have been wounded, have a combination of physical wounds, psychological wounds, and pain and disability.

And we sometimes forget about the pain and disability and part of the reason I want to highlight it is I believe that that's an under-looked risk factor for suicides, which is also at an alarming rate.

We've known about the high suicide rate for a while. The military is certainly trying to do everything it can and there's been a lot of interventions put in place. However, the suicide rate continues to be alarmingly high.

It was about 349 completed suicides last year. One a day, as Time Magazine put it.

I think what we really need to do is look at the barriers in care that we have and have care that servicemembers and veterans are willing to go to.

By and large, our evidence-based treatments, that is, ones that have been proven in research studies to work, our young men/young women don't like going to them.

For example, medication which does work for
PTSD has a lot of side effects, especially sexual side effects. Young men, young women, anybody doesn't like sexual side effects.

Our other types of therapies, psychotherapies, exposure therapy is an evidence-based one, and that takes 15 to 20 treatments. And, our young men and women often don't like talking to anybody about what's going on, they don't like walking into the front door of a mental health clinic, or, even worse, the Army Substance Abuse Clinic. So, we've got to do more to bring treatment to them.

Why is this important? Because, without treatment, many of our folks do slip out and fall through the cracks. About 20 to 30 percent of combat-deployed veterans have either posttraumatic stress disorder or depression or a variant. So, it's a large number.

You see some places where they've got wonderful treatment going on. Here in the Washington area, we have the National Intrepid Center of Excellence. We've got Walter Reed. They've got all kinds of therapies.

But, you go to an Army post like Fort Bliss or Fort Hood, Fort Bragg, a Marine post like Camp Lejeune, it's really tough to get in the door. Or if you do get in the door, it's often two months before your next
appointment.

And then, people slip through, they get discharged from the military and end up with either little benefits or no benefits.

Some of them do get benefits. And so, it's not across the board that they don't get them especially if they're physically wounded, but then, they have a great deal of problem getting to the VA even if they have benefits.

You mentioned some of the difficulties that you had. It's a tough system to penetrate.

I want to say a word about treatments that are not yet evidence-based, but I find very promising, which is treatments that soldiers will go to treatment for.

Some of the newer ones that I've written and talked about a bit; acupuncture, yoga, stellate-ganglion block, mindfulness, ones that we don't yet have the research trials on, but soldiers like them. Soldiers, marines, other servicemembers.

I'm going to talk less about the VA system, because I know it less. And you did have a long discussion about it this morning, but there's certainly disparities in the VA system.

And the main one that you see is if you don't
live near a VA medical center, it can be very hard.

Now, again, I think the VA is addressing this. They've got programs on rural health, but both the military and the VA system are very, very strained and stretched.

One specific area I'd like to address is that we know a lot about why people kill themselves in the military. We have data on every suicide since 2001 and I can give you those numbers.

We know very little about why veterans kill themselves. By veterans, no longer on active duty.

My understanding is they have a two-man office that's trying to tackle all this.

You can't have effective suicide prevention programs unless you know why people are killing themselves.

Is it homelessness? Is it an upside down mortgage? Is it relationship problems?

In the active duty military, we know it's relationship problems and getting into trouble at work, and then the addition of pain and disability that I mentioned before. When you look at the suicide, they're a real risk factor.

So, I think the VA needs to do more to understand why their veterans are killing themselves.
They've got a little bit of that data now.

I'd like to come back to your two presentations. The military has really moved in the last few years.

Women have been in combat forever. I have three different combat patches myself. They finally removed the combat exclusion rule and I've been in front line for Somalia, Iraq, Korea and other places, but we do need to accept diversity. And we've done that recently with the repeal of the Don't Ask Don't Tell.

I think it would be a great step forward if we would accept other people who want to serve and don't exclude them on the basis of their religious apparel.

