

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?

+ + + + +

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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P R O C E E D I N G S

9:35 a.m.

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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1 Kladney.

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

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

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

13 So, is there a second?

14 COMMISSIONER YAKI: Second.

15 CHAIRMAN CASTRO: Okay. Any discussion?
16 All those in favor, signify by saying "Aye."

17 GROUP RESPONSE: Aye.

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

21 COMMISSIONER YAKI: Yes, thank you very
22 much, Mr. Chair. In deference to some schedules of
23 commissioners today, I'd like to move up the item
24 regarding the discussion and for approval of the Stand
25 Your Ground investigation to 12:30.

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1 CHAIRMAN CASTRO: Is there a second to that?

2 COMMISSIONER ACHTENBERG: Second.

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

6 GROUP RESPONSE: Aye.

7 CHAIRMAN CASTRO: Any opposed. Any
8 abstentions. Okay.

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

12 Commissioner Achtenberg.

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

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

20 CHAIRMAN CASTRO: Do we have a second on
21 that?

22 COMMISSIONER HERIOT: Second.

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

25 GROUP RESPONSE: Aye.

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1 CHAIRMAN CASTRO: Any opposed. Any
2 abstentions. Okay. That passes unanimously. So,
3 now, we'll move to approve the agenda as it's been
4 amended.

5 Is there a second to that motion?

6 COMMISSIONER YAKI: Second.

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

9 GROUP RESPONSE: Aye.

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

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

19 We also want to make sure that as we present
20 this, we realize that this week, we celebrated Memorial
21 Day. And this commission has in the last few months,
22 made a special emphasis on looking at the rights and
23 protections that should be afforded to those members of
24 our military who have literally fought and died to
25 protect our way of life and our rights.

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1 A few months ago, we did a hearing on the
2 condition of sexual assault in the military. And, we are
3 working on a report that is our statutory report for the
4 year and is going to be ready by the end of our fiscal
5 year for presentation to the President and Congress so
6 that hopefully we'll have recommendations that they can
7 take action on.

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

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

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

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

24 And, I remember going with my dad to - in
25 1969 and 1970 to collect money in little tin cans

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1 throughout the neighborhood to try to raise money to put
2 together a memorial to those Vietnam soldiers who died.
3 And, this was in 1969 and 1970 when that was not one of
4 the most popular things to do.

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

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

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

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

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

23 And, I want to share what I think to me is
24 an encapsulation of why we're doing what we're doing here
25 today, and that is a poem that is written by a member,

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1 a veteran of the U.S. Army, Charles Province. And it's
2 called "It Is The Soldier." Some of you may have heard
3 this. If not, I commend it to you.

4 It is the soldier, not the minister, who has
5 given us freedom of religion. It is the soldier, not the
6 reporter, who has given us freedom of the press. It is
7 the soldier, not the poet, who has given us freedom of
8 speech. It is the soldier, not the campus organizer, who
9 has given us the freedom to protest. It is the soldier,
10 not the lawyer, who has given us the right to a fair trial.
11 It is the soldier, not the politician, who has given us
12 the right to vote. It is the soldier who salutes the
13 flag, who serves beneath the flag, whose coffin is draped
14 with the flag, who allows the protestor to burn the flag.

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

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

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

25 And, for the first time, I would like to

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1 encourage those of you in the audience to utilize social
2 media while we are going through our panel here.

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

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

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

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

17 COMMISSIONER YAKI: I'm at YakiBlog,
18 Y-A-K-I-B-L-O-G. I guess I'll tweet right now.

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

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

24 We're going to begin first with -

25 COMMISSIONER GAZIANO: Mr. Chairman.

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1 CHAIRMAN CASTRO: Yes.

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

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

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

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

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

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

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

22 Once that is done, I will continue on. I'm
23 going to try to enforce as strictly as possible the time
24 allotments obviously for the speakers as well as for our
25 commissioners so that we can move forward.

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1 I know that, Dr. Jesse, you're going to have
2 to leave, I understand, at 10:15; is that correct?

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

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

9 DR. JESSE: Appreciate it.

10 CHAIRMAN CASTRO: I know you have to see
11 patients.

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

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

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

23 Our first panelist is Robert Jesse,
24 principal deputy under secretary for health with the
25 Department of Veterans Affairs.

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1 Our second panelist is Kenan Torrans who is
2 the deputy director in the Department of Labor, Office
3 of National Programs, Veterans Employment and Training
4 Service.

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

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

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

15 Dr. Jesse, please proceed.

16 DR. JESSE: Thank you.

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

21 GROUP RESPONSE: I do.

22 CHAIRMAN CASTRO: Now, you may proceed.

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

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1 Affairs is doing.

2 COMMISSIONER YAKI: Here's one big
3 housekeeping thing.

4 DR. JESSE: Sure.

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

7 DR. JESSE: All right.

8 COMMISSIONER YAKI: And speak right into it.

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

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

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

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

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

25 Perhaps the most visible of all benefits and

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1 services we provide veterans is healthcare.

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

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

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

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

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

23 Our Office of Health Equity is working to
24 position VA as a national leader in achieving equity in
25 healthcare. This office is developing a Health Equity

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1 Action Plan which includes a comprehensive communication
2 plan, measures for equitable access, cultural competency
3 training for staff and information on translating
4 research findings into clinical treatment, education and
5 outreach.

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

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

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

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

20 VA along with federal agencies, including
21 the Department of Defense and the Department of Housing
22 and Urban Development, is a member of the Federal
23 Interagency Health Equity Team which works to attain the
24 highest level of health for racial, ethnic minorities and
25 underserved populations.

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1 We have been an important participant in
2 this team's activities since its inception serving on
3 work groups, delivering presentations and hosting
4 meetings.

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

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

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

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

22 In addition to the services we provide at
23 every VA medical center, we have 50 women's health
24 centers. These centers whose number has increased
25 eightfold in the past decade in response to the growing

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1 need develop enhanced programs for women.

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

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

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

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

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

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

23 Together with our federal, state and local
24 partners, we provide substantial hands-on assistance to
25 homeless veterans.

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1 In fact, VA's major homeless programs
2 constitute the largest integrated network of homeless
3 assistance programs in the country.

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

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

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

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

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

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

23 This law is nothing new. It's been around
24 in one form or another since about 1940. And, the
25 current iteration although it passed in 1994, really

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1 crystalized the protection set forth in previous
2 statutes and case law into one comprehensive body.

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

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

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

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

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

20 There are those that are waiting for
21 deployment, and those that are on deployment--and also
22 those that have come back.

23 We've had an increase in USERRA complaints
24 since 9/11. They've peaked last year at 1575, I believe,
25 1575, and averaging about 1400 per year.

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1 But, the Secretary of Labor acting through
2 the Assistant Secretary for Veterans Employment
3 Training, or VETS, is responsible for administering,
4 interpreting, and enforcing the statute.

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

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

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

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

23 Now, it primarily covers three areas.
24 Number one, anti-discrimination which generally
25 provides that employers cannot take any adverse action

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1 against an individual due in any part to that person's
2 past, present or future military service, status or
3 obligations. Military service doesn't have to be the
4 main reason for the adverse action. It could just be part
5 of the reason for the adverse action in order for USERRA's
6 anti-discrimination provisions to apply.

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

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

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

21 But, unlike FMLA, USERRA is broader because
22 it applies to all employers, regardless of size and puts
23 the returning employees back where they would have been
24 had they never left. Any promotions, any pay raises,
25 anything like that, that's what they would get.

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1 But, USERRA's reinstatement provisions may
2 result in adverse consequences, too, if the employer can
3 show that the returning employee might have been laid
4 off, terminated, downsized, RIFed, or similar. This has
5 been the standard since about 1946 in the Supreme Court
6 Case Fishgold v. Sullivan Drydock.

7 We investigate, as I mentioned, we
8 investigate about 1400 complaints each year.

9 USERRA and military employment is a top
10 priority with our Secretary and we don't really measure
11 success in terms of settlements reached or the amount of
12 dollars obtained through our settlement efforts. Our
13 success is measured more in terms of ensuring that our
14 servicemembers are back to work, that they are properly
15 reinstated, they're properly employed, that they have
16 been made whole, and that the law is upheld. If that
17 happens, then we have been successful.

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

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

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1 seek our help.

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

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

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

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

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

24 So, it's a very - it's a very big priority.
25 Thank you very much, and I look forward to answering your

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1 questions.

2 CHAIRMAN CASTRO: Thank you. Ms.
3 Alexander.

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

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

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

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

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

23 And, they also prohibit employers from
24 retaliating against a person for complaining about
25 discrimination, filing a charge of discrimination or

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1 participating in an employment discrimination
2 investigation or lawsuit.

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

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

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

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

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

25 In 2012, the Agency resolved over 111,000

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1 charges of discrimination and obtained over 365 million
2 dollars in relief for victims of employment
3 discrimination through our administrative enforcement
4 efforts.

5 And, in 2012, we also resolved over 250
6 lawsuits for total recovery of over 44 million dollars
7 in addition to substantial equitable relief, and we filed
8 122 new lawsuits.

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

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

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

23 The Agency's no-cost outreach programs
24 reached over 318,000 people in FY 2012 through
25 participation in almost 4,000 events around the country.

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1 We're located here in Washington, D.C., and
2 we have 53 offices around the country where we do our work
3 every day.

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

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

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

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

21 These guides which are written in very
22 simple question-and-answer form, are just questions that
23 veterans might have about their rights under the ADA and
24 questions employers might have about how the ADA applies
25 to veterans.

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1 In November of 2011, the Commission held a
2 public meeting to hear expert testimony on the unique
3 needs of veterans with disabilities transitioning to
4 civilian employment.

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

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

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

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

22 We emphasize in our outreach to veterans
23 that there is no relationship between the definition of
24 "disability" under the ADA and how "disability" may be
25 defined by the VA or other federal agencies.

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1 Both of the guides discuss a number of
2 common accommodations that veterans might need and
3 discuss the concept of reasonable accommodation.
4 Again, it's one that may be unfamiliar to veterans.

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

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

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

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

25 We emphasize to veterans that, in the

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1 civilian employment context, there are restrictions on
2 exams and inquiries; and we try to educate them about what
3 those restrictions are.

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

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

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

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

23 Again, I'd like to thank you for having this
24 important hearing today, and I look forward to our
25 discussion.

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1 CHAIRMAN CASTRO: Thank you. Mr. Greene.

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

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

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

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

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

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

25 This past February, HUD reached an

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

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

13 Under the settlement, PNC paid the couple
14 \$15,000, revised its policy regarding its treatment of
15 applicants on parental leave and agreed to review
16 applications for VA-guaranteed residential mortgage
17 loans filed in the last two years in the eight
18 northeastern and Mid-Atlantic states and to identify and
19 compensate applicants who were wrongfully denied.

20 In 2011, HUD charged a Utah homeowner
21 association with discriminating against a Gulf War
22 combat veteran with psychiatric disabilities when it
23 refused his request to keep an emotional support dog
24 despite medical documentation verifying his need for the
25 animal.

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1 The homeowners association also assessed
2 fees and fines against the veteran for the time he had
3 the dog and refused to renew the veteran's lease until
4 he paid the charges.

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

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

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

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

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

24 Needing an affordable place to live, the
25 couple agreed to move in with the understanding that they

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1 could transfer to a more accessible unit as soon as one
2 became available. Three months later they had not been
3 offered a transfer.

