

**The Role of Congress in  
Veterans Affairs**

**The Honorable Bob Filner  
Chairman of the House Veterans Affairs Committee**

**24 September 2007**

**Moderator:** -- Probably the best guy to talk to us about veterans issues is on our docket today: Congressman Bob Filner. He represents the 51<sup>st</sup> District in Congress which is, for those of us that may not know exactly where that is, it's the southern part of San Diego. It's the Chula Vista and National City part of California. It's a beautiful area.

Each of you have the Congressman's bio in your program, but as a former university president I thought I'd highlight a couple of things. Congressman Filner is one of only a handful of people in Congress with a scientific degree and he's one of only 18 with a PhD. He's worked on veterans issues since I guess 1992, sir, but very early, and for a long, long time. He's presently Chairman of the Veterans Affairs Committee.

Ladies and gentlemen, may I welcome Congressman Bob Filner.

[Applause].

**Congressman Filner:** Thank you. You can tell I'm a Democrat because I'd rather be with the people. [Laughter]. I was wondering how to get that one in. [Laughter].

It's nice of you to be here. Thank you for inviting me. I always use a quote from George Washington when I'm giving speeches, but I think it applies at a conference like this. He said, and I don't know how he figured it out 220 years ago, but he said the most important factor in the morale of fighting troops is the sense of how they're going to be treated when they come home. That is how are we going to deal with our veterans. The morale of our troops is in part based on that.

So it's important while we're at war that we're also worried about our veterans because they're watching.

I just spent a week in Afghanistan and Iraq and I know my experience and all my colleagues who went there, of either party, most of the things they talked about when you meet with the, I call them kids because they're so young, when you meet with these kids is what about my benefits? What do I get when I come home? How do you take care of me and my family? So they're all tuned into that situation and we've got to get it right if we're going to make sure their morale stays high.

Soon after I became Chairman of the committee this January, we were hit by this Walter Reed scandal. Many of you remember. It was national news, but it was more than just national news. Not only the bad conditions that these young heroes were kept in and the lack of following up and making sure they got to their appointments and they were in the right place, but it said to all of America, and we were talking about it as we in politics say at their breakfast table and their dinner table, everybody thought we were taking care of our veterans. They just assumed when the kids got home things would be fine, they'd be taken care of. It turned out they weren't being taken care of, or a large number weren't. Every reporter around America did stories about their local hospital, and you could find horror stories. In any big bureaucracy you're going to find horror stories. Some were pretty horrible.

We had several cases of kids who heard about this called PTSD, post-traumatic stress disorder, and also having this feeling of maybe I might commit suicide. They show up at the VA hospital nearest them and say this to somebody checking them in and they say sorry, we're all filled up with our PTSD resources. Come back in three or four weeks. They go home and commit suicide. That's a crime that we as a nation in think have committed. That is not dealing with everybody. At any hospital if you hear the word suicide, you get that person in observation, treatment like that. You don't say hey, sorry.

What these stories showed and what the Walter Reed situation showed was that although Walter Reed was a military hospital, and I deal with veterans hospitals, there's two different systems, but they're interlocked. What you say about one is probably what you can say about the other, especially for the victims of this war. It showed that we have a health care system that's strained to the breaking point. On the one hand you've got the older veterans. You've still got World War II, a lot of Vietnam veterans who have many many problems. Usually when I go to a veterans organization I say how many served in Vietnam. Virtually everybody raises their hand. How about here? Vietnam? Okay, Congressman Kikendahl. I'm going to say something about the Vietnam vets in a second.

You have those needs which are tremendous, and yet now we have all these new needs with these incredible injuries coming from Iraq and Afghanistan. We think it's a small war. There's already been over 800,000 veterans of which 300,000 have filed claims for health care or disability. That's a lot of people. We're going to have a lot more. And the injuries which I saw for myself in Iraq are pretty bad injuries. These IED blasts. By the way, if they don't get you with shrapnel or take off a limb, just the concussive force leads to some brain injury and the average soldier has about seven concussions during a tour of duty. As we know now from professional football players, this

stuff is additive, it's cumulative. You have brain injury. It may not come out immediately, it may not be evident to you, it may escape a diagnosis at first, but you've got a real brain injury that we're going to have to take care of. Of course PTSD is rampant. So we have a lot of needs from this war.

I will tell you, we were not prepared for this. I hate to say, I don't think we were prepared for the aftermath of the war and certainly we're not prepared for the veterans coming back.