And, I wanted to come back to you, your point as a female veteran. The VA still - it says it's no longer your father's VA. It's still your father's VA. It's very hard to get treatment for any of, say, OB/GYN problems. They don't know how to do that.

So, I would, again, I think both VA and the military are very stretched. I'm not saying they're not trying. I think they're trying hard, but they need a gentle nudge to make sure that the VA is open to female veterans, that the VA is open to gay and lesbian veterans, and that the military in general is open to everybody who will serve and serve honorably. Thank you very much.
CHAIRMAN CASTRO: Thank you, Ms. Ritchie.

Mr. Violante.

MR. VIOLANTE: Mr. Chairman, members of the Commission, thank you for inviting DAV here today to discuss the Department of Veterans Affairs budget, their claims backlog, and also pending legislation.

First, let me say that the veteran community is acutely aware of the fact that VA programs have been spared over the last ten years.

While the rest of the federal government has taken big hits/cuts in their budget or budgets that don't even match inflation, VA’s budget has grown.

And, the first part - first two-thirds of this decade their discretionary funding has grown by about 11 percent. So, we are aware of that. Unfortunately, we're not meeting the needs of our nation's veterans. We've been a government willing to send men and women into harm's way off budget. But, when they come home and need benefits and care, we nickel and dime the programs.

Overall the President's FY 2014 federal spending increases by about 2.5 percent.

For VA, total funding is increased by about 10.2 percent. That's both discretionary and mandatory funding.
On the discretionary side, which the majority is for healthcare, the increase is about 4.3 percent.

However, Congress and the administration are required by law to look at VA's healthcare budget a year in advance.

So, for 2015, we know what they're looking at and right now it's only a 19 percent increase - I'm sorry - a 1.9 percent increase above the 2014 levels, which is less than projected for private sector medical inflation.

The administration's budget overall in discretionary funding is about 2.1 billion dollars below what the Independent Budget recommends. That's a document co-authored by DAV, Paralyzed Veterans of America, Veterans of Foreign Wars and AMVETS.

Also, VA's healthcare budget for 2014 is roughly about 1.2 billion dollars below our recommendations. And, even more troubling is that construction is about 1.1 billion dollars below what we believe is necessary.

And, DAV and the other veterans' organizations are concerned about the budget proposal for construction and infrastructure maintenance.

The VA strategic capital investment
planning process estimates that VA will need between 21 billion and 25 billion dollars over the next ten years to maintain VA's existing infrastructure. And that's roughly about 2.1 to 2.5 billion dollars annually.

However, funding requests for major construction projects have fallen from 1.5 billion in fiscal year '08 to 1.1 billion dollars in fiscal year 2011, to just 342 million proposed for FY 2014.

And making this situation even worse is the fact that recently the Congressional Budget Office has determined that VA's long-term leases can no longer be looked at on a per year basis.

In the past, if the lease was going to cost 20 million dollars over 20 years, VA only had to come up with one million dollars for the first year and each year thereafter.

Now, CBO is requiring Congress and the administration to come up with the funding for the full 20 years of the lease notwithstanding the fact that VA can get out of that lease at any time.

So, last year, we saw about 15 projects that weren't approved by Congress, because they couldn't come up with the 1.5 billion dollars. And, we're looking at about another 32 projects over the next two years which affect 22 states, which means that veterans are going to
be denied healthcare if VA cannot expand their program.

DAV is also opposed to, and I think most veterans service organizations are, to what the President's proposing with the changed CPI which would reduce the cost of living adjustment for social security which impacts a veteran's disability.

Veterans would be affected twice by that if that changed CPI would come into effect. Those that are already collecting social security would see that amount dwindle, plus their veterans’ disability compensation would also go down. And, veterans are the only federal beneficiaries that have their COLAs rounded down to the nearest whole dollar.

The backlog, it's a major problem. You can't pick up a newspaper or get anything online without hearing about the backlog.

And for decades, the veterans' service organizations have told VA, the administration and Congress what needs to be done.

