Diana Rubens Director, Western Area Veterans Benefits Administration Department of Veterans Affairs

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Senator Murray, I appreciate this opportunity to testify today on the Veterans Benefits Administration's (VBA) response to the mental health care needs of veterans. I am accompanied today by Carol Fillman, Director of the Seattle Regional Office, and Tim Clark, Veterans Service Center Manager at the Seattle Regional Office.

At the heart of our mission is the Disability Compensation Program, which provides monthly benefits to veterans who are disabled as a result of injuries or illnesses incurred during their military service. More than 2.7 million veterans of all periods of service currently receive VA compensation benefits. With the focus of today's hearing on the mental health needs of returning veterans, I will discuss the process for establishing service connection for post-traumatic stress disorder (PTSD). In addition, I will address our efforts to expedite the processing of claims from veterans of Operations Iraqi Freedom and Enduring Freedom (OIF/OEF), including our expanded outreach to current servicemembers. Finally, I will speak about VBA's national hiring initiative and the Benefits Delivery at Discharge (BDD) program.

### Post Traumatic Stress Disorder

The number of veterans submitting claims for PTSD has grown dramatically. From FY 1999 through June 2007, the number of veterans receiving disability compensation for PTSD increased from 120,000 to more than 280,500. The 280,500 veterans receiving disability compensation benefits for PTSD represent veterans of World War II (24,268), the Korean Conflict (11,520), the Vietnam Era (200,876), Peacetime (10,038), and the Gulf War Era (33,855). The Gulf War Era number includes approximately 28,000 OIF/OEF veterans.

Granting service connection for PTSD presents unique processing complexities because of the evidentiary requirements to substantiate the event causing the stress disorder. Service connection for PTSD requires medical evidence diagnosing the condition, medical evidence of a link between current symptoms and an in-service stressor, and credible supporting evidence that the in-service stressor occurred. VA regulations establish three categories of in-service stressors: combat/prisoner of war (POW), personal assault, and non-combat. The majority of in-service stressors are combat related. Combat status may be established through the receipt of certain recognized military citations and other supportive evidence. If the evidence establishes that a veteran engaged in combat or was a POW and the stressor relates to that experience, the veteran's

lay testimony alone may establish an in-service stressor for purposes of service-connecting PTSD.

If the stressful event is not linked to combat or POW status, VA requests that the veteran submit information to help substantiate that the incident occurred. In conjunction with the Joint Services Records Research Center (JSRRC), VA uses all resources available, in addition to the veteran's military records, to verify that the claimed stressor occurred. Reasonable doubt is always resolved in favor of the veteran.

Evidence of a stressor is relevant to establishing service connection for PTSD; however, it is not a factor in evaluating the severity of the disorder. A VA examination is requested once credible supporting evidence establishes that the claimed in-service stressor occurred. Competent medical evidence is required to provide a link between the in-service stressor and the veteran's current PTSD diagnosis.

Recognizing that the delay involved in processing complex PTSD claims can inadvertently impact veterans already suffering from stress, the Veterans Health Administration (VHA) offers all returning OIF/OEF veterans professional clinical care. VBA is also expediting the claims process for all OIF/OEF veterans.

## **Training Programs**

As more veterans returning from Iraq and Afghanistan are turning to VA for benefits and medical care, including care for PTSD, it is critical that our employees receive the essential guidance, materials, and tools to meet the increasingly complex demands of their decision-making responsibilities. To accomplish this goal, VBA has deployed new training tools and centralized training programs that support accurate and consistent decision-making. New employees receive comprehensive training through the national centralized training program called "Challenge." The current curriculum consists of full lesson plans, handouts, student guides, instructor guides, and slides for classroom instruction. Recognizing the importance of continuing education, all Veterans Service Center employees complete a mandatory cycle of training, consisting of 80 hours of annual coursework.

VBA has developed job aids and training sessions to provide employees the skills and tools essential to render fair and timely decisions on PTSD claims. All Veteran Service Representatives (VSRs) and Rating Veteran Service Representatives (RVSRs) are required to receive training on the proper development and analysis of PTSD claims. The training materials include medical and military references and pre-recorded video broadcasts pertaining to PTSD development and records research. Recently published PTSD guidance includes "Handling PTSD Claims Based on Stressors Experienced During Service in the Marine Corps" dated June 2005, "Military Sexual Trauma Training Letter" dated November 2005, and "JSRRC Stressor Verification Guide" dated January 2006. Additionally, VBA introduced the PTSD Training and Performance Support System (TPSS) module for VSRs and RVSRs in 2006. The TPSS module is an interactive learning tool in which employees complete self-guided lessons on PTSD development and verification of in-service stressors. Due to the success of the TPSS learning system, a second PTSD module titled, "Rate a Claim for PTSD" was released in July 2007.