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

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

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

19 CHAIRMAN CASTRO: Thank you, Mr. Greene.
20 Mr. Boehmer, please proceed.

21 MR. BOEHMER: Good morning.

22 CHAIRMAN CASTRO: Good morning.

23 MR. BOEHMER: Chairman Castro and members of
24 the Commission, thank you for the opportunity to appear
25 today to discuss the Department of Defense's Federal

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1 Voting Assistance Program and our work with uniformed
2 services personnel, their families and U.S. citizens
3 living overseas to vote in U.S. elections by absentee
4 ballot.

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

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

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

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

21 The Act ensures that military members and
22 overseas citizens have ample time to receive, vote and
23 return their absentee ballots by requiring states to send
24 blank ballot to these voters at least 45 days before every
25 federal election, and to allow them to offer the receipt

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1 of that blank ballot electronically.

2 The Act does not apply to veterans, unless
3 of course those veterans live overseas.

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

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

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

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

23 Servicemembers transitioning out of the
24 military are advised to notify their local election
25 official of their change of status and are provided the

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1 opportunity to register to vote.

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

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

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

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

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

25 In coordination with the Office of Wounded

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1 Warrior Care and Transition Policy and the U.S. Election
2 Assistance Commission, we developed a specialized guide
3 and checklist for voting assistance officers to address
4 the voting-related needs of our wounded warriors.

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

9 During 2012, we sent out a total 18.4
10 million emails reminding servicemembers to register, to
11 vote, and to request their absentee ballot. In total,
12 our website received more than 20 million page views in
13 2012.

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

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

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

23 In addition to assisting voters directly
24 and supporting military services, the Federal Voting
25 Assistance Program works with states and local election

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1 administrators to ensure that they are aware of the
2 federal requirements to support their efforts to improve
3 services for our military and our overseas voters.

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

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

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

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

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

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

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1 Mr. Chairman, members of the Commission,
2 thank you again for this opportunity and I look forward
3 to our discussion.

4 CHAIRMAN CASTRO: Thank you. So,
5 Commissioners, you know, I will acknowledge those of you
6 who want to ask a question. I'll keep a list here.

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

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

14 COMMISSIONER KLADNEY: Dr. Jesse, I don't
15 know if - I couldn't hear you very well.

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

18 DR. JESSE: The adjudication process is, I'd
19 like to say, relative and straightforward, but it's
20 probably not.

21 It's first handled in the regional offices.
22 If a claim is awarded, things move forward. If there is
23 an appeal on that claim, that would go back through the
24 Board of Veterans Appeals, which is a series of judges
25 who then mediate those cases.

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1 COMMISSIONER KLADNEY: I understand that.
2 It's a pretty Byzantine process, I think, once you get
3 into the appellate action.

4 But, the length of time that it's taking and
5 I've heard reports up to - when you take appeals, up to
6 600 days.

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

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

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

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

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

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

23 DR. JESSE: No, no. So, the VA, the Veterans
24 Health Administration, their health records have been
25 electronic for over 20 years.

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1 Many of the claims and particularly the ones
2 that are taking a long time, are claims that date back
3 or are coming from Vietnam era veterans' questions and
4 involve their military records, most of which are not
5 electronic.

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

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

24 Secretary Shinseki made the decision in
25 2010, I believe, that markedly expanded the presumption

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1 for illnesses related to Agent Orange. One of those
2 being ischemic heart disease.

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

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

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

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

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

24 DR. JESSE: So, there is -

25 COMMISSIONER KLADNEY: - because it's -

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1 DR. JESSE: Yes, there is now actually a
2 process moving forward that gives essentially a
3 provisional award that can get the process moving. And
4 then, it will be, you know, a final adjudication.

5 COMMISSIONER KLADNEY: Is that for every
6 claimant, or just those that are presenting -

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

9 COMMISSIONER KLADNEY: You're not aware of
10 how it works?

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

13 COMMISSIONER KLADNEY: Thank you, sir.

14 CHAIRMAN CASTRO: Commissioner Achtenberg.

15 COMMISSIONER ACHTENBERG: Thank you, Mr.
16 Chairman.

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

20 I'm wondering if you could elaborate on that
21 part of your testimony and talk specifically about the
22 disparities that do exist that the Department is
23 currently aware of, and what kinds of interventions to
24 reduce or eliminate those disparities you are currently
25 aware of, and whether or not you could direct this

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1 commission's attention to studies that have been done
2 that validate with data those - the existence or
3 nonexistence of those disparities, which data we might
4 be able to - you might be able to provide us within a
5 subsequent submission that we might be able to examine
6 in greater depth.

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

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

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

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

24 And so, we look carefully for disparities
25 for differences, because we want to know where they

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1 exist. We want to understand them. And, if it is an
2 issue of equity, we want to ensure that we correct that.

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

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

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

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

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

25 But, in a sense, it was interesting because

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1 there was complete equity in all of the evidence-based
2 therapies, meaning they had the same number of stress
3 tests, they had the same number of diagnostic tests as
4 indicated, but they had fewer surgeries, bypasses and
5 fewer stents - actually, angioplasties at the time.

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

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

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

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

22 In trying to understand this, we have an
23 office, the Center for Health Equity Research, for
24 instance, a number of specific centers whose purpose it
25 is, is to do exactly this type of research.

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1 So, there is a long list of publications
2 which I can't cite you now, but I'd certainly be glad to
3 provide if you would like to move into that area further.

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

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

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

13 So, your offer of additional information
14 from your equity division, I think -

15 DR. JESSE: Sure.

16 COMMISSIONER ACHTENBERG: - our staff
17 would like to take you up on that.

18 DR. JESSE: Okay. So, I guess someone from
19 your staff will reach - you have my contact number and
20 -

21 COMMISSIONER ACHTENBERG: Yes.

22 DR. JESSE: Okay.

23 COMMISSIONER ACHTENBERG: I think that would
24 be extremely important. I think that is one of the
25 questions I believe this commission is going to want to

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1 very carefully assess.

2 Consistent with that, could I ask an
3 additional question or do you want me to -

4 CHAIRMAN CASTRO: Yes, one more and then -

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

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

10 COMMISSIONER GAZIANO: Oh.

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

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

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

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

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

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1 magnificent. The field has been incredibly responsive.

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

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

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

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

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

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

24 And, these are areas that are new to us,
25 often requires both regulation and legislation to fix,

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1 if you will, but it's areas that we're committed to, we're
2 dedicated to and we will work through.

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

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

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

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

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

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

24 COMMISSIONER HERIOT: I really have more of
25 a comment than a question.

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1 The Commission actually did a report on
2 healthcare disparities, both disparities in treatment
3 and in outcomes, a few years ago which I found very
4 enlightening. And, with your permission, I'd like to
5 send it to you.

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

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

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

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

24 And, we have - are literally, I think, at
25 this point, probably the leaders in the world in the

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1 development and deployment of - and I'll use the term
2 "connected health," because it's not just telehealth.
3 There's a number of modalities one can use to engage
4 patients from afar.

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

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

13 COMMISSIONER YAKI: I just - my question
14 isn't particular to him.

15 CHAIRMAN CASTRO: Okay.

16 COMMISSIONER YAKI: So, if you just want to
17 get the Dr. Jesse's questions out of the way -

18 CHAIRMAN CASTRO: Okay. That's great.
19 Thank you, Commissioner Yaki.

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

23 And, I worked in the healthcare industry for
24 a number of years myself. And, one of the issues that
25 you raise in your statement is the issue of cultural

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1 competency and the trainings that are done by VA, but I
2 think a big part of that is also having medical
3 professionals and particularly doctors that are from the
4 culture and from the communities of the patient base.

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

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

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

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

24 The VA is the, I'll say, the largest trainer
25 of healthcare professionals in this country.

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1 That's a broad statement, but the bottom
2 line is about 70 percent of healthcare professionals
3 receive some part of their training in the VA system.

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

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

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

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

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

25 CHAIRMAN CASTRO: Thank you. Commissioner

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1 Gaziano.

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

6 I do join my other commissioners in thanking
7 VA for making studies and data available to our staff.

8 I question our ability to properly
9 reanalyze data that the VA has been trying to analyze.

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

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

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

24 In my questioning, I was going to maybe ask
25 you a hypothetical or two, because I know you're looking

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1 for reasons why disparities based on race, gender,
2 ethnicity might exist.

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

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

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

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

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

20 DR. JESSE: So, I think the answer to that
21 question is exhibited if you look regionally across the
22 United States just in the difference of, say, the
23 instance of stroke where, you know, we talk about the
24 southern eastern states being the stroke belt of this
25 country. So, yes, diet has a huge impact.

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1 We, you know, I mentioned that it's not just
2 healthcare that we provide, but social services as well.
3 But, you know, trying to talk to patients about - not just
4 talk to them.

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

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

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

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

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

25 We know that in the deep urban areas they

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1 can literally be, you know, fruit and vegetable-free
2 zones. And, you know, how do we encourage the right
3 kinds of diets?

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

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

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

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

23 They're a consequence of, you know, not just
24 an individual's genetic basis, but also their lifelong
25 habits and histories.

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1 COMMISSIONER GAZIANO: Thank you very much.
2 Let me just, if you don't mind, two very quick comments.

3 First of all, I have read some who dispute
4 the healthy food desert hypothesis. But, to the extent
5 that it exists, it's not a government problem.

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

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

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

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

22 And also, to the point that Commissioner
23 Gaziano mentioned, actually our Illinois State Advisory
24 Committee did do a report on food deserts in the Chicago
25 area where it does indicate that particularly in

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1 African-American communities, more so than other ethnic
2 communities in Chicago, there are huge issues of access
3 to fresh and healthy foods. So, you can find that on our
4 website.

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

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

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

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

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

24 And, I guess the question I'm asking, the
25 reason I'm asking that is because given the data, given

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1 the size of each population that's in a protected class
2 that is part of our mandate as the U.S. Commission on
3 Civil Rights, I'm interested to know whether there is any
4 disproportionate impact - disproportionate number of
5 people applying for, not applying for, turning down, on
6 waiting lists, what have you, for your different - for
7 all your different programs, I guess, with the exception
8 of the voting one which is probably - I have different
9 questions for that.

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

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

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

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

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

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

25 The next one should be out hopefully towards

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1 - hopefully in July, possibly later.

2 COMMISSIONER YAKI: Ok. Thank you.

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

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

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

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

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

23 COMMISSIONER YAKI: Okay. That's
24 interesting.

25 CHAIRMAN CASTRO: And let me just ask the

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1 reason is that you do not cover veterans.

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

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

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

9 CHAIRMAN CASTRO: Yes.

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

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

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

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

25 So, it - since veteran status was not the

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1 basis for the complaint even if the person was a veteran
2 and the context of the case may have -

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

10 MR. GREENE: Right, right.

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

20 MR. GREENE: Well -

21 COMMISSIONER YAKI: But that being said, on
22 the local level do you require local housing authorities
23 or operators of what used to be 223 and other types of
24 programs, 203, 223, whatever they're called, I used to
25 know them, to keep breakdowns of their population, their

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1 waiting list by ethnicity, but also whether or not there
2 is a veteran status as part of that?

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

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

9 COMMISSIONER YAKI: Right.

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

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

20 COMMISSIONER YAKI: But do you -

21 MR. GREENE: But we can -

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

25 MR. GREENE: Sure. So, we do have - we have

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1 data. So, among the cases that we have where we have
2 obtained settlements and charges, we can pull together
3 data regarding veterans in those cases.