The backlog is not the problem. It's a symptom of the problem. The problem is the fact that VA hadn't been doing proper training of their employees. They had no quality review in place. They failed to have accountability for those decisions. The employee levels weren't at the level they should be and they were
working a paper claim instead of paperless.

VA is starting to move in the right directions. I heard an analogy by Craig Newmark of Craigslist fame who basically likened it to driving around in a car for the last two decades with the Check Engine light on and no one doing anything until now.

Most veterans’ organizations are satisfied with the leadership of VA. We believe they’re moving in the right direction. They are now moving to a paperless claims process.

They're also instituting better training, quality review teams in all the areas. And so, we think VA is heading in the right direction.

We would hope that they would get there a little sooner than they have been, but we're hopeful that in the near future, we'll see some better results.

And with that, I'll be happy to answer any questions.

CHAIRMAN CASTRO: Thank you. Well, I'll open and then I'll take questions from my colleagues.

Major Kalsi, what would you say is obviously, we want to shine a light on this issue. When I first learned about the fact that Sikh-Americans could not serve in our armed forces, I was appalled.

It was raised to me by colleagues from the
Sikh Coalition and I just couldn't believe that in this day and age, in this country, we are still banning folks from serving our country based on religion.

And, I understand it's an historic issue, you're one of the exceptions, but hopefully our highlighting this will be able to address some of that, but what do you think we can do as a commission to help change this situation?

MAJ KALSI: Well, thank you for having me here today and just asking the questions and highlighting the issue is a huge step in the right direction.

After 9/11, Sikh Americans felt the brunt of the backlash that ensued.

A lot of folks didn't even know who Sikhs were. So, the lack of education and awareness is. We are really not recognized as an entity in this country.

And so, in trying to step into roles and being accepted as equals within the military or other parts of the government, I think a lot of that - a lot of what we could do is education.

Educating folks about Sikhism, about diversity, about inclusion and reminding all Americans that these values are what this country was founded upon.

When the first guys came here to the United States, they were looking for religious freedom. And
these are our roots as a nation. That’s all we’re asking for.

And, like I mentioned, we have a long and storied tradition of military service, you know.

At one point, we were a third of India's entire Army although we only made up two percent of the population. We were a huge chunk of even the British Army. The sort of technical issues that the Army had raised with wearing the helmet and the gas mask we have overcome rather easily.

I think we've shown that we not only make good soldiers, but we make great soldiers. We're ready, willing, and able to serve and we look forward to a future when my kids don't have to submit two years’ worth of accommodations, petitions, and documents to serve.

CHAIRMAN CASTRO: Has there been any formal conversation or negotiation with the military leaders in the military and civilian leadership about undoing this ban?

And, if so, what's been their response?

MAJ KALSI: We've made, I think, a lot of headway since we started this effort way back in 2009.

It was basically working up through the chain of command. And so, it went all the way up to G-1 and then Defense Secretary Gates at that time who then
said that, okay, we will grant you an accommodation.

We've replicated that process now two more times. We really appreciate it and I've really loved serving my country.

And, I have treasured my time on active duty. I love what I do, but all this falls short of the policy change that we need in order for all of us to be able to serve freely.

So, we are in constant touch with members of the military and DoD and trying to grease the wheels on this issue.

And, you know, everybody has a lot of very important things going on, but I will tell you that if I can speak on behalf of my community of Sikhs, that there is really no other issue nearer and dearer to our hearts.

I come from three generations in the military being the fourth now. Not being able to serve really strikes at the hearts of our citizenship and our ability to say that, hey, we really are a part of this country.

CHAIRMAN CASTRO: I'll ask you one more question and then I'll open it up to my colleagues.

Do you know of any other Americans who are not allowed to serve in our armed forces because of their religion other than the Sikh community?
MAJ KALSI: To my knowledge, sir, I do not know of any other religious groups that are presumptively excluded based upon their articles of faith.