Priority Processing for OIF/OEF Veterans

Since the onset of the combat operations in Iraq and Afghanistan, VA has provided expedited and case-managed services for all seriously injured OIF/OEF veterans and their families. This individualized service begins at the military medical facilities where the injured servicemembers return for treatment, and continues as these servicemembers are medically separated and enter the VA medical care and benefits systems. VA assigns special benefits counselors, social workers, and case managers to work with these servicemembers and their families throughout the transition to VA care and benefits systems, and to ensure expedited delivery of all benefits.

Since February 2007, VA has provided priority processing of all OIF/OEF veterans' disability claims. This initiative covers all active duty, National Guard, and Reserve veterans who were deployed in the OIF/OEF theatres or in support of these combat operations, as identified by the Department of Defense (DoD). This allows all the brave men and women returning from the OIF/OEF theatres who were not seriously injured in combat, but who nevertheless have a disability incurred or aggravated during their military service, to enter the VA system and begin receiving disability benefits as soon as possible after separation.

We designated our two Development Centers in Roanoke, Virginia and Phoenix, Arizona, as well as three of our Resource Centers, as a special "Tiger Team" for processing OIF/OEF claims. The two Development Centers assist regional offices in obtaining the evidence needed to properly develop the OIF/OEF claims Medical examinations needed to support OIF/OEF veterans' claims are also expedited.

We expanded our outreach programs for National Guard and Reserve components and our participation in OIF/OEF community events and other information dissemination activities. An OIF/OEF team at VBA Headquarters addresses OIF/OEF operational and outreach issues at the national level and provides support to the newly designated OIF/OEF managers at each regional office. The OIF/OEF team is also coordinating the development of national memoranda of understanding (MOUs) with each of the Reserve Components to formalize relationships with them, mirroring the agreement between VA and the National Guard Bureau signed in 2005. Having an MOU with each Reserve Component will help ensure that VA is provided service medical records and notified of "when and where" reserve members are available to be briefed during the demobilization process and at later times.

In order to ensure that VA benefits information is provided to all separating servicemembers including Reserve and Guard members, we are working with DoD to expand our role in DoD's military pre-separation process. Specifically, we are now providing "Claims Workshops" in conjunction with many of our VA benefits briefings for separating servicemembers. At such workshops, groups of servicemembers are instructed on how to complete the VA application forms. Personal interviews are also conducted with those applying for VA disability benefits.

Expediting the claims process is critical to assisting OIF/OEF veterans in their transition from combat operations back to civilian life. We are also continuing to focus on reducing the pending workload and providing more timely claims decisions to veterans of all periods of service.

## Outreach

Veterans returning from Iraq and Afghanistan are eligible for a full array of benefits offered through VBA. Educating veterans on the resources available to them is accomplished through

numerous outreach activities held at military bases, VA Medical Centers, and Reserve and National Guard units.

VA has actively worked to develop relationships with National Guard and Reserve to ensure local regional offices are notified when units return from deployments. Designated Military Service Coordinators and OIF/OEF Coordinators conduct regular briefings on VA benefits as part of the Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP). These programs are jointly conducted by VA and the Departments of Defense and Labor at various military installations around the country. In addition to providing benefits information at the TAP and DTAP briefings, VBA coordinators help servicemembers complete benefits claims.

In partnership with the Veterans Health Administration, the Seattle Regional Office provides individualized case management services to the most seriously injured soldiers at Madigan Army Medical Center.

## Benefits Delivery at Discharge Program

The Benefits Delivery at Discharge (BDD) program is a jointly sponsored VA and DoD initiative to provide transition assistance to separating servicemembers who have disabilities related to their military service.

Under the BDD program, servicemembers can apply for VA service-connected disability compensation and related benefits prior to separation from service, which allows VA to begin payment of benefits as soon as possible after discharge. Servicemembers who apply for disability compensation benefits under the BDD program undergo one medical examination instead of both a military separation exam and a VA exam for the disability claim. Timely decisions on servicemembers' disability compensation claims also help ensure continuity of medical care for their service-connected disabilities. The goal of the program is to deliver benefits within 60 days of discharge.

The Seattle Regional Office operates BDD sites at the Ft. Lewis/McChord Air Force Base and in Bremerton, Washington. Over the past six months, the Seattle Regional Office completed 1,133 BDD claims.

# National Hiring Initiative

I am pleased today to be able to discuss with you our national hiring initiative. We have already added more than 800 new employees since April, and our plans call for adding a total of 3,100 new employees by the end of next year. These employees will be placed in critically needed positions in our regional offices throughout the nation.

Along with the multitude of activities involved in a recruitment program of this magnitude, we have begun the critical tasks of training, equipping, and acquiring space to house our new employees. We are accelerating the training of these employees and focusing in specialized areas of claims processing in order to have them "on-line" and productive within a few months.

This will be followed by ongoing, carefully structured, and progressively complex training until full journey expertise is achieved.

As a result of this hiring initiative, the Seattle Regional Office has been authorized to hire 53 additional employees. With these additional resources, the Regional Office will continue to make great strides in improving the delivery of benefits and services to the veterans of Washington.

Senator Murray, this concludes my testimony. I greatly appreciate being here today and look forward to answering your questions.