4 COMMISSIONER YAKI: Okay, thank you.

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

8 MR. GREENE: Okay.

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

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

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

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

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

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1 et cetera.

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

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

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

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

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

21 It just strikes me as something that is
22 important to know given how - given the fact that we have
23 an entire agency devoted toward the fact that people are
24 often denied a job because of their ethnicity, because
25 of their race, religion, because of their disability.

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1 In fact, we have an actual statute in DOL
2 that protects servicemembers and then, you have to
3 adjudicate cases where people come up against that and
4 not have it.

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

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

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

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

22 Something that you could recommend to us
23 that would make an important difference so, hopefully,
24 we could get a majority of our commissioners to present
25 to the President and Congress.

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1 COMMISSIONER YAKI: Other than repeal the
2 sequester.

3 CHAIRMAN CASTRO: Yes, we all agree on that.

4 MR. TORRANS: That was very good.

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

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

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

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

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

24 CHAIRMAN CASTRO: Great. Thank you. Ms.
25 Alexander.

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

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

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

17 It is so - the ADA is so different from how
18 disability is treated in the military environment. And,
19 I think, you know, the dream I would have, the thing I
20 would love to see us figure out how to do is, you know,
21 to make sure no matter how you're leaving the service
22 whether you're just having an administrative discharge
23 or going through TAP, whether you're going out through
24 a Warrior Transition Command unit, because you have
25 medical issues and you're receiving treatment on your

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1 way, no matter how you go out, I think you should get just
2 some very basic information about the ADA so at least
3 there's some glimpse of recognition when you enter the
4 civilian workplace of what right looks like.

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

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

12 CHAIRMAN CASTRO: Thank you. Mr. Greene.

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

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

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

25 And so, I think to do more formal outreach,

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1 more coordinated outreach to that population to let them
2 know of their fair housing rights is something that we
3 can do better.

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

9 CHAIRMAN CASTRO: Thank you. Mr. Boehmer.

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

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

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

23 During the 2012 election cycle, we really
24 stepped up those efforts in terms of our communications,
25 our engagements. But, we know going forward into the

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1 2014 election cycle and looking even greater to the 2016
2 election cycle, that awareness and letting folks know
3 about the resources they have available will be really
4 important in order for us to get our messages out.

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

8 COMMISSIONER KLADNEY: First of all,
9 Commissioner Yaki actually brought this to my attention
10 this morning.

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

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

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

23 MR. GREENE: Right. So, I was speaking
24 about the civil rights function not collecting this data.
25 But, in terms of the other programs that HUD has, we have

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1 that data because HUD is a service provider specifically
2 for the homeless and specifically for homeless veterans.
3 So, there is -

4 COMMISSIONER KLADNEY: Right. Can you
5 describe the VASH program? I mean, you only provide
6 10,000 units a year for veterans and it seems to me like
7 we have a lot more people who need housing than that that
8 are veterans.

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

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

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

15 COMMISSIONER ACHTENBERG: He didn't do it.

16 COMMISSIONER KLADNEY: I'm not blaming him.
17 I'm asking him a question.

18 (Laughter.)

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

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

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

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1 answer?

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

5 CHAIRMAN CASTRO: Yes.

6 MS. ALEXANDER: So, currently we have race,
7 color, religion, sex, national origin, age, disability
8 -

9 COMMISSIONER KLADNEY: Right.

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

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

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

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

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

25 CHAIRMAN CASTRO: Yes.

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1 COMMISSIONER KLADNEY: - they were being
2 discriminated against. That would be, I mean, I'm just
3 having -

4 CHAIRMAN CASTRO: Yes.

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

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

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

23 Certainly there's the disability issue, but
24 it's really the veteran status which is the first filter
25 that is being used as an element of discrimination.

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1 So, we've certainly seen those issues in
2 Illinois.

3 COMMISSIONER KLADNEY: And, Mr. Greene, one
4 more question.

5 MR. GREENE: Sure.

6 COMMISSIONER KLADNEY: With your section 8
7 housing, how many veterans do you serve?

8 Do you have that figure somewhere?

9 MR. GREENE: I suspect we do.

10 COMMISSIONER KLADNEY: Could you provide
11 that to us?

12 MR. GREENE: Sure.

13 COMMISSIONER KLADNEY: The total and then
14 how many veterans.

15 MR. GREENE: Sure.

16 COMMISSIONER KLADNEY: Thank you.

17 CHAIRMAN CASTRO: Well, we're going to
18 conclude Panel 1. I want to thank each and every one of
19 you. This was excellent.

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

24 And then as Panel 1 steps down, we're going
25 to ask Panel 2 to begin to make your way up here.

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1 (Pause in the proceedings.)

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

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

7 CHAIRMAN CASTRO: Commissioner Gaziano and
8 Kirsanow on the phone?

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

11 CHAIRMAN CASTRO: Okay.

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

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

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

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

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

25 And, our fourth panelist is Danny Ingram,

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1 national president of American Veterans for Equal
2 Rights.

3 I am going to ask each panelist to please
4 swear or affirm that the information that you are about
5 to provide us is true and accurate to the best of your
6 knowledge and belief; is that correct?

7 GROUP RESPONSE: That is correct.

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

10 GROUP RESPONSE: Yes, sir.

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

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

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

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

24 To ensure that veterans have access to VA
25 benefits, VetsFirst provides direct representation to

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1 assist them in applying for benefits and administers an
2 online portal through which anyone can submit a question
3 that will be answered by a trained veterans service
4 officer.

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

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

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

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

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

23 Providing increased access to VA home and
24 community-based services and ensuring proper supports
25 for caregivers are critical to ensuring the rights of

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1 disabled veterans to community integration.

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

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

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

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

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

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

25 It also represents an important step toward

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1 fulfilling their promise of community integration.

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

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

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

11 We believe that HUD has an important role
12 to play not only in ensuring compliance with
13 accessibility and non-discrimination requirements found
14 in the Fair Housing Amendments Act of 1988 and Section
15 504 of the Rehabilitation Act of 1973, but also in
16 promoting visitability.

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

22 For example, we are working with HUD's
23 Office of Sustainable Housing and Communities on helping
24 grantees to include people with disabilities in required
25 planning processes.

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1 These efforts are important to broader
2 community requirements to affirmatively further fair
3 housing.

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

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

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

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

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

25 Lastly, we believe that we must increase

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1 access to employment and education opportunities.

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

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

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

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

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

23 For many veterans, it takes an encounter
24 with the broader disability rights movement to help them
25 understand their connection to the community.

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1 Outreach to disabled veterans is critical
2 to ensuring that they are aware of the employment
3 protections of the ADA.

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

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

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

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

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

25 We would like to acknowledge the efforts of

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1 the Equal Employment Opportunity Commission, or EEOC, to
2 reach out to veterans with disabilities about
3 protections available to them under the ADA, and we hope
4 that greater interagency collaboration between VA, the
5 Department of Labor and EEOC will ensure that disabled
6 veterans understand the protections available to them.

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

10 CHAIRMAN CASTRO: Thanks, Ms. Ansley.
11 Before I proceed to the next panelist, our staff has asked
12 me just to confirm whether there are any individuals in
13 our audience that have the need for sign language
14 interpretation.

15 If so, please notify the Commission staff.
16 Thank you. Mr. Gonzales.

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

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

24 The American GI Forum did start as an
25 advocacy group for the over 500,000 Mexican veterans.

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1 And I say "Mexican," because most of them
2 were from the southwest at the time of Mexican descent
3 after World War II and the discrimination that they were
4 facing at the time, but we have evolved. We are a
5 veterans organization.

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

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

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

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

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

24 And the article is called "Disposable
25 Soldiers." And what it is, is soldiers that are being

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1 chaptered out of the military.

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

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

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

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

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

24 One of the soldiers was wounded, came back
25 to the United States, got rehabbed, had half of his face

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1 blown off, volunteered to go back.

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

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

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

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

22 Because Article 10, you can't come out of
23 there with less than honorable conditions. And once
24 you give up your honorable conditions, you lose a lot of
25 your benefits. The majority of your VA benefits.

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1 So, it's not the VA's fault that we created
2 a lot of homeless in Vietnam. And, it's not the VA's
3 fault that we're creating homelessness today.

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

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

10 CHAIRMAN CASTRO: Thank you, Mr. Gonzales.
11 Ms. McClinton.

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

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

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

23 Little did I know that as soon as my plane
24 landed at LaGuardia Airport in New York City, I would be
25 homeless with no access to resources for my children.

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1 While I waited in a homeless shelter
2 assignment, a nicely-dressed gentleman came through the
3 EAU, which is the Emergency Assistance Unit, handing out
4 flyers about a community-based organization known as
5 Black Veterans for Social Justice located in Brooklyn,
6 New York.

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

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

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

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

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

22 It was at this organization that I not only
23 received a job as a receptionist, it also gave me a
24 two-bedroom beautiful apartment for me and my children
25 to reside in.

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1 As I began to work, I began to heal. I took
2 the necessary classes and counseling to help me make the
3 needed adjustments to excel.

4 I sought services at Black Veterans for
5 Social Justice for the deprived state of me and my family.

6 Within two years, I was promoted to become
7 the chief of administration. After several high-level
8 management positions and 17 years later, I am now honored
9 to serve as the first Afro-American female to be
10 appointed as the president and CEO of a veterans service
11 community-based organization.

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

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

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

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1 the military.

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

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

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

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

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

24 The problem, national and local government
25 need to take full and adequate responsibility for the

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1 quality of life of soldiers in the war and military.

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

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

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

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

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

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

23 While employers are not allowed to ask about
24 your medical or mental status, they will pose the
25 question in a form of interest. Oh, are you in the

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1 military? Where did you serve? Did you see combat? It
2 must have been hard for you.

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

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

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

17 CHAIRMAN CASTRO: Thank you, Ms. McClinton.
18 Mr. Ingram, please proceed.

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

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

24 I am the national president of American
25 Veterans for Equal Rights, which is a lesbian, gay,

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1 bisexual and transgender veteran service organization.

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

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

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

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

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

25 They are a military family struggling with

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

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

14 According to the Congressional Budget
15 Office report, "Costs of Military Pay and Benefits in the
16 Defense Budget," dated November 2012, benefits account
17 for approximately two-thirds of overall military
18 compensation.

19 Many of these benefits including health and
20 dental insurance and TRICARE, housing allowances, joint
21 assignment options, life insurance, survivor's
22 benefits, education assistance through the GI Bill,
23 burial benefits, moving expenses, family support for
24 deployed spouses, joint qualification for VA loans,
25 disability and surviving spouse compensation and VA

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1 caregiver support, among many others, are denied by DOMA
2 to married gay and lesbian servicemembers and veterans,
3 their spouses and their children.

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

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

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

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

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

25 Many LGBT veterans from World War II to the

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1 Gulf War received less than honorable discharges because
2 of their sexual orientation or gender identity both under
3 Don't Ask Don't Tell and previous policies. These
4 discharges can be upgraded, but the process is slow and
5 cumbersome.

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

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

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

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

25 The policies that prevent the service of

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1 these men and women should be abolished to allow
2 patriotic volunteers who are transgender, the right to
3 serve in our country's military. Thank you very much for
4 this opportunity.