CHAIRMAN CASTRO: Thank you. Commissioners, who would like to ask – Commissioner Yaki, then Commissioner Achtenberg.

COMMISSIONER YAKI: Thank you very much. I wanted to ask Ms. Ritchie some questions.

In our previous panel, I was trying to mine for some data on the issue of what our commission is concerned about, which is protected classes; race, ethnicity, gender, disability, et cetera.

And, the one thing that you brought up that was startling to me, I sort of was vaguely aware, but not really aware of the suicide rate among veterans.

But, in terms of the – and you said there were like two people doing something. So, I'm not going to ask you, because you wouldn’t know anything about it in terms of the demographics.

But, in terms of the active military, which I presume you did have some fairly detailed knowledge of, was there – was the suicide rate basically across the board? Was there any disproportionality in terms of women, minority, gay, LGBT soldiers who are committing suicide while in the active military?
DR. RITCHIE: Yes, I can address that. And, one just small point, but I'll make it. I prefer to go either by "colonel" or by "doctor" rather than "Ms."

COMMISSIONER YAKI: Thank you.

DR. RITCHIE: So, we know a lot about completed suicides in the military. In general, the bulk is in young males. Especially Caucasian males. And relatively rare in females, although it does happen.

It's happening more in older people now especially with accumulation of age and disability. By older in the military, I mean 45, 50.

We do not know about gay and lesbian suicides, because that has not been recorded as an element when the forms are filled out, the report is done.

So, I cannot tell you that, say, ten percent of military suicides were homosexual.

We do suspect that the concealing of one's identity contributed to both substance abuse, depression and suicide. And there were a number of cases that I reviewed that I suspected were homosexual.

But back in that era of Don't Ask Don't Tell, I wasn't going to put that down on any form, because it could have - in a suicide attempt where you could interview the person, it could have major implications causing somebody to be discharged.
So, in brief, it's a very good question about sexuality and mental health, and we don't have good answers now.

COMMISSIONER YAKI: Thank you, Colonel.

CHAIRMAN CASTRO: Commissioner Achtenberg.

COMMISSIONER ACHTENBERG: First, let me say to the major until we began reading the panelist statements, I had no awareness, I'm ashamed to say, that members of the Sikh faith were not permitted to serve in our military.

And, I mean, I think it's absolutely astonishing with no legitimate rationale that this grievance has not already been redressed, but I will accept your assurance that it has not and hopefully our commission can shed some light on that issue.

Ms. Strickland, the particular plight of the female veteran, could you talk a little bit more about the particular situation that female veterans find themselves in specifically related to their family status and other issues that may apply particularly to them that are not - that are issues that the VA is less familiar with than other issues, and pointers you might give us about things that they should be looking at to better accommodate the particular needs of female veterans.
MS. STRICKLAND: To address your question just to the comment that you made about services from the VA as it relates to OB-GYN, the VA, from my perspective, is still predominantly male-oriented.

So, they're not geared to address or, you know, provide the services that females need - the unique services that females need.

From the homelessness perspective, I can speak to that because I basically lived that. It's just not set up for - to provide services for females that have children.

I can't address it from the standpoint of just a single female, because I have children. But, when they do have the services or when there are resources that they can refer you to, the programs that are out there are not suitable for females with children.

Either they can provide the assistance to the female, but not the children. So, we're a package deal, you know.

COMMISSIONER ACHTENBERG: Sure.

MS. STRICKLAND: They come in tow. So, I don't feel that there are enough programs out there that will assist females with - female veterans with children to be able to prevent the homelessness.

There are programs out there that I feel
that kind of put a band-aid on the situation as opposed to finding out what the core issue is as to why this person has become homeless.

As I said, you know, the programs that I dealt with, you know, face on, they were programs that were basically telling me this is what we're going to give you as opposed to just sitting me down and asking me what is it that you need.

so, I just feel that instead of providing resources and programs that kind of fix the issue, if you will, provide services and resources that can prevent. And I don't think that we have enough programs like that.