My first job I saw as Chairman was getting in the resources that were needed. You've got to have money, you've got to hire psychiatrists, you've got to have all the specialists. And really because of Walter Reed and the incredible national understanding of what was needed, neither political party could say no when I said I want more money for veterans. I said if you have a supplemental for the war, you better have a supplemental for the warrior. We didn't have the budget for '07 that was passed, so when we passed the budget for '07 I added several billion dollars into that. We were able to do that. The new budget also pumped up.

We were able to add in just this last seven or eight months over \$13 billion to veterans health care. That's over a 30 percent increase. That's unprecedented in the history of the VA.

So on the one hand I think we got the resources into play. On the other hand now my job as a congressman is to oversee whether it's being spent right and being spent in the right places. When you have a big bureaucracy, the DoD, Department of Defense, is the biggest bureaucracy in our government, but the VA is the second biggest. It's got almost 250,000 people working there. When you have a big bureaucracy it's tough always to manage it and to see everything is done right.

For too many people in this nation, although you've got a lot of committed people in the VA system who are trying to make sure the best care possible and all that, the bureaucracy becomes sometimes, especially if it's overwhelmed as it has been for the last decade, if you ask people to do more and more with less and less their attitude is not the highest, their morale is not the highest, and they become seemingly rude or irresponsive. The VA, those letters mean to many people Veterans Adversary when it should mean Veterans Advocate. That's what we have it set up for. The Vietnam guys in particular who have these Agent Orange ailments, we have set up such an adversarial system and such a bureaucratic maze that you have to prove in Vietnam that you had your boots on the ground at a certain place at a certain time when a certain chemical was there, and to me that's ridiculous. You served. We should serve you. We're trying to get rid of all this adversarial stuff.

The way the rules are interpreted, by the way, if you were off-shore as a sailor, Agent Orange didn't get you. If you were up in the air, as maybe some people were, Agent Orange wasn't supposed to get you. But we don't know everything about Agent Orange. I would say anybody who was anywhere near Vietnam we ought to serve and stop all this adversarial kind of thing. People tend to get sicker from fighting a big bureaucracy than they do from the original wound that you had.

Vietnam for me is a warning about what happens if we don't treat these kids coming back from Iraq and Afghanistan, if we don't treat them right we know what's going to happen because we didn't treat the Vietnam vets right. I have to say, I was against that war. And I confused, as most of us did, the war and the warrior. We should have welcomed all of you home with respect and honor, taken especially the mental illness much more seriously, and treated you right. What happens when we don't? We pay an incredible price. You've got over 50 percent of the homeless on the street tonight across America are Vietnam vets. Over 200,000. That's a moral blot on this country that we allowed that to happen.

And, this will floor most of you from the Vietnam era, as many Vietnam vets have now committed suicide as died in the original war. That's over 58,000. That is a terrible, terrible statistic because most of those -- we can predict. We have a whole protocol of PTSD. We know what happens. There will be domestic violence, there will be drug and alcohol abuse, there will be problem son the job and loss of the family and the home, homelessness, and suicide. We know exactly what's going to happen.

We already see it, by the way, with our newest veterans. We have reports of homelessness. The Army just reported suicide rates the highest since Vietnam. So we know exactly what's going to happen. And the rates of brain injury and PTSD are so high. They have both. That I have to assume as a policymaker that everybody has it until you prove you don't have it rather than the other way around. Because what you have when you have such a combat situation, at the end of it everybody wants to get home. It's the first thing. You're not going to check anything on a questionnaire, like do you have nightmares, that's going to keep you any longer. I don't care if it's a day longer. Especially the Guard. You want to get home. And many commanding officers, and doctors, still don't buy this diagnosis of PTSD. They'll say suck it up, you're a Marine. You'll be okay. Besides, it's going to hurt your advancement potential or your career in law enforcement if you admit any mental illness. Our society still has not recognized how difficult that is and penalizes you for it.

So we have tens of thousands of kids getting out of the service now with brain injury and/or PTSD undiagnosed. Some of them are sent back, second and third tours. That's not a particularly good situation. I don't want a soldier next to me with a brain injury, even if it's what they call a mild brain injury. It's like mildly pregnant. But a mild brain injury still affects your judgment and your ability, and certainly PTSD does.

So it's absolutely incumbent upon us as a nation to deal with these kids coming back. I haven't given up on the Vietnam era, by the way. We can still do something for them.