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

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

10 COMMISSIONER KIRSANOW: I do not, Mr.
11 Chairman.

12 CHAIRMAN CASTRO: Okay.

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

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

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

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

24 COMMISSIONER GAZIANO: Thank you.

25 CHAIRMAN CASTRO: Commissioner Kirsanow, go

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1 ahead.

2 COMMISSIONER KIRSANOW: Mr. Chairman, I did
3 not have a question.

4 CHAIRMAN CASTRO: Pardon me?

5 COMMISSIONER KIRSANOW: I did not have a
6 question.

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

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

15 MR. GONZALES: You know, since the 1960s and
16 '70s so much has improved. It's really difficult to
17 quantify and qualify saying that, yes, there is still
18 some, if you would, covert-type discrimination, but it
19 would be difficult to actually qualify that.

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

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

25 MR. GONZALES: And Commissioner Yaki was

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1 asking for data. No, I don't know of any of that
2 specific-type data.

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

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

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

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

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

23 I met a retired master sergeant - a master
24 sergeant in the Army, I guess, E-9. He had had seven
25 deployments in the last 12 years.

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1 He was in the first deployment to Iraq, and
2 he was there when the last helicopters left.

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

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

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

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

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

24 MS. ANSLEY: Certainly survivors and
25 dependents' benefits are very important and there are

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1 several things that do need to be rectified.

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

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

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

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

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

22 MS. ANSLEY: That's correct. If you receive
23 veterans disability compensation, you are also able to
24 receive social security disability. There is no offset
25 there.

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1 COMMISSIONER KLADNEY: And those disability
2 benefits are not taxed; is that correct?

3 MS. ANSLEY: Veterans compensation is not
4 taxed.

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

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

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

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

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

22 Does anyone have data on veteran exclusion
23 from housing because of PTSD, disabilities, things like
24 that? And does anybody have data for exclusions just
25 because people are veterans? Because today I know

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1 somebody was talking earlier about being in combat, not
2 being in combat.

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

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

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

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

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

19 COMMISSIONER KLADNEY: Oh, I'm sorry.

20 MS. McCLINTON: That's okay.

21 CHAIRMAN CASTRO: - family and spouses.

22 COMMISSIONER KLADNEY: I apologize. Should
23 have just yelled at me.

24 MS. McCLINTON: No, no.

25 COMMISSIONER KLADNEY: All right.

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

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

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

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

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

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

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

24 So, this congressional caucus will meet
25 this September. And, this braintrust roundtable would

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1 meet as well.

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

8 COMMISSIONER KLADNEY: Thank you.

9 CHAIRMAN CASTRO: Any other responses?

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

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

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

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

25 CHAIRMAN CASTRO: Thank you. Commissioner

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1 Yaki, and then Commissioner Achtenberg.

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

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

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

12 MR. INGRAM: I was honorably discharged.

13 COMMISSIONER YAKI: Well, good for you.

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

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

18 MR. INGRAM: That's correct.

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

23 But, aside from that particular group just
24 to educate me about that, what are the benefits, or lack
25 of benefits, does anyone who received this kind of

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1 discharge receive or not receive - and I guess I'll throw
2 this out to everyone here who does this for - who counsels
3 people for a living.

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

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

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

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

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

25 I did have specific one individual that was

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1 a non-citizen that was chaptered out. He was chaptered
2 out with under honorable conditions. And, his was he had
3 in between deployments, he had got a DUI in the State of
4 Colorado.

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

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

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

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

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

25 And then, we worked on upgrading his general

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1 to an honorable, but it was because his wife reached out,
2 you know.

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

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

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

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

20 The claims disability takes anywhere from
21 360 days. They're backlogged. This particular upgrade
22 piece is more tedious and even longer. So, it's a
23 twofold process with that.

24 And then, also, you asked a question about
25 chapters and the type of chapters and discharges that

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1 they have.

2 Based on what that particular - there's
3 another piece on there. It's a code. There's a longer
4 sheet, a second sheet.

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

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

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

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

23 I would like to note that many veterans from
24 the Vietnam era who are now reaching an age where they
25 desperately need their VA benefits, may have received a

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1 less than honorable discharge for being gay.

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

8 CHAIRMAN CASTRO: Commissioner Achtenberg.

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

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

25 I'm wondering if you could be more specific

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1 about how a process like that could be streamlined.

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

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

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

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

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

21 CHAIRMAN CASTRO: Please.

22 MS. McCLINTON: If I may, even from a
23 personal note even coming out of the military and then
24 coming - trying to apply for a benefit, a disability
25 benefit, I was denied three times.

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1 Then, once I had other employment, I was
2 able to access insurance of my own where I was able to
3 go to another doctor.

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

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

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

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

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

23 I have to go back and you're actually doing
24 civil and human harm to these individuals who are already
25 in a traumatic position.

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1 COMMISSIONER ACHTENBERG: So, would it be
2 your recommendation that the presumption be in favor of
3 the applicant and then there would be - the burden would
4 be on the military to demonstrate otherwise, or do you
5 have a remedy to -

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

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

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

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

25 It has to be mandatory and everything with

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1 that veteran has to come with that veteran when they come
2 out.

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

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

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

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

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

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

25 MS. ANSLEY: I think one of the things we

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1 would want to first say is that for the programs that VA
2 does have in place like the veteran-directed home and
3 community-based services is making sure that veterans
4 are educated about what is available to them so that they
5 understand what the programs are.

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

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

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

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

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

24 And, I think that, you know, having an
25 understanding that we're not talking about, you know,

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1 just, well, we'll just get rid of the systems we have,
2 and people will suddenly fall through the cracks, but
3 that we have to actually transition to systems that
4 really do meet the needs of people, not just, well, okay,
5 fine, we won't have those facilities anymore and good
6 luck to everyone trying to get your needs met.

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

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

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

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

25 What are the states doing with rebalancing?

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1 Yes, it's the Medicaid program, yes, it's a different
2 system, but what is being learned that could be applied
3 to other types of systems and other types of care and
4 really just looking at what is it people want these days.

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

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

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

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

22 CHAIRMAN CASTRO: All right. Any other
23 commissioners?

24 MR. GONZALES: Chairman Castro.

25 CHAIRMAN CASTRO: Yes.

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

5 But once you are out -

6 CHAIRMAN CASTRO: Could you explain the TAP
7 program?

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

10 MS. McCLINTON: Transitional Assistance
11 Program.

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

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

25 If you have an individual like those that

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1 Heather and them work with, I mean, comes out of the Army,
2 say, double amputee, there should be some sort of not only
3 recovery for that individual, but then some training at
4 home so that there's not a gap.

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

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

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

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

23 We have to allow the military-serving
24 organizations and the VA into that little part of the
25 soldier's life because, you know, he's an Army man, he's

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1 in the active duty, and then he becomes a veteran.

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

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

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

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

15 CHAIRMAN CASTRO: Commissioner Kladney,
16 then Commissioner Gaziano.

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

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

25 For 30 years now, since like 1980, they

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1 really just started back then a couple of PTSD programs.
2 I think one was in Seattle and then one on the east coast.
3 Now, they have many more, but what is your organization's
4 experience regarding the lack of - you mentioned the lack
5 of people on the outside. I mean, that's just private
6 practitioners I think you were referring to.

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

12 MR. GONZALES: Well, if I could just, the
13 young man -

14 COMMISSIONER KLADNEY: I know the anecdotal
15 stories, but, I mean -

16 MR. GONZALES: As soon as the newspaper
17 article came out, within a week, he was contacted that
18 the VA was setting up a meeting for on June the 16th.

19 So, here he had been since 2011, 2010 where
20 he was chaptered.

21 COMMISSIONER KLADNEY: Right.

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

25 COMMISSIONER KLADNEY: I understand

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

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

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

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

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

21 And, then they're not just passed off to the
22 VA. They have to be weaned, you know. They still have
23 services where the family still receives their services
24 through the community-based program. The veteran now
25 can go to more extensive treatment.

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1 One thing I have to add, we're having a
2 problem especially with women veterans now, because we
3 have a lack of those service providers in the VA that can
4 deal with co-occurring illnesses meaning that I may have
5 PTSD, but my PTSD stems from my MST. So, you have to have
6 those individuals.

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

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

17 MS. McCLINTON: No.

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

21 In other words, the treatment is not
22 cohesive.

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

25 COMMISSIONER KLADNEY: Right.

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

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

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

11 COMMISSIONER KLADNEY: Right, right.

12 MS. McCLINTON: But once you separate,
13 you're not and then it even makes an even deeper
14 separation in the family. So, you have to keep something
15 -

16 COMMISSIONER KLADNEY: Retired veterans, a
17 different story.

18 MS. McCLINTON: Retired veterans are totally
19 different.

20 COMMISSIONER KLADNEY: Right.

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

24 I would like to add very quickly that while
25 I have been sitting in this chair this morning, two

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1 veterans have committed suicide.

2 MS. McCLINTON: That's right.

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

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

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

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

20 CHAIRMAN CASTRO: Commissioner Gaziano and
21 then Commissioner Heriot.

22 COMMISSIONER GAZIANO: I'll yield to Gail.

23 MS. McCLINTON: One thing, if I may -

24 CHAIRMAN CASTRO: Please.

25 MS. McCLINTON: I'm sorry. What else has to

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1 happen is that the services that they have and the service
2 that you described, the peer service, they have that in
3 New York City, but they only have it - I'm going to go
4 out - in New York City.

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

9 They're not always accessible to every -

10 MR. INGRAM: Accessibility is a huge issue.

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

13 CHAIRMAN CASTRO: Commissioner Heriot.

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

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

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

21 MR. INGRAM: I do not know of any efforts to
22 change that upgrade process. I do know of efforts
23 currently in Congress to look at the window of when
24 someone comes out of the military and identifies some
25 sort of problem such as PTSD. There's a five-year

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1 window.

2 When they come out of the military to
3 identify that issue, they are put at the front of the line
4 to get that sort of assistance right away.

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

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

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

16 CHAIRMAN CASTRO: Commissioner Gaziano.

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

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

22 If there was one - and I know you've already
23 made some really solid proposed recommendations to us.
24 But in addition to what you've already suggested or
25 perhaps what you suggested would be the one primary

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1 recommendation that you would make to us that you would
2 hope we could then ultimately support and make to the
3 President and Congress on the issues we've discussed
4 today, what would that recommendation be?

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

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

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

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

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

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1 third job.

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

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

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

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

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

25 CHAIRMAN CASTRO: Ms. McClinton.

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

7 CHAIRMAN CASTRO: Mr. Ingram.

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

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

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

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

22 So, we're going to adjourn this briefing for
23 the moment. We are going to take a brief break. At
24 12:30 we will start the portion of our business meeting
25 that relates to the Stand Your Ground consideration.

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1 We will then break for lunch and return at
2 1:30 to start Panel 3. So, thank you. We'll take a
3 five-minute break, commissioners.

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

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A F T E R N O O N S E S S I O N

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.

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1 Green, start. Yellow means start wrapping
2 up. And then when it comes to red, we ask you to please
3 conclude.

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

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

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

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

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

24 GROUP RESPONSE: Yes.

25 CHAIRMAN CASTRO: Thank you. Major Kalsi,

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1 please proceed.

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

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

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

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

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

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

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

25 At first, I was told I couldn't serve my

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1 country unless I gave up my Sikh articles of faith because
2 of U.S. military policy that had existed since 1981.

3 Led by the Sikh Coalition, it took over
4 15,000 petitioners and over 50 members of Congress to
5 request my accommodation.