COMMISSIONER ACHTENBERG: Or help, I mean, grant to community-based organizations that can perhaps better address what the female veteran really needs as opposed to the perception of what she might need.

MS. STRICKLAND: Exactly.

COMMISSIONER ACHTENBERG: Is that part of the recommendation?

MS. STRICKLAND: Yes.

DR. RITCHIE: If I could add to that, I wanted to comment about the military women while deployed.

There is a lot of attention paid to combat. There's not enough attention paid to the health needs of military women while deployed and this is just both your
basic bathroom issue. Are there enough Port-a-potties in Iraq that are clean? Because, if a woman is not able to have a clean bathroom, things like that are little - I'll embarrass all the men here in the room, and I recognize that, but they're likely to have urinary tract infections or they water restrict. So, they get dehydrated. There's issues about managing menstruation in the field.

These are all issues that can be handled fairly easily with education and if you talk about them. But if you don't talk about them and especially if there's a couple young women who are the only women in a unit and they're trying to figure it out for themselves, it's setting them up for failure.

And, unfortunately - I wrote about this after I was stationed in Somalia many years ago. Unfortunately, there was a recent task force that looked at the issues in Afghanistan now, I think it was probably a year and a half ago, and many of the same issues are still out there.

So, people tend to focus on women in combat, but a lot of it is just about the basics of bathrooms.

COMMISSIONER ACHTENBERG: But it's a kind of quiet sex discrimination, if you will, and gender-based discrimination.
DR. RITCHIE: It is. It is. And it's one that really is a low-hanging fruit that if you are able to address it - and some places it is addressed. It's mainly your more austere environment that I think it would go a long way to optimal performance. And, good bathrooms are good for men too.

(Laughter.)

COMMISSIONER ACHTENBERG: Thank you very much.

CHAIRMAN CASTRO: Commissioner Yaki.

COMMISSIONER YAKI: Yes, this is for Mr. Violante. Again, I'm obsessed with these data tracks. And as legislative director I know that I've actually worked with your national president before on other parts of my life in the democratic platform in 2008, among other things.

But one of the things that came up in, again, in previous panel discussion was program's inability to track people applying for them on the basis of their different statuses.

From the standpoint of representing disabled veterans, are you able to get data from various federal agencies about how many of the people applying for veterans for a certain program are disabled or et cetera?
1. Are you able to track any data that would let you know whether or not the folks who you're representing are having their needs met by the different agencies rather than just - I know you're worried about the overall budgets that service them.

2. But in terms of employment, in terms of housing, in terms of healthcare, are you able to get your hands on statistics that help you analyze how well they're being treated in the system?

3. MR. VIOLANTE: Other than how they're treated by VA, the VA keeps pretty good statistics on the breakdown number of different levels, no.

4. I mean, with other federal agencies, we don't really get information from them that's very helpful at all in tracking those type of issues.

5. COMMISSIONER YAKI: Are there any particular agencies that frustrate you because they don't, because you would like to know how folks who you represent are doing in terms of their process through those agencies whether it's EEO, whether it's Housing?

6. MR. VIOLANTE: Unfortunately the only way we become aware of it is when our members reach out to us and tell us about their problems.

7. But, normally, because of the problems we've had in the past, we don't even attempt to do it
anymore, because it's just useless.

CHAIRMAN CASTRO: Commissioner Heriot.

COMMISSIONER HERIOT: I think this is for Mr. Violante as well. You may know this answer to this. It's on the topic of how do we stretch an already strained VA budget.

Does the VA farm out any of its medical services for very specialized services to private medical providers?

Because it occurred to me that the more diverse our veteran population becomes, the more diverse medical problems are going to be. And there are going to be more and more of these very small specialized problems that might be better dealt with if they could be farmed out to private providers who provide that same service to non-veterans as well and that might stretch the budget a little better.

Do you know anything about that?