Do you all know what stand-downs are? It started in San Diego where I represent, and I was there at the first one in 1987. We've had 20 of them since. The community gets together on a voluntary basis to put together all the services homeless vets need. Not just shelter and food and clothing, but hair cuts and dental help and medical help and legal help, alcohol and drug counseling. So for three days we get these people under some sort of security and sense that we recognize who they are.

I believe the VA should do that 365 days a year. We have the resources as a nation to deal with this. So I have not given up. But we know if we don't get this right, we're going to have real problems. And as I said, we put the money in to deal with it at the first level, but you still have to have a sense of what it is. People have to be trained. There has to be a real recognition certainly in the military about it. They're trying to be better at what they're doing, but they're still I think lagging in the sense of what it takes of especially the mental health.

I put a program in the budget I'd like to get your gut reaction to, by the way, as military people. When you go into the service there's boot camp. You get the discipline and the psychology and how to be a soldier. That's depending on the service, 12, 14, weeks, 10 weeks. What's it in the Air Force? Six or seven? You guys learn quicker, huh?

But when we come out of, especially out of combat, you're in Baghdad one day, you could be taking your kids to soccer the day after. There is no transition. I talked to World War II guys who said the thing that kept us from a lot of the PTSD stuff is that we had three months coming back home, it took them a transatlantic boat trip. It took time, but they were able to decompress, be with their buddies, talk about the war, but not have to deal with civilian life. I think we still need that kind of de-boot camp or decompression. I'm calling it a heroes' homecoming camp, which as part of your active duty -- this is still while you're on active duty after combat you get mandatory evaluations for medical situations, especially PTSD and brain

injury, so everybody has to have it. There's no stigma, there's no this or that, and we promise to seal the records so you don't have any employment problems later. But an early treatment is really important for both of those illnesses. So we could start early treatment.

But more important, I want the family to be there. This is going to be at like either a base or a university or somewhere. Family is very important in both diagnosis and treatment. The spouse could say hey honey, you forgot about telling them about these nightmares. Or you know, we've had problems sexually and you better tell them that. Whatever. It's very important. Even the kids can say dad, you've been hitting us lately. That becomes important. Also the support for healing.

Do it on a company level, about 200 soldiers. So they have that camaraderie, the buddies, talking to people. What happens with PTSD is when you're isolated in a community without anybody to talk to or any of your people who went through the same experience, it's hard to deal with it so we're going to deal with it. If I get seven weeks or ten weeks or twelve weeks, that's what I'm going to take. Most of the armed services -- and this is a cooperative effort between the VA and the armed services, to do it. We're going to try some pilot programs both with the Guard and the active duty coming back from combat.

I think as a policymaker we have to do something like this to evaluate everybody, to give them the support that they come home, create a support mechanism. If you have 10 or 12 weeks you can be dealing with the issues of job placement afterward. So many of the guys in the military get this incredible training, whether it's in electronics or mechanics or even truck driving, but there's no certificate for the civilian job based on that kind of training. We should do that.

If you come back to California and you've been a truck driver in Baghdad or driving around the desert for a year you've still got to take a commercial driver's license course for three months. Most guys say to hell with that, I know more than that and don't even stick around, and besides, the GI Bill benefits don't relate to a three month course. We've got to make all that more flexible. You know how to drive a truck? We're going to give you the commercial driver's license. If you have to go to school you can use the GI Bill for that.

Also, of course, the employment situation. There are lots of programs. The communities want to help our veterans. I think the mistake the President has made, they have tried to wall off this war from American consciousness. It's a voluntary Army, so most people have no real personal association with it, but they don't want us to see the caskets, they don't want us to see the injuries, and I think that's a mistake in a democracy. You can't

run a war, I don't think, without people understanding it and participating in the sacrifice. And people want to.

I go all over the country as Chairman of the committee and I can't believe the number of people that come up to me and have this program for PTSD and this program to help soldiers get jobs and the VA and the DoD don't reach out. They think they can do it themselves. Not only we can't do it ourselves, but you want to get the community involved. That's how you support these kids. You've got to have, the whole community should know what PTSD is. All employers, all teachers, all ministers. So people have got to understand, even if it's a tough subject.

We did it wrong with Vietnam. We've got to do it right this time, in my opinion. That's what I'm trying to do. I'm trying to get some real changes. Some of you may have read this dully Shalala report, Bob Dole and ex-Secretary of Health and Human Services Donna Shalala just came out with a report on wounded warriors. They wanted a real transformation of the disability system. I won't go further than they do. But to get all of the adversarial part out of it.