6 In considering my request for an
7 accommodation, Army officials asked smart and pragmatic
8 questions about the Sikh faith.

9 They learned that Sikhs have a rich history
10 of military service throughout the world that is tied
11 uniquely to our articles of faith.

12 They also learned that Sikh soldiers can
13 wear helmets and can make airtight seals with our gas
14 masks. My fellow soldiers and command have supported me
15 throughout this journey.

16 On my first day of active duty at basic
17 training, the sergeant major assembled us in formation,
18 pulled me out to stand next to him, and told us all that
19 the Army is made of different shades of green.

20 He then asked if there was a single soldier
21 amongst the hundreds that were assembled there that day
22 who did not feel the same way.

23 This was the first real test of unit
24 cohesion or esprit de corps that I had encountered and
25 I'll tell you everyone, everyone, applauded in support.

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1 After training, I deployed to Afghanistan
2 as the officer in charge of an ER in Helmand Province.

3 I also served as the chief of disaster
4 medicine for our entire forward operating base.

5 During my tour, I personally treated over
6 750 combat casualties, local nationals who suffered from
7 IED blasts, gunshot wounds and other emergent
8 conditions.

9 I also successfully resuscitated back to
10 life two patients that were clinically dead upon arrival,
11 but I remember one particular soldier whose story I would
12 like to share with you today. Let's call him "Joe."

13 Our medics radioed in one morning that
14 they're bringing in a Marine from an IED blast just
15 outside our main gates.

16 The insurgents had taken advantage of a
17 recent dust storm to bury IEDs all around us.

18 They rushed him into our ER tent. He was
19 breathing, but bleeding badly from multiple shrapnel
20 wounds. He was dazed, but was able to converse.

21 We worked on him for the next two hours.
22 And as Joe was being wheeled away, he grabbed my arm
23 sobbing. He looked at me with his bloodshot blue eyes
24 and said, "Thank you, brother." I will never forget that
25 moment.

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1 I can tell you with a hundred percent
2 assurance that none of my fellow soldiers or patients
3 cared whether or not I had a turban or a beard while I
4 was treating their wounds. All that mattered was that
5 whether I was an asset to the mission.

6 Like me, Captain Tejdeep Rattan who was the
7 second Sikh to be accommodated, also served in
8 Afghanistan. He received an Army Commendation Medal and
9 a NATO Medal for his service.

10 And, in 2010, the U.S. Army agreed to
11 accommodate an enlisted Sikh soldier, Specialist
12 Simranpreet Singh Lamba.

13 Together the three of us are the only new
14 Sikh-Americans that our military has agreed to
15 accommodate in a generation.

16 Both Captain Rattan and Specialist Lamba
17 would agree that our Sikh articles of faith do not
18 interfere with our duties and are, in fact, an invaluable
19 asset to our military projecting our country's core
20 values of freedom and diversity to the world.

21 I've been on active duty since 2010. I'm
22 currently the medical director for DoD's largest
23 stateside EMS system comprised of over 500 first
24 responders.

25 While I'm grateful for the opportunity to

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1 serve, it troubles me that my accommodation and that of
2 other Sikh soldiers are simply individual
3 accommodations.

4 Despite the successful and patriotic
5 service of myself, Captain Rattan and Specialist Lamba,
6 the rule remains that Sikh-Americans cannot serve our
7 military without giving up their articles of faith.

8 I would add here that even the
9 accommodations that we have received thus far are not
10 permanent.

11 Despite our service and loyalty, we must
12 reapply for an accommodation each and every single time
13 we are assigned to a new unit or a base.

14 The time has come for our military to openly
15 embrace those Sikhs who want to serve our country by
16 removing the rules that presumptively exclude us.

17 By making this call to end the presumptive
18 ban, let me make clear that I would never advocate for
19 anything that would put my fellow soldiers in harm's way.

20 If Sikhs couldn't wear helmets or gas masks
21 when required, I would never call upon my military to
22 accommodate Sikh-American soldiers, but this just simply
23 isn't the case.

24 Sikh soldiers have served on special forces
25 teams, they've jumped out of airplanes as paratroopers

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1 and they've served in far forward combat operations. We
2 can serve our country and be Sikh at the same time.

3 To my military, I would say that your
4 prospective Sikh-American soldiers are waiting to be
5 embraced by you.

6 We are mindful that our military now fully
7 allows LGBT soldiers to serve and is beginning to allow
8 female soldiers to serve in far forward combat positions
9 and that the sky has not fallen because of it.

10 Instead, we are increasing the pool of
11 Americans willing to serve our country, advancing our
12 strategic missions and staying true to the core American
13 principle that it matters not who you are, but what you
14 do.

15 In closing, I would like to quote from a
16 letter that America's first general, George Washington,
17 wrote to a Jewish congregation.

18 President Washington wrote that America
19 gives to bigotry no sanction to persecution, no
20 assistant, requires that they who live under its
21 protection should demean themselves as good citizens in
22 getting it on all occasions their effectual support.

23 Patriotic Sikh-Americans are ready to give
24 America its effectual support. I humbly plead for our
25 military to accept it. Thank you.

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1 CHAIRMAN CASTRO: Thank you, Major Kalsi.
2 It's an honor to have you here. Ms. Strickland, please
3 proceed.

4 MS. STRICKLAND: Thank you, Chairman, and
5 members of the Commission for the opportunity to share
6 my story today.

7 CHAIRMAN CASTRO: Can you put the mic a
8 little closer? Thank you.

9 MS. STRICKLAND: I am a current resident of
10 a program provided by Final Salute. It's a program that
11 provides safe and suitable housing for homeless female
12 veterans and their children. The president and founder
13 of the organization is Jaspen Boothe.

14 I speak to you today from the perspective
15 of someone who basically served my country honorably.
16 Years after separating from the military, I fell on hard
17 times.

18 I'm not a veteran who has PTSD, MST, no
19 mental illness or anything of that sort. I just -
20 basically, life happened and I fell on hard times.

21 Being a vet as with any veteran, my first
22 point of contact was to reach out to the Veterans
23 Administration.

24 When I reached out to them, I didn't receive
25 the response that I expected. They were more concerned

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1 about my mental capacity, whether I was going to do harm
2 to myself or to others, and I was basically looking for
3 preventative resources to prevent becoming homeless.

4 I was given - told that I could, you know,
5 they could give me a list of shelters. I could have done
6 that myself by going through the Yellow Pages.

7 When I explained to them about my employment
8 situation, they told me to go to the unemployment office.

9 As a veteran having served my country
10 honorably, I just felt that if I was given this
11 information and being treated this way, what would other
12 veterans be experiencing as well?

13 I reached out to my community, and that's
14 basically when I came in contact with the Final Salute
15 organization.

16 From someone who basically has experienced
17 being on the verge of becoming homeless and not having
18 a disability, if you will, I just don't see that there
19 are resources or programs out there for a veteran who
20 doesn't have a disability or who doesn't have PTSD or MST.
21 You know, where do we go for assistance?

22 And then, there are those organizations
23 that do provide the assistance, but they're not given the
24 federal grants needed to help more veterans in my
25 situation.

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1 I did have the opportunity to speak on the
2 Senate panel back in March. They were addressing the
3 issue of ending homelessness among veterans by 2015.

4 At that time, you know, they were focusing
5 on female veterans. Female homeless veterans. That
6 number has not decreased. It's increasing.

7 Female veterans, we have a unique - we have
8 unique needs apart from the male veterans that are facing
9 homelessness or that are homeless.

10 And, some of the programs that are being
11 offered are not suitable for females because, you know,
12 they want to place you in housing that's just not suitable
13 for your children. Not even suitable for them to live
14 in.

15 But, because they have a veteran title, you
16 know, they're thinking that, you know, they are doing
17 something for us veterans.

18 Instead of asking us what we need, you know,
19 they're giving us what they think we want.

20 I don't see it as an issue that is being
21 addressed properly, because there are gaps within the
22 system.

23 So, you know, my part as far as speaking on
24 this panel is to just bring awareness to the group of
25 veterans who don't have disabilities or don't have mental

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1 illnesses who basically are just experiencing life who
2 are falling on hard times and are trying to prevent
3 becoming homeless.

4 When we reach out, there are no programs for
5 us. And, if we continue to dig deep and dig deep, then
6 we run into those community-based organizations. But
7 then, those organizations can't fully help us, because
8 they don't have the funds to do so.

9 CHAIRMAN CASTRO: Thank you, Ms. Strickland.
10 Appreciate it. Ms. Ritchie.

11 DR. RITCHIE: Yes. I am also third
12 generation military, and I'm also a female veteran. So,
13 I'm going to circle back to your comments.

14 I'm a retired Army psychiatrist and that's
15 really the perspective I want to share today.

16 Although, since I now work for the D.C.'s
17 Department of Mental Health, I also work with many
18 people, homeless veterans who have slipped through the
19 cracks.

20 So, wanted to talk a little bit about the
21 so-called signature wounds of war; posttraumatic stress
22 disorder, traumatic brain injury, but I want to emphasize
23 that there's a lot of physical wounds that go along with
24 those.

25 The blast is a signature weapon of this war,

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1 and the blast causes amputations which you hear a lot
2 about, but it causes a lot of other injuries like facial
3 disfigurement, hearing loss.

4 And so, many of our veterans who have been
5 wounded, have a combination of physical wounds,
6 psychological wounds, and pain and disability.

7 And we sometimes forget about the pain and
8 disability and part of the reason I want to highlight it
9 is I believe that that's an under-looked risk factor for
10 suicides, which is also at an alarming rate.

11 We've known about the high suicide rate for
12 a while. The military is certainly trying to do
13 everything it can and there's been a lot of interventions
14 put in place. However, the suicide rate continues to be
15 alarmingly high.

16 It was about 349 completed suicides last
17 year. One a day, as Time Magazine put it.

18 I think what we really need to do is look
19 at the barriers in care that we have and have care that
20 servicemembers and veterans are willing to go to.

21 By and large, our evidence-based
22 treatments, that is, ones that have been proven in
23 research studies to work, our young men/young women don't
24 like going to them.

25 For example, medication which does work for

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1 PTSD has a lot of side effects, especially sexual side
2 effects. Young men, young women, anybody doesn't like
3 sexual side effects.

4 Our other types of therapies,
5 psychotherapies, exposure therapy is an evidence-based
6 one, and that takes 15 to 20 treatments. And, our young
7 men and women often don't like talking to anybody about
8 what's going on, they don't like walking into the front
9 door of a mental health clinic, or, even worse, the Army
10 Substance Abuse Clinic. So, we've got to do more to
11 bring treatment to them.

12 Why is this important? Because, without
13 treatment, many of our folks do slip out and fall through
14 the cracks. About 20 to 30 percent of combat-deployed
15 veterans have either posttraumatic stress disorder or
16 depression or a variant. So, it's a large number.

17 You see some places where they've got
18 wonderful treatment going on. Here in the Washington
19 area, we have the National Intrepid Center of Excellence.
20 We've got Walter Reed. They've got all kinds of
21 therapies.

22 But, you go to an Army post like Fort Bliss
23 or Fort Hood, Fort Bragg, a Marine post like Camp Lejeune,
24 it's really tough to get in the door. Or if you do get
25 in the door, it's often two months before your next

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1 appointment.

2 And then, people slip through, they get
3 discharged from the military and end up with either
4 little benefits or no benefits.