MR. VIOLANTE: Yes, VA has the authority to contract healthcare under certain circumstances.

If you're a veteran rated 50 percent or more and need care for your service-connected disability, they can contract that care out under certain circumstances, you're too far from the VA or whatever.

If you're enrolled in the VA Healthcare...
System, they have the ability again to contract out care if you need special care.

The unfortunate thing is they don't do it all the time when they should be doing it.

And, as you mentioned, it is a strain on the VA. If you think of the budget as a pie and you cut it up for the eight of us, it's a pretty nice piece. But if you want to include everyone else in the room, it's a little sliver and that's what happens to VA's budget.

The more they contract out, the higher those costs are. And then they have to ration care within the system.

So, until the government gives VA sufficient funding to do all that's necessary, it's going to be a problem.

COMMISSIONER HERIOT: It would be good if they could turn that around if they're farming out just the right things and not the wrong things, the things that save them money instead of the things that will cost them more money.

MR. VIOLANTE: I don't know that they're doing that. We keep asking Congress to do some more oversight on that issue is to make sure that VA is properly spending their money, you know, because I spend a lot of time lobbying Congress to give VA the money that
we believe they need.

But, if they're not spending it properly, doesn't help, you know, my members.

CHAIRMAN CASTRO: Commissioner Achtenberg.

COMMISSIONER ACHTENBERG: Dr. Ritchie, I'm wondering — we heard about two months ago a good bit of testimony on the issue of sexual trauma in the course of military duty primarily from women, but not exclusively from women.

I'm wondering if in your practice now or in your practice formerly you became at all familiar with that issue. And, if so, would you talk a little bit about your experiences in that regard?

And, specifically, we heard about women who actually suffered from posttraumatic stress disorder, the origins of which or at least partial origins of which were this military sexual trauma at least allegedly.

So, I'm wondering if you have familiarity with that issue.

DR. RITCHIE: I do. Sexual assault in the military is a tremendous problem. In my practice, actually what I saw was mainly people who did not want to report it, because they were worried about the impact on their career.

And, if they did report it, for a number of
reasons they often were - either they themselves said, I can't stay in the military any longer, this is too embarrassing, this is too difficult, or in some cases were discharged.

And, I think the recent statistics that have come out are really, really alarming both in terms of the number of assaults and in the underreporting. There's a lot of barriers to reporting.

And, if somebody doesn't report, they don't tend to come in for treatment, because they're worried about confidentiality of their medical records, et cetera.

And so, more of what I saw was people were coming in for depression, posttraumatic stress disorder and it might emerge after they've gotten to know and trust you that they were assaulted.

And, I think that there is - it's a tough problem and again I don't think the military has just been standing back admiring the problem. I think they've been doing stuff.

But to change the culture so that it's not acceptable to rape your colleague and then that it is okay to report, and that if you do report, you're able to continue with your military career and make the successful military career, all of those have to be
tackled.

CHAIRMAN CASTRO: Commissioner Kirsanow, do you have any questions?

COMMISSIONER KIRSANOW: I do not, Chairman.

Thank you.

CHAIRMAN CASTRO: Commissioner Yaki.

COMMISSIONER YAKI: Yes, this is for Ms. Strickland. I can't think of a good way to word this. I'm just going to speak pretty plainly.

In your search for programs in what you have done, have you - did you encounter any issues that you felt - barriers to which you were trying to achieve post your discharge in terms of accessing in services or benefits because of your race?

MS. STRICKLAND: No, no. The only issue or barrier, if you will, was that I didn't have a disability or fit the profile of PTSD or MST. I'm just a basic person. I don't have, you know, drug issues or anything like that.

There were just no readily available programs for someone who just basically just fell on hard times.

COMMISSIONER YAKI: Okay. Thank you.

CHAIRMAN CASTRO: Any other questions, Commissioners? I'd like to ask a question that I've
asked all the previous panels.