We have now 600,000 backlogged claims for disability assistance. This is 21<sup>st</sup> Century America. You guys fly the most advanced planes in the history of mankind and we can't take care of a claim for disability. People have to wait years. They'll die beforehand, some of them, or they'll lose their house because they didn't have a check. I say, and I hate to use the IRS as an example, the Internal Revenue Service, but 20 years and more ago the IRS was one of the most dysfunctional bureaucracies in America. They were rude, they didn't tell you what your tax thing was, it takes a long time to get a refund check. Now, because of changes that were made about two decades ago, when you file your tax return what happens? And you ask for a refund. You'll get your check in three weeks. Here's your check, we accept your 1040 but we're going to audit it maybe. So we're supposed to be kept honest by the possibility, not only because you're honest, but there's an audit.

Why not do the same thing with a disability claim? If you file a claim and you were helped by, there's lots of veterans services officers in counties and states and organizations. If you're helped by them let's accept your claim, start sending you a check, and we'll audit it. We can take as long as we want then. I don't want to take any money back if we're wrong. But let's get that thing out without people fighting.

I've had people that have been fighting these same systems for decades and they become obsessed with it. So when they show up at any place of course they're crazy. Well, we made them crazy because of the way we treated them.

There are a lot of things I think we have to do. This country can do the job for veterans that George Washington talked about. It's going to take money. It's part of the cost of war. You cannot say we've got to fight for the veterans after we've approved without discussion the \$50 billion in supplemental for the war. You've got to have the veterans in there. It's something we have to do as a nation. We shouldn't even argue about it.

That's where we are in Congress. We're trying to make progress, but big bureaucracies change slowly. We want to get one that's responsive to all of you heroes who have put your lives on the line for our nation.

Thank you very much.

[Applause].

**Question:** [Inaudible]?

**Congressman Filner:** There's a lot. This disability thing, as you would think we could figure out a way out of. The GI Bill, which was great for 1944 and also in '86 when it was revised. I'm here because of the GI Bill. My dad was in World War II, came back, was able to get some education which he never had. But more important, he could buy a house for a few thousand bucks because of the way the bill was set up. We never had a house. I lived with relatives and several families in apartments for all my growing up. All of a sudden, we've got a house. That changes who you think you are.

So we need an updated GI Bill, not only that will handle the real cost of college, take into account the increased cost of a house that you want to contribute to, but bring in the National Guard and Reserve units who are doing half of the fighting now in Iraq and don't have the same access to the benefit packages.

I would like to, and I put in several hundred million, I hope it stays in the budget, for bringing community into helping us. Again, there are so many people and institutions that have experience with brain injury or PTSD, let's bring them in to help.

I was just in Rochester, Minnesota. The Mayo Clinic is there. Right? The Mayo Clinic is a pretty high quality place, however, the VA hospital in Minneapolis will not even accept a blood test or X-ray from Mayo Clinic because it's not theirs, which is stupid. It's just stupid. So we have to enlarge our sense of what -- and people want to help. Right now if you're in a battlefield in Iraq and you were injured, and I saw, by the way, these incredible kids that work from the time of an injury on the battlefield, no matter how severe. We traced one kid who

was IED, four of his buddies were killed. He got 80 percent of his body burned. How they Medivac'd him out of there under circumstances very difficult in the mountains, for example, to the forward base hospital, the upgraded MASH units, then to the regional hospital, into Landstuhl, Germany. We sort of followed people through that process. These 22 and 23 year olds kids are just running this whole system with such confidence and such expertise and such teamwork, you just marvel at it. And as a result, by the way, 95 percent or so -- if you survive a wound on the battlefield you'll have a 95 percent chance of survival. Never in the history of warfare have we had such a thing. The ratio of wounded to dead is 17-1 in this war. In Vietnam it was 3-1. In World War II it was 1-1. So once we save you, but you're going to have some tremendous injuries. It's going to take a lot longer, and maybe their whole lives that we have to deal with it.

So I want to bring in more community help for the VA and make it a real part of the community because these kids feel better when that's the situation, that's for sure, and when they're recognized for their heroism and for their service. So those are the things I think I would concentrate on now.

**Question:** [Inaudible]?

**Congressman Filner:** We passed legislation that tries to set that up. When you're discharged now from any of the services you have to go through your own service discharge situation, especially on a medically fit situation. They give you a rating. Then you've got to go through the same thing on the VA. It should be one. So we're moving toward this one and making it so everybody has to go through it. I agree with you with the family.