5 Some of them do get benefits. And so, it's
6 not across the board that they don't get them especially
7 if they're physically wounded, but then, they have a
8 great deal of problem getting to the VA even if they have
9 benefits.

10 You mentioned some of the difficulties that
11 you had. It's a tough system to penetrate.

12 I want to say a word about treatments that
13 are not yet evidence-based, but I find very promising,
14 which is treatments that soldiers will go to treatment
15 for.

16 Some of the newer ones that I've written and
17 talked about a bit; acupuncture, yoga, stellate-ganglion
18 block, mindfulness, ones that we don't yet have the
19 research trials on, but soldiers like them. Soldiers,
20 marines, other servicemembers.

21 I'm going to talk less about the VA system,
22 because I know it less. And you did have a long
23 discussion about it this morning, but there's certainly
24 disparities in the VA system.

25 And the main one that you see is if you don't

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1 live near a VA medical center, it can be very hard.

2 Now, again, I think the VA is addressing
3 this. They've got programs on rural health, but both the
4 military and the VA system are very, very strained and
5 stretched.

6 One specific area I'd like to address is
7 that we know a lot about why people kill themselves in
8 the military. We have data on every suicide since 2001
9 and I can give you those numbers.

10 We know very little about why veterans kill
11 themselves. By veterans, no longer on active duty.

12 My understanding is they have a two-man
13 office that's trying to tackle all this.

14 You can't have effective suicide prevention
15 programs unless you know why people are killing
16 themselves.

17 Is it homelessness? Is it an upside down
18 mortgage? Is it relationship problems?

19 In the active duty military, we know it's
20 relationship problems and getting into trouble at work,
21 and then the addition of pain and disability that I
22 mentioned before. When you look at the suicide, they're
23 a real risk factor.

24 So, I think the VA needs to do more to
25 understand why their veterans are killing themselves.

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1 They've got a little bit of that data now.

2 I'd like to come back to your two
3 presentations. The military has really moved in the
4 last few years.

5 Women have been in combat forever. I have
6 three different combat patches myself. They finally
7 removed the combat exclusion rule and I've been in front
8 line for Somalia, Iraq, Korea and other places, but we
9 do need to accept diversity. And we've done that
10 recently with the repeal of the Don't Ask Don't Tell.

11 I think it would be a great step forward if
12 we would accept other people who want to serve and don't
13 exclude them on the basis of their religious apparel.

14 And, I wanted to come back to you, your point
15 as a female veteran. The VA still - it says it's no
16 longer your father's VA. It's still your father's VA.
17 It's very hard to get treatment for any of, say, OB/GYN
18 problems. They don't know how to do that.

19 So, I would, again, I think both VA and the
20 military are very stretched. I'm not saying they're not
21 trying. I think they're trying hard, but they need a
22 gentle nudge to make sure that the VA is open to female
23 veterans, that the VA is open to gay and lesbian veterans,
24 and that the military in general is open to everybody who
25 will serve and serve honorably. Thank you very much.

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1 CHAIRMAN CASTRO: Thank you, Ms. Ritchie.
2 Mr. Violante.

3 MR. VIOLANTE: Mr. Chairman, members of the
4 Commission, thank you for inviting DAV here today to
5 discuss the Department of Veterans Affairs budget, their
6 claims backlog, and also pending legislation.

7 First, let me say that the veteran community
8 is acutely aware of the fact that VA programs have been
9 spared over the last ten years.

10 While the rest of the federal government has
11 taken big hits/cuts in their budget or budgets that don't
12 even match inflation, VA's budget has grown.

13 And, the first part - first two-thirds of
14 this decade their discretionary funding has grown by
15 about 11 percent. So, we are aware of that.
16 Unfortunately, we're not meeting the needs of our
17 nation's veterans. We've been a government
18 willing to send men and women into harm's way off budget.
19 But, when they come home and need benefits and care, we
20 nickel and dime the programs.

21 Overall the President's FY 2014 federal
22 spending increases by about 2.5 percent.

23 For VA, total funding is increased by about
24 10.2 percent. That's both discretionary and mandatory
25 funding.

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1 On the discretionary side, which the
2 majority is for healthcare, the increase is about 4.3
3 percent.

4 However, Congress and the administration
5 are required by law to look at VA's healthcare budget a
6 year in advance.

7 So, for 2015, we know what they're looking
8 at and right now it's only a 19 percent increase - I'm
9 sorry - a 1.9 percent increase above the 2014 levels,
10 which is less than projected for private sector medical
11 inflation.

12 The administration's budget overall in
13 discretionary funding is about 2.1 billion dollars below
14 what the Independent Budget recommends. That's a
15 document co-authored by DAV, Paralyzed Veterans of
16 America, Veterans of Foreign Wars and AMVETS.

17 Also, VA's healthcare budget for 2014 is
18 roughly about 1.2 billion dollars below our
19 recommendations. And, even more troubling is that
20 construction is about 1.1 billion dollars below what we
21 believe is necessary.

22 And, DAV and the other veterans'
23 organizations are concerned about the budget proposal
24 for construction and infrastructure maintenance.

25 The VA strategic capital investment

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1 planning process estimates that VA will need between 21
2 billion and 25 billion dollars over the next ten years
3 to maintain VA's existing infrastructure. And that's
4 roughly about 2.1 to 2.5 billion dollars annually.

5 However, funding requests for major
6 construction projects have fallen from 1.5 billion in
7 fiscal year `08 to 1.1 billion dollars in fiscal year
8 2011, to just 342 million proposed for FY 2014.

9 And making this situation even worse is the
10 fact that recently the Congressional Budget Office has
11 determined that VA's long-term leases can no longer be
12 looked at on a per year basis.

13 In the past, if the lease was going to cost
14 20 million dollars over 20 years, VA only had to come up
15 with one million dollars for the first year and each year
16 thereafter.

17 Now, CBO is requiring Congress and the
18 administration to come up with the funding for the full
19 20 years of the lease notwithstanding the fact that VA
20 can get out of that lease at any time.

21 So, last year, we saw about 15 projects that
22 weren't approved by Congress, because they couldn't come
23 up with the 1.5 billion dollars. And, we're looking at
24 about another 32 projects over the next two years which
25 affect 22 states, which means that veterans are going to

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1 be denied healthcare if VA cannot expand their program.

2 DAV is also opposed to, and I think most
3 veterans service organizations are, to what the
4 President's proposing with the changed CPI which would
5 reduce the cost of living adjustment for social security
6 which impacts a veteran's disability.

7 Veterans would be affected twice by that if
8 that changed CPI would come into effect. Those that are
9 already collecting social security would see that amount
10 dwindle, plus their veterans' disability compensation
11 would also go down. And, veterans are the only federal
12 beneficiaries that have their COLAs rounded down to the
13 nearest whole dollar.

14 The backlog, it's a major problem. You
15 can't pick up a newspaper or get anything online without
16 hearing about the backlog.

17 And for decades, the veterans' service
18 organizations have told VA, the administration and
19 Congress what needs to be done.

20 The backlog is not the problem. It's a
21 symptom of the problem. The problem is the fact that VA
22 hadn't been doing proper training of their employees.
23 They had no quality review in place. They failed to have
24 accountability for those decisions. The employee
25 levels weren't at the level they should be and they were

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1 working a paper claim instead of paperless.

2 VA is starting to move in the right
3 directions. I heard an analogy by Craig Newmark of
4 Craigslist fame who basically likened it to driving
5 around in a car for the last two decades with the Check
6 Engine light on and no one doing anything until now.

7 Most veterans' organizations are satisfied
8 with the leadership of VA. We believe they're moving in
9 the right direction. They are now moving to a paperless
10 claims process.

11 They're also instituting better training,
12 quality review teams in all the areas. And so, we think
13 VA is heading in the right direction.

14 We would hope that they would get there a
15 little sooner than they have been, but we're hopeful that
16 in the near future, we'll see some better results.

17 And with that, I'll be happy to answer any
18 questions.

19 CHAIRMAN CASTRO: Thank you. Well, I'll
20 open and then I'll take questions from my colleagues.

21 Major Kalsi, what would you say is -
22 obviously, we want to shine a light on this issue. When
23 I first learned about the fact that Sikh-Americans could
24 not serve in our armed forces, I was appalled.

25 It was raised to me by colleagues from the

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1 Sikh Coalition and I just couldn't believe that in this
2 day and age, in this country, we are still banning folks
3 from serving our country based on religion.

4 And, I understand it's an historic issue,
5 you're one of the exceptions, but hopefully our
6 highlighting this will be able to address some of that,
7 but what do you think we can do as a commission to help
8 change this situation?

9 MAJ KALSI: Well, thank you for having me
10 here today and just asking the questions and highlighting
11 the issue is a huge step in the right direction.

12 After 9/11, Sikh Americans felt the brunt
13 of the backlash that ensued.

14 A lot of folks didn't even know who Sikhs
15 were. So, the lack of education and awareness is. We are
16 really not recognized as an entity in this country.

17 And so, in trying to step into roles and
18 being accepted as equals within the military or other
19 parts of the government, I think a lot of that - a lot
20 of what we could do is education.

21 Educating folks about Sikhism, about
22 diversity, about inclusion and reminding all Americans
23 that these values are what this country was founded upon.

24 When the first guys came here to the United
25 States, they were looking for religious freedom. And

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1 these are our roots as a nation. That's all we're asking
2 for.

3 And, like I mentioned, we have a long and
4 storied tradition of military service, you know.

5 At one point, we were a third of India's
6 entire Army although we only made up two percent of the
7 population. We were a huge chunk of even the British
8 Army. The sort of technical issues that the Army had
9 raised with wearing the helmet and the gas mask we have
10 overcome rather easily.

11 I think we've shown that we not only make
12 good soldiers, but we make great soldiers. We're ready,
13 willing, and able to serve and we look forward to a future
14 when my kids don't have to submit two years' worth of
15 accommodations, petitions, and documents to serve.

16 CHAIRMAN CASTRO: Has there been any formal
17 conversation or negotiation with the military leaders in
18 the military and civilian leadership about undoing this
19 ban?

20 And, if so, what's been their response?

21 MAJ KALSI: We've made, I think, a lot of
22 headway since we started this effort way back in 2009.

23 It was basically working up through the
24 chain of command. And so, it went all the way up to G-1
25 and then Defense Secretary Gates at that time who then

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1 said that, okay, we will grant you an accommodation.

2 We've replicated that process now two more
3 times. We really appreciate it and I've really loved
4 serving my country.

5 And, I have treasured my time on active
6 duty. I love what I do, but all this falls short of the
7 policy change that we need in order for all of us to be
8 able to serve freely.

9 So, we are in constant touch with members
10 of the military and DoD and trying to grease the wheels
11 on this issue.

12 And, you know, everybody has a lot of very
13 important things going on, but I will tell you that if
14 I can speak on behalf of my community of Sikhs, that there
15 is really no other issue nearer and dearer to our hearts.

16 I come from three generations in the
17 military being the fourth now. Not being able to serve
18 really strikes at the hearts of our citizenship and our
19 ability to say that, hey, we really are a part of this
20 country.

21 CHAIRMAN CASTRO: I'll ask you one more
22 question and then I'll open it up to my colleagues.

23 Do you know of any other Americans who are
24 not allowed to serve in our armed forces because of their
25 religion other than the Sikh community?

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1 MAJ KALSI: To my knowledge, sir, I do not
2 know of any other religious groups that are presumptively
3 excluded based upon their articles of faith.