I know that we've talked a little bit about what should be done, but ultimately our hope here is that we're going to prepare a report that's going to have findings and recommendations that go to the President and Congress.

If you were writing that for us, those recommendations for us, what would each of your recommendation or recommendations be to address the issues that you've raised to us today?

So, I'll start with you, Major.

MAJ KALSI: So, very plainly and very bluntly, to allow a complete and unimpeded policy change where Sikh Americans can serve freely within all branches of the military; so that we can stand together proudly as Americans, truly embracing the values and diversity that we've been brought up with.

CHAIRMAN CASTRO: Ms. Strickland.

MS. STRICKLAND: I would like to suggest that the VA would partner up with community-based organizations for the resources that they're not able to provide and assist a veteran with.

I believe that if there were a partnership with the community-based organizations, there wouldn't be veterans such as myself who basically fell through the
cracks or who was not offered assistance or resources, you know.

If they don't have the resources, they should at least have a list of partners that they can refer a veteran to, to say, okay, well, because I can't assist you; then this organization can.

CHAIRMAN CASTRO: Thank you. Colonel Ritchie.

DR. RITCHIE: I have about 20, and I'll stick to three briefly.

(Laughter.)

CHAIRMAN CASTRO: You can email us the other few.

DR. RITCHIE: The military, and I love the military, talks out of both sides of its mouth.

It says seeking help is a sign of strength. But then, if you go and get mental health care, behavioral health care, you are penalized by a number of different policies.

So, the first recommendation is take a systematic look at the policies that penalize you.

One of them, for example, is you're not allowed to deploy if you've had a change in your psychiatric medications or your psychiatric diagnosis within the last three months.
Sounds like a good idea. Keep people who are unstable from being on the battlefield, but what it means in practice is soldiers want to deploy. That's how you get promoted in the military.

And, you don't want to go near a psychiatrist or any physician or PA and complain about a mental health issue, because then you won't deploy with your unit.

And, there are a number of other things like that. In the Navy, you're not allowed to carry a firearm if you're on psychiatric medications, including the mild antidepressants, unless you have a general officer sign off on your ability to carry a firearm. That kills your career. So, that's one area.

Another area is the security clearance issue which I alluded to in my written testimony, but didn't talk about. And, that is that they still ask you the dreaded Question 21, have you sought counseling?

Now, there are some exemptions. If you sought counseling as a result of combat experience, you don't have to say "yes," but there's a lot of confusion about it.

If you do check "Yes," usually the security clearance can be delayed by another year or so.

It's my belief, and I haven't seen any data
to counteract it, that spies don't go and get mental health counseling. And, if you ask about mental health counseling, I don't think, and I - they haven't shown me any data that says that question adds to your ability to detect espionage activity.

And then three, briefly, I mentioned that there's some cases that have places that have really good care. We need to do better at replicating those across the military.

There's just major, major disparities in treatment. Some soldiers get the Cadillac of care for PTSD and TBI, traumatic brain injury, and others get the broken down Chevy and get discharged from the service, because they don't get better.

I'll send you the other 17 by email.

CHAIRMAN CASTRO: Thank you, Colonel. Mr. Violante.

MR. VIOLANTE: My recommendation would be to get a truly seamless transition from the military to civilian life.

I mean, it's been something that we've talked about for 30 years and it hasn't come about.

Today, with the electronic systems we have, you would think that it should be easy to transfer records from the military to VA in a method that VA can get the
most benefit out of those records.

Right now, they can transfer them electronically, but they're almost useless to VA.

That and the fact that transition assistance programs should ensure that the men and women leaving the military fully understand the benefits and services that are available to them.

Also part of that, there's a big issue with licensing and credentialing. The military spends millions of dollars training these men and women.

You take combat corpsmen or medics who are saving lives on a battlefield under the most horrendous conditions, and yet, they come back here and they can't step into a job, you know, driving an ambulance or helping, you know, in an emergency room.