By the way, the services haven't all come out smelling like roses in this situation. I mean we're spending a billion dollars every two days in Iraq. That's a lot of money. Surely we've got to spend some of that on the veterans. They want to save money. In the last four or five years there were 20,000 applications for PTSD discharge, medical discharge based on PTSD, that the Army, Marines and Air Force diagnosed as personality disorder. Now personality disorder not only begs the question of why we let you in. Once we took you in it seems to me we're responsible for you. But a personality disorder is a preexisting condition. We didn't do it to you in the war. So guess what. You're not eligible for health care. That's a disgrace.

Doctors have told me, we haven't got them to say it in public yet, that they've been ordered to do these midisagnoses because it saves money. Yeah, but you're saving a few thousand dollars on a kid and driving them crazy even more. So you've chewed them up in the war, they have PTSD but they can't get

medical care. I'll tell you one more thing that's added to it, unfortunately, if you got a signing bonus as the Army is doing for say 20 grand for a five year commitment and this discharge comes after two or three years, you'll get a bill for the pro-rated part. So the kid gets a bill for \$12,000. This is not the way you should treat people who have served us. I don't care if it was for six months or whatever.

In a short term thing to save money you're doing these long term problems and we're trying to -- That's what I call oversight as far as the Congress is going. We're going to put a moratorium on these personality disorder discharges, for example.

But we're trying to move toward -- What they do by the way, if somebody comes into the VA they're going to get this evaluation. But you don't have to go to the VA, right? And --

**Question:** [Inaudible] there's a lot of people in a lot of trouble out there, veterans [inaudible].

**Congressman Filner:** We have to do a better job of outreach and welcoming. During the Vietnam time these vet centers, so-called, were set up. Vet centers were a place where you could go especially for psychological help, but it was not in the chain of command of either the VA or any service. So it as supposedly confidential from that. So people have more confidence to go to an outside the chain of command situation. We haven't funded those at the level we should now. We have to I think reinvigorate those vet centers, they're called. They're funded in a different way and they have different situations.

But they came out of the problem that you just raised with Vietnam vets and we still have the problem. People don't trust them.

**Question:** [Inaudible].

**Congressman Filner:** You're right. And in the system we have there must be 30,000 or 40,000 people in the VA whose sole job is to call you a liar or demand more information.

**Question:** [Inaudible].

**Congressman Filner:** Imagine the savings from that kind of change of --

**Question:** [Inaudible].

**Congressman Filner:** You're absolutely right.

This Dole/Shalala Commission also recommended, if you're medically discharged before a 20 year situation where you were

going to be retired, it's all or nothing. Why not a graduated, at least some degree, at least if it's a medical discharge, an annuity based on your service, for example.

**Question:** [Inaudible].

**Congressman Filner:** We've got a lot to do. Again, it's absolutely critical to current policy that we do this.

**Question:** [Inaudible]?

**Congressman Filner:** People in Congress, the one thing we do right is our antenna are finely attuned to public opinion. We know what's going on. Everybody's talking about this so they better act. As you know we passed, the Veteran's budget, we have 12 or 13 appropriations bills in the congressional process of which VA and military construction are combined in one. That's the only one that the President said he wasn't going to veto. That is politically everybody understands we've got to do this right.

So the political dynamic is with us. There's partisan disputes about some stuff, and there's Executive versus Congress and Senate versus House, but in general, again, I think if Walter Reed didn't happen we'd still be fighting for a few crumbs because, again, most people do not see this as a part of the war. It's another item that you fight about. And part of the problem, by the way, it's a very technical issue. In our budget social security, for example, and Medicare, are what's called mandatory funding. All you need to know is the number of people, their ages, and whatever, you multiply it by a factor, you put it in the budget. There's no political discussion of it.

Health care for veterans is what they call discretionary. We have to fight about it every year. So the Republicans say this, Democrats say this, Executive says this, Legislative says this, VSO says this. I don't think we should be fighting about it. We should put that in the mandatory class. That's the one thing, you asked me what we hadn't done, that's what I want to do. Because then you get it out of the political realm. You're going to have to test that formula, make sure it's adequate, but you have the formula, you have the numbers, you get the money. We shouldn't have to fight about it, so you wouldn't have to ask that question.