4 CHAIRMAN CASTRO: Thank you.
5 Commissioners, who would like to ask - Commissioner Yaki,
6 then Commissioner Achtenberg.

7 COMMISSIONER YAKI: Thank you very much. I
8 wanted to ask Ms. Ritchie some questions.

9 In our previous panel, I was trying to mine
10 for some data on the issue of what our commission is
11 concerned about, which is protected classes; race,
12 ethnicity, gender, disability, et cetera.

13 And, the one thing that you brought up that
14 was startling to me, I sort of was vaguely aware, but not
15 really aware of the suicide rate among veterans.

16 But, in terms of the - and you said there
17 were like two people doing something. So, I'm not going
18 to ask you, because you wouldn't know anything about it
19 in terms of the demographics.

20 But, in terms of the active military, which
21 I presume you did have some fairly detailed knowledge of,
22 was there - was the suicide rate basically across the
23 board? Was there any disproportionality in terms of
24 women, minority, gay, LGBT soldiers who are committing
25 suicide while in the active military?

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1 DR. RITCHIE: Yes, I can address that. And,
2 one just small point, but I'll make it. I prefer to go
3 either by "colonel" or by "doctor" rather than "Ms."

4 COMMISSIONER YAKI: Thank you.

5 DR. RITCHIE: So, we know a lot about
6 completed suicides in the military. In general, the
7 bulk is in young males. Especially Caucasian males.
8 And relatively rare in females, although it does happen.

9 It's happening more in older people now
10 especially with accumulation of age and disability. By
11 older in the military, I mean 45, 50.

12 We do not know about gay and lesbian
13 suicides, because that has not been recorded as an
14 element when the forms are filled out, the report is done.

15 So, I cannot tell you that, say, ten percent
16 of military suicides were homosexual.

17 We do suspect that the concealing of one's
18 identity contributed to both substance abuse, depression
19 and suicide. And there were a number of cases that I
20 reviewed that I suspected were homosexual.

21 But back in that era of Don't Ask Don't Tell,
22 I wasn't going to put that down on any form, because it
23 could have - in a suicide attempt where you could
24 interview the person, it could have major implications
25 causing somebody to be discharged.

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1 So, in brief, it's a very good question
2 about sexuality and mental health, and we don't have good
3 answers now.

4 COMMISSIONER YAKI: Thank you, Colonel.

5 CHAIRMAN CASTRO: Commissioner Achtenberg.

6 COMMISSIONER ACHTENBERG: First, let me say
7 to the major until we began reading the panelist
8 statements, I had no awareness, I'm ashamed to say, that
9 members of the Sikh faith were not permitted to serve in
10 our military.

11 And, I mean, I think it's absolutely
12 astonishing with no legitimate rationale that this
13 grievance has not already been redressed, but I will
14 accept your assurance that it has not and hopefully our
15 commission can shed some light on that issue.

16 Ms. Strickland, the particular plight of
17 the female veteran, could you talk a little bit more about
18 the particular situation that female veterans find
19 themselves in specifically related to their family
20 status and other issues that may apply particularly to
21 them that are not - that are issues that the VA is less
22 familiar with than other issues, and pointers you might
23 give us about things that they should be looking at to
24 better accommodate the particular needs of female
25 veterans.

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1 MS. STRICKLAND: To address your question
2 just to the comment that you made about services from the
3 VA as it relates to OB-GYN, the VA, from my perspective,
4 is still predominantly male-oriented.

5 So, they're not geared to address or, you
6 know, provide the services that females need - the unique
7 services that females need.

8 From the homelessness perspective, I can
9 speak to that because I basically lived that. It's just
10 not set up for - to provide services for females that have
11 children.

12 I can't address it from the standpoint of
13 just a single female, because I have children. But, when
14 they do have the services or when there are resources that
15 they can refer you to, the programs that are out there
16 are not suitable for females with children.

17 Either they can provide the assistance to
18 the female, but not the children. So, we're a package
19 deal, you know.

20 COMMISSIONER ACHTENBERG: Sure.

21 MS. STRICKLAND: They come in tow. So, I
22 don't feel that there are enough programs out there that
23 will assist females with - female veterans with children
24 to be able to prevent the homelessness.

25 There are programs out there that I feel

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1 that kind of put a band-aid on the situation as opposed
2 to finding out what the core issue is as to why this person
3 has become homeless.

4 As I said, you know, the programs that I
5 dealt with, you know, face on, they were programs that
6 were basically telling me this is what we're going to give
7 you as opposed to just sitting me down and asking me what
8 is it that you need.

9 so, I just feel that instead of providing
10 resources and programs that kind of fix the issue, if you
11 will, provide services and resources that can prevent.
12 And I don't think that we have enough programs like that.

13 COMMISSIONER ACHTENBERG: Or help, I mean,
14 grant to community-based organizations that can perhaps
15 better address what the female veteran really needs as
16 opposed to the perception of what she might need.

17 MS. STRICKLAND: Exactly.

18 COMMISSIONER ACHTENBERG: Is that part of
19 the recommendation?

20 MS. STRICKLAND: Yes.

21 DR. RITCHIE: If I could add to that, I wanted
22 to comment about the military women while deployed.

23 There is a lot of attention paid to combat.
24 There's not enough attention paid to the health needs of
25 military women while deployed and this is just both your

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1 basic bathroom issue.

2 Are there enough Port-a-potties in Iraq
3 that are clean? Because, if a woman is not able to have
4 a clean bathroom, things like that are little - I'll
5 embarrass all the men here in the room, and I recognize
6 that, but they're likely to have urinary tract infections
7 or they water restrict. So, they get dehydrated.
8 There's issues about managing menstruation in the field.

9 These are all issues that can be handled
10 fairly easily with education and if you talk about them.
11 But if you don't talk about them and especially if there's
12 a couple young women who are the only women in a unit and
13 they're trying to figure it out for themselves, it's
14 setting them up for failure.

15 And, unfortunately - I wrote about this
16 after I was stationed in Somalia many years ago.
17 Unfortunately, there was a recent task force that looked
18 at the issues in Afghanistan now, I think it was probably
19 a year and a half ago, and many of the same issues are
20 still out there.

21 So, people tend to focus on women in combat,
22 but a lot of it is just about the basics of bathrooms.

23 COMMISSIONER ACHTENBERG: But it's a kind of
24 quiet sex discrimination, if you will, and gender-based
25 discrimination.

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1 DR. RITCHIE: It is. It is. And it's one
2 that really is a low-hanging fruit that if you area able
3 to address it - and some places it is addressed. It's
4 mainly your more austere environment that I think it
5 would go a long way to optimal performance. And, good
6 bathrooms are good for men too.

7 (Laughter.)

8 COMMISSIONER ACHTENBERG: Thank you very
9 much.

10 CHAIRMAN CASTRO: Commissioner Yaki.

11 COMMISSIONER YAKI: Yes, this is for Mr.
12 Violante. Again, I'm obsessed with these data tracks.
13 And as legislative director I know that I've actually
14 worked with your national president before on other parts
15 of my life in the democratic platform in 2008, among other
16 things.

17 But one of the things that came up in, again,
18 in previous panel discussion was program's inability to
19 track people applying for them on the basis of their
20 different statuses.

21 From the standpoint of representing
22 disabled veterans, are you able to get data from various
23 federal agencies about how many of the people applying
24 for veterans for a certain program are disabled or et
25 cetera?

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1 Are you able to track any data that would
2 let you know whether or not the folks who you're
3 representing are having their needs met by the different
4 agencies rather than just - I know you're worried about
5 the overall budgets that service them.

6 But in terms of employment, in terms of
7 housing, in terms of healthcare, are you able to get your
8 hands on statistics that help you analyze how well
9 they're being treated in the system?

10 MR. VIOLANTE: Other than how they're
11 treated by VA, the VA keeps pretty good statistics on the
12 breakdown number of different levels, no.

13 I mean, with other federal agencies, we
14 don't really get information from them that's very
15 helpful at all in tracking those type of issues.

16 COMMISSIONER YAKI: Are there any particular
17 agencies that frustrate you because they don't, because
18 you would like to know how folks who you represent are
19 doing in terms of their process through those agencies
20 whether it's EEO, whether it's Housing?

21 MR. VIOLANTE: Unfortunately the only way we
22 become aware of it is when our members reach out to us
23 and tell us about their problems.

24 But, normally, because of the problems
25 we've had in the past, we don't even attempt to do it

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1 anymore, because it's just useless.

2 CHAIRMAN CASTRO: Commissioner Heriot.

3 COMMISSIONER HERIOT: I think this is for Mr.
4 Violante as well. You may know this answer to this.
5 It's on the topic of how do we stretch an already strained
6 VA budget.

7 Does the VA farm out any of its medical
8 services for very specialized services to private
9 medical providers?

10 Because it occurred to me that the more
11 diverse our veteran population becomes, the more diverse
12 medical problems are going to be. And there are going
13 to be more and more of these very small specialized
14 problems that might be better dealt with if they could
15 be farmed out to private providers who provide that same
16 service to non-veterans as well and that might stretch
17 the budget a little better.

18 Do you know anything about that?

19 MR. VIOLANTE: Yes, VA has the authority to
20 contract healthcare under certain circumstances.

21 If you're a veteran rated 50 percent or more
22 and need care for your service-connected disability,
23 they can contract that care out under certain
24 circumstances, you're too far from the VA or whatever.

25 If you're enrolled in the VA Healthcare

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1 System, they have the ability again to contract out care
2 if you need special care.

3 The unfortunate thing is they don't do it
4 all the time when they should be doing it.

5 And, as you mentioned, it is a strain on the
6 VA. If you think of the budget as a pie and you cut it
7 up for the eight of us, it's a pretty nice piece. But
8 if you want to include everyone else in the room, it's
9 a little sliver and that's what happens to VA's budget.

10 The more they contract out, the higher those
11 costs are. And then they have to ration care within the
12 system.

13 So, until the government gives VA
14 sufficient funding to do all that's necessary, it's going
15 to be a problem.

16 COMMISSIONER HERIOT: It would be good if
17 they could turn that around if they're farming out just
18 the right things and not the wrong things, the things that
19 save them money instead of the things that will cost them
20 more money.

21 MR. VIOLANTE: I don't know that they're
22 doing that. We keep asking Congress to do some more
23 oversight on that issue is to make sure that VA is
24 properly spending their money, you know, because I spend
25 a lot of time lobbying Congress to give VA the money that

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1 we believe they need.

2 But, if they're not spending it properly,
3 doesn't help, you know, my members.

4 CHAIRMAN CASTRO: Commissioner Achtenberg.

5 COMMISSIONER ACHTENBERG: Dr. Ritchie, I'm
6 wondering - we heard about two months ago a good bit of
7 testimony on the issue of sexual trauma in the course of
8 military duty primarily from women, but not exclusively
9 from women.

10 I'm wondering if in your practice now or in
11 your practice formerly you became at all familiar with
12 that issue. And, if so, would you talk a little bit about
13 your experiences in that regard?

14 And, specifically, we heard about women who
15 actually suffered from posttraumatic stress disorder,
16 the origins of which or at least partial origins of which
17 were this military sexual trauma at least allegedly.

18 So, I'm wondering if you have familiarity
19 with that issue.

20 DR. RITCHIE: I do. Sexual assault in the
21 military is a tremendous problem. In my practice,
22 actually what I saw was mainly people who did not want
23 to report it, because they were worried about the impact
24 on their career.