So, you know, that seamless transition should be something that we can work on and correct and make it easier.

CHAIRMAN CASTRO: Colonel Ritchie.

DR. RITCHIE: If I could add one that we haven't really mentioned, employment, good employment is so important to veterans. So, some of it is healthcare and benefits, but we've really got to do better picking up on your point about translating the military skills to good jobs.
CHAIRMAN CASTRO: Commissioner Yaki.

COMMISSIONER YAKI: Yes, I wanted to thank the chair for having this briefing. I think it's been very educational.

I didn't want to ask a question. I just wanted to make a comment to Major Kalsi.

And that is, when I hear about the stories of my father's youth, my father spent part of his childhood in a camp in Arizona, because he was Japanese American. And during World War II at the beginning, the United States government decided American citizens who were Japanese were enemy combatants and aliens.

And, it wasn't until - and they were not allowed to serve in the American military until finally an act of the President and the recommendations of others finally got them to do so.

And, in so doing, they formed what became the most highly-decorated unit ever in the United States Army, the 442nd Regimental Combat Team comprised entirely of Japanese Americans who had just probably six months before been declared unable and unfit to serve in the United States military because of their race.

So, I understand the frustration that you have and I would just hope that maybe one day the United States government will look at the model that they did
with the Japanese Americans and form an all-Sikh unit and just see how well that does out in the field.

Because sometimes, unfortunately, the only way to show how patriotic you really are is to go out there and demonstrate it by paying with the ultimate sacrifice and the ultimate treasure.

Because the 442nd 100th is not only the most highly-decorated unit ever in American battle history, it's also the one with the highest casualty rate ever in American battle history.

It suffered somewhere in the neighborhood of three to four times more casualties than there were actually people who were ever in the unit.

It's a horrible thing to think about that that's a way you demonstrate how much you love your country.

You were trying to do it through peaceful means and through dogged perseverance and I commend you for it, but sometimes I look at the U.S. military and think, you know, these people want to serve, they want to defend our country, they want to show how being - what an American really is all about. Let them. Just let them.

MAJ KALSI: Thank you, sir. Just one quick comment on that. We have had Sikh Americans actually in
all branches of the military since the early 1900s. You can see beautiful historical pictures which are a part of my appendices. Over 80,000 Sikh soldiers died serving along allied forces in World Wars I and II.

That's a lot of blood, sweat and tears. I really appreciate and thank you from the bottom of my heart for having us here today.

CHAIRMAN CASTRO: Thank you and thank you, all, for a very informative panel. This ends the briefing. We're going to begin in a minute in a few minutes with our meeting, but let me just first do a few acknowledgments about today's briefing.

I want to thank Margaret Butler from our staff at the Civil Rights Commission and her staff for putting this altogether.

Margaret, there she is. Let's give her a round of applause.

(Applause.)

CHAIRMAN CASTRO: But, their work in not done yet, because now they're going to go and distill all this information into a report.

I also want to thank Pam Dunston and her staff. They organized all the physical logistics of us being here today.

So, I don't know if Pam is running around,
but I want to thank her as well.

(Applause.)

CHAIRMAN CASTRO: Lastly, I want to let everyone know, both those folks that are here and those that will be watching us on C-SPAN and other places that for the next 30 days this record for the briefing will remain open.

If panelists or members of the public would like to submit written materials to the Commission, they can do so in one of two ways either by mailing them to us at the U.S. Commission on Civil Rights, Office of the General Counsel, 1331 Pennsylvania Avenue, N.W., Suite 1150, Washington, D.C. 20425, or via email at PublicComments@USCCR.gov. That's P-U-B-L-I-C-C-O-M-M-E-N-T-S@USCCR.gov.

Thank you everyone.

It is now 2:35 and the briefing is adjourned. Commissioners, five minutes and then we'll come back and start the business meeting - or continue the business meeting.

(Whereupon, at 2:49 p.m. the briefing was adjourned.)