By the way, a political issue which is very interesting, most people haven't figured it out, if you put all the congressmen who were elected after 1990, I'm in that cohort; and all the congressmen before 1990 is a different cohort. They're exactly the same in virtually every area -- their religion, their income, their profession, their age, number of kids. They're exactly the same, except for one thing. Military service. The

first cohort, 80 percent of congressmen had military service. In the present cohort 80 percent do not. I'm in that category.

So it's not that this cohort is evil or anything when it comes to veterans, they just don't have the experience. And you have to lobby different. The American service organizations, the American Legion, the VFW and those have got to understand that there is sort of a zero knowledge of the issues. And you have to educate. And they should be using their grass roots more to educate. They don't take advantage of all their wide membership because obviously they have membership in every congressional district. Well go visit the Congressman. Just to educate. I felt I hadn't noticed. I come from San Diego. It's the biggest veteran and military center probably in the nation. If I don't know those issues I'm dead politically anyway, right?

So I went to Sonny Montgomery, bless his soul, of the Montgomery GI Bill, and said I want to be on your committee. He said great. He mentored me, as it were. He also arrested me in 1961. I was in Mississippi during the so-called freedom riots. He was the head of the National Guard that arrested me. Now I'm his successor as the Democratic Chair. Only God had that worked out somewhere, but I don't know if anybody else did.

There's not an understanding of the issues in a gut way and you've got to give people that gut. And you do that by visiting them and telling them your story. I know more about Merchant Marines than I think I want to know because they all came to tell me what happened in World War II. I have the biggest Filipino population of anybody in America in the Congress. They have told me about their part in WWII, that they were never recognized.

So you learn this stuff, you become passionate about it when people talk to you about it. That's what lobbying is, it's telling your story. We've got to do it better with this group of Congress people.

**Question:** [Inaudible].

**Congressman Filner:** I think so. Although again, that's an excuse but I guess it's also the reality. At the end of a process if you're squeezed, you take the path of least resistance. The veterans, by the way, have to become more resistant.

**Question:** [Inaudible].

**Congressman Filner:** Exactly. But they have to understand it's their future and our country's future. I thought when we did, over the last few years when we weren't putting enough in the budget we should surround the capital and camp out until we

get a budget. They said no, the bonus army got killed, people got killed. Well, but they also got their bonus. [Laughter].

They haven't, in my mind the VFW, American Legion, AmVets and DAV -- they all do a great job but they also are convinced that support of the President and the military means you downplay your needs for veterans dollars. I'm not talking about just Republican, it's both. They say hey, we can't give you both. It seems to me the veterans groups ought to be fighting for veterans. You've got enough people fighting for the military, you don't -- They've got a budget. But they get co-opted, the American Legion defines its role as support of the military and veterans. Well that's fine except if they start, if a President or Congress says you've got to have one or the other. I think they should say no, we're rich enough to have both. You cannot do this, you cannot play us off like this. This is what they should say. I mean we're the greatest country in the history of the world. Come on. We can do this. When you see these, when you talk to the Walter Reed kids just wandering around, come on. And when you don't have the records of the kid on the battlefield, may not have been electronically entered, and even if they were the electronic, the Defense system doesn't speak to the VA system.

Now that's a matter of life and death. A doctor sees you in the VA, they've got to know what happened before. I understand, because I saw it, if the medic in the evacuation helicopter is writing stuff on the tape so the surgeon knows what's going on, I mean I understand that. But you've got to get it in the record somewhere then it's got to talk to the VA. Now if I were the President I'd call on Bill Gates from Microsoft, in 90 days he could solve the problem and he'd do it for free. This ain't a big deal in the 21<sup>st</sup> Century, to have two big systems talking to one another. We can't do it.

Last question.

**Question:** [Inaudible]?

**Congressman Filner:** That's been one reason why they say we haven't done this right. And you're right, it is more complex than I sort of just said it conceptually, it's a trivial thing. But I still think that those things can be taken care of without -- You just talk them out. You may have to put in a couple of billion, I don't know, but when you're spending \$100 billion on the war, a billion on a record system doesn't sound like much. And besides, I'm convinced, you asked for support from the society and people like Microsoft will come through and do it for you free.

Yeah, it's a legal issue, but you can figure out how to mass certain things. It's not a difficult technical problem. It's a

difficult bureaucratic and political problem, but technically it ain't. Somebody just has to say here, you can do this. We just haven't put the money in. And someone hasn't said to the various, either the services or the VA or whoever is arguing for their particular system, no, we've got to have one. I want it by next week. You understand those kind of orders. Let's do it.

Anyway, that's what we're trying to do. Thank you, though, for pointing that out.

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