25 And, if they did report it, for a number of

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1 reasons they often were - either they themselves said,
2 I can't stay in the military any longer, this is too
3 embarrassing, this is too difficult, or in some cases
4 were discharged.

5 And, I think the recent statistics that have
6 come out are really, really alarming both in terms of the
7 number of assaults and in the underreporting. There's
8 a lot of barriers to reporting.

9 And, if somebody doesn't report, they don't
10 tend to come in for treatment, because they're worried
11 about confidentiality of their medical records, et
12 cetera.

13 And so, more of what I saw was people were
14 coming in for depression, posttraumatic stress disorder
15 and it might emerge after they've gotten to know and trust
16 you that they were assaulted.

17 And, I think that there is - it's a tough
18 problem and again I don't think the military has just been
19 standing back admiring the problem. I think they've
20 been doing stuff.

21 But to change the culture so that it's not
22 acceptable to rape your colleague and then that it is okay
23 to report, and that if you do report, you're able to
24 continue with your military career and make the
25 successful military career, all of those have to be

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1 tackled.

2 CHAIRMAN CASTRO: Commissioner Kirsanow, do
3 you have any questions?

4 COMMISSIONER KIRSANOW: I do not, Chairman.
5 Thank you.

6 CHAIRMAN CASTRO: Commissioner Yaki.

7 COMMISSIONER YAKI: Yes, this is for Ms.
8 Strickland. I can't think of a good way to word this.
9 I'm just going to speak pretty plainly.

10 In your search for programs in what you have
11 done, have you - did you encounter any issues that you
12 felt - barriers to which you were trying to achieve post
13 your discharge in terms of accessing in services or
14 benefits because of your race?

15 MS. STRICKLAND: No, no. The only issue or
16 barrier, if you will, was that I didn't have a disability
17 or fit the profile of PTSD or MST. I'm just a basic
18 person. I don't have, you know, drug issues or anything
19 like that.

20 There were just no readily available
21 programs for someone who just basically just fell on hard
22 times.

23 COMMISSIONER YAKI: Okay. Thank you.

24 CHAIRMAN CASTRO: Any other questions,
25 Commissioners? I'd like to ask a question that I've

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1 asked all the previous panels.

2 I know that we've talked a little bit about
3 what should be done, but ultimately our hope here is that
4 we're going to prepare a report that's going to have
5 findings and recommendations that go to the President and
6 Congress.

7 If you were writing that for us, those
8 recommendations for us, what would each of your
9 recommendation or recommendations be to address the
10 issues that you've raised to us today?

11 So, I'll start with you, Major.

12 MAJ KALSI: So, very plainly and very
13 bluntly, to allow a complete and unimpeded policy change
14 where Sikh Americans can serve freely within all branches
15 of the military; so that we can stand together proudly
16 as Americans, truly embracing the values and diversity
17 that we've been brought up with.

18 CHAIRMAN CASTRO: Ms. Strickland.

19 MS. STRICKLAND: I would like to suggest that
20 the VA would partner up with community-based
21 organizations for the resources that they're not able to
22 provide and assist a veteran with.

23 I believe that if there were a partnership
24 with the community-based organizations, there wouldn't
25 be veterans such as myself who basically fell through the

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1 cracks or who was not offered assistance or resources,
2 you know.

3 If they don't have the resources, they
4 should at least have a list of partners that they can
5 refer a veteran to, to say, okay, well, because I can't
6 assist you; then this organization can.

7 CHAIRMAN CASTRO: Thank you. Colonel
8 Ritchie.

9 DR. RITCHIE: I have about 20, and I'll stick
10 to three briefly.

11 (Laughter.)

12 CHAIRMAN CASTRO: You can email us the other
13 few.

14 DR. RITCHIE: The military, and I love the
15 military, talks out of both sides of its mouth.

16 It says seeking help is a sign of strength.
17 But then, if you go and get mental health care, behavioral
18 health care, you are penalized by a number of different
19 policies.

20 So, the first recommendation is take a
21 systematic look at the policies that penalize you.

22 One of them, for example, is you're not
23 allowed to deploy if you've had a change in your
24 psychiatric medications or your psychiatric diagnosis
25 within the last three months.

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1 Sounds like a good idea. Keep people who
2 are unstable from being on the battlefield, but what it
3 means in practice is soldiers want to deploy. That's how
4 you get promoted in the military.

5 And, you don't want to go near a
6 psychiatrist or any physician or PA and complain about
7 a mental health issue, because then you won't deploy with
8 your unit.

9 And, there are a number of other things like
10 that. In the Navy, you're not allowed to carry a firearm
11 if you're on psychiatric medications, including the mild
12 antidepressants, unless you have a general officer sign
13 off on your ability to carry a firearm. That kills your
14 career. So, that's one area.

15 Another area is the security clearance
16 issue which I alluded to in my written testimony, but
17 didn't talk about. And, that is that they still ask you
18 the dreaded Question 21, have you sought counseling?

19 Now, there are some exemptions. If you
20 sought counseling as a result of combat experience, you
21 don't have to say "yes," but there's a lot of confusion
22 about it.

23 If you do check "Yes," usually the security
24 clearance can be delayed by another year or so.

25 It's my belief, and I haven't seen any data

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1 to counteract it, that spies don't go and get mental
2 health counseling. And, if you ask about mental health
3 counseling, I don't think, and I - they haven't shown me
4 any data that says that question adds to your ability to
5 detect espionage activity.

6 And then three, briefly, I mentioned that
7 there's some cases that have places that have really good
8 care. We need to do better at replicating those across
9 the military.

10 There's just major, major disparities in
11 treatment. Some soldiers get the Cadillac of care for
12 PTSD and TBI, traumatic brain injury, and others get the
13 broken down Chevy and get discharged from the service,
14 because they don't get better.

15 I'll send you the other 17 by email.

16 CHAIRMAN CASTRO: Thank you, Colonel. Mr.
17 Violante.

18 MR. VIOLANTE: My recommendation would be to
19 get a truly seamless transition from the military to
20 civilian life.

21 I mean, it's been something that we've
22 talked about for 30 years and it hasn't come about.

23 Today, with the electronic systems we have,
24 you would think that it should be easy to transfer records
25 from the military to VA in a method that VA can get the

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1 most benefit out of those records.

2 Right now, they can transfer them
3 electronically, but they're almost useless to VA.

4 That and the fact that transition
5 assistance programs should ensure that the men and women
6 leaving the military fully understand the benefits and
7 services that are available to them.

8 Also part of that, there's a big issue with
9 licensing and credentialing. The military spends
10 millions of dollars training these men and women.

11 You take combat corpsmen or medics who are
12 saving lives on a battlefield under the most horrendous
13 conditions, and yet, they come back here and they can't
14 step into a job, you know, driving an ambulance or
15 helping, you know, in an emergency room.

16 So, you know, that seamless transition
17 should be something that we can work on and correct and
18 make it easier.

19 CHAIRMAN CASTRO: Colonel Ritchie.

20 DR. RITCHIE: If I could add one that we
21 haven't really mentioned, employment, good employment is
22 so important to veterans. So, some of it is healthcare
23 and benefits, but we've really got to do better picking
24 up on your point about translating the military skills
25 to good jobs.

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1 CHAIRMAN CASTRO: Commissioner Yaki.

2 COMMISSIONER YAKI: Yes, I wanted to thank
3 the chair for having this briefing. I think it's been
4 very educational.

5 I didn't want to ask a question. I just
6 wanted to make a comment to Major Kalsi.

7 And that is, when I hear about the stories
8 of my father's youth, my father spent part of his
9 childhood in a camp in Arizona, because he was Japanese
10 American. And during World War II at the beginning, the
11 United States government decided American citizens who
12 were Japanese were enemy combatants and aliens.

13 And, it wasn't until - and they were not
14 allowed to serve in the American military until finally
15 an act of the President and the recommendations of others
16 finally got them to do so.

17 And, in so doing, they formed what became
18 the most highly-decorated unit ever in the United States
19 Army, the 442nd Regimental Combat Team comprised
20 entirely of Japanese Americans who had just probably six
21 months before been declared unable and unfit to serve in
22 the United States military because of their race.

23 So, I understand the frustration that you
24 have and I would just hope that maybe one day the United
25 States government will look at the model that they did

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1 with the Japanese Americans and form an all-Sikh unit and
2 just see how well that does out in the field.

3 Because sometimes, unfortunately, the only
4 way to show how patriotic you really are is to go out there
5 and demonstrate it by paying with the ultimate sacrifice
6 and the ultimate treasure.

7 Because the 442nd 100th is not only the most
8 highly-decorated unit ever in American battle history,
9 it's also the one with the highest casualty rate ever in
10 American battle history.

11 It suffered somewhere in the neighborhood
12 of three to four times more casualties than there were
13 actually people who were ever in the unit.

14 It's a horrible thing to think about that
15 that's a way you demonstrate how much you love your
16 country.

17 You were trying to do it through peaceful
18 means and through dogged perseverance and I commend you
19 for it, but sometimes I look at the U.S. military and
20 think, you know, these people want to serve, they want
21 to defend our country, they want to show how being - what
22 an American really is all about. Let them. Just let
23 them.

24 MAJ KALSI: Thank you, sir. Just one quick
25 comment on that. We have had Sikh Americans actually in

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1 all branches of the military since the early 1900s. You
2 can see beautiful historical pictures which are a part
3 of my appendices. Over 80,000 Sikh soldiers died serving
4 along allied forces in World Wars I and II.

5 That's a lot of blood, sweat and tears. I
6 really appreciate and thank you from the bottom of my
7 heart for having us here today.

8 CHAIRMAN CASTRO: Thank you and thank you,
9 all, for a very informative panel. This ends the
10 briefing. We're going to begin in a minute in a few
11 minutes with our meeting, but let me just first do a few
12 acknowledgments about today's briefing.

13 I want to thank Margaret Butler from our
14 staff at the Civil Rights Commission and her staff for
15 putting this altogether.

16 Margaret, there she is. Let's give her a
17 round of applause.

18 (Applause.)

19 CHAIRMAN CASTRO: But, their work is not done
20 yet, because now they're going to go and distill all this
21 information into a report.

22 I also want to thank Pam Dunston and her
23 staff. They organized all the physical logistics of us
24 being here today.

25 So, I don't know if Pam is running around,

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1 but I want to thank her as well.

2 (Applause.)

3 CHAIRMAN CASTRO: Lastly, I want to let
4 everyone know, both those folks that are here and those
5 that will be watching us on C-SPAN and other places that
6 for the next 30 days this record for the briefing will
7 remain open.

8 If panelists or members of the public would
9 like to submit written materials to the Commission, they
10 can do so in one of two ways either by mailing them to
11 us at the U.S. Commission on Civil Rights, Office of the
12 General Counsel, 1331 Pennsylvania Avenue, N.W., Suite
13 1150, Washington, D.C. 20425, or via email at
14 PublicComments@USCCR.gov. That's
15 [P-U-B-L-I-C-C-O-M-M-E-N-T-S@USCCR.gov](mailto:PublicComments@USCCR.gov).

16 Thank you everyone.

17 It is now 2:35 and the briefing is
18 adjourned. Commissioners, five minutes and then we'll
19 come back and start the business meeting - or continue
20 the business meeting.

21 (Whereupon, at 2:49 p.m. the briefing was
22 adjourned.)

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