

In the Matter Of:

U.S. SENATE COMMITTEE ON VETERANS' AFFAIRS

FIELD HEARING

April 21, 2022



AVICORE REPORTING

🏠 814 Elm Street, Suite 400 Manchester, NH 03101 • 📞 (603) 666-4100

✉ info@avicorereporting.com • 🌐 www.avicorereporting.com

In the Matter Of:

U.S. SENATE COMMITTEE ON VETERANS' AFFAIRS

April 21, 2022

U.S. SENATE COMMITTEE ON VETERANS' AFFAIRS
SUPPORTING SERVICE MEMBERS DURING THEIR TRANSITION
TO CIVILIAN LIFE

FIELD HEARING

Thursday, April 21, 2022

10:00 a.m.

New Hampshire Institute of Politics Auditorium,
Saint Anselm College, 100 Saint Anselm Drive, Manchester, NH

I N D E X

1		
2		
3	OPENING REMARKS:	PAGE
4	Senator Hassan	4
5	Congressman Pappas	9
6	Cheryl Rawls	14
7	Ryan Lilly	19
8	Kevin Forrest	23
9	Amy Cook	27
10	Paul Lloyd	34
11		
12	QUESTION-AND-ANSWER SESSION:	39
13		
14	CLOSING REMARKS:	78
15		
16		
17		
18		
19		
20		
21		
22		
23		

1 SENATOR HASSAN: This hearing will come to order.
2 Good morning, everybody. It is really great to see all of
3 you. And for those of you who are not from New Hampshire,
4 and especially those of you who are making your first trip to
5 New Hampshire, welcome. We're really glad to have you here.

6 I'm Senator Maggie Hassan, member of the Senate
7 Veterans' Affairs Committee, and chair of this hearing.

8 I'd like to welcome you to our field hearing where
9 we're going to discuss ways to strengthen support for service
10 members during their transition to civilian life in
11 New Hampshire and all across the United States.

12 Every year, 200,000 service members transition from
13 military to civilian life. The majority are in the 18 to 34
14 years old age range; and troublingly, this group also has the
15 highest veteran suicide rate.

16 More than 8,000 veterans under the age of 34 live
17 in New Hampshire.

18 Too often, service members do not get the support
19 that they need when they transition from working with the
20 Department of Defense to the Department of Veterans Affairs,
21 especially when it comes to mental health services provided
22 by the VA.

23 As a member of the Senate Veterans' Affairs

1 Committee, I have worked with my colleagues from both parties
2 on solutions to strengthen VA services and ensure that
3 veterans have the health care, benefits, and support that
4 they earned and that they deserve.

5 As part of those efforts, we invested in mental
6 health care and suicide prevention, including \$13 billion to
7 provide treatment and support for the nearly 2 million
8 veterans who receive mental health services through the VA.

9 We also recently secured funding to tackle the
10 disability claims backlog, which includes increasing staffing
11 at the VA.

12 Veterans deserve the timely processing of their
13 claims, and the pandemic added to that already existing
14 backlog.

15 For service members, transitioning to civilian
16 life, filing a benefits claim, navigating VA health care
17 services, and finding VA programs to assist them, can be
18 daunting.

19 Because of this, I introduced the bipartisan Solid
20 Start Act, which would strengthen and make permanent the VA's
21 Solid Start program, an effort begun under the prior
22 administration through which the VA contacts every veteran
23 three times by phone in the first year after they leave

1 active duty to check in and help connect them to VA programs
2 and benefits.

3 I was glad to work with the Veterans' Affairs
4 Committee to unanimously pass this bill through our
5 committee, and it's now part of a comprehensive mental health
6 package for veterans that we are working on.

7 From mental health services to surgical care,
8 veterans deserve the ability to get high-quality health care
9 from the VA.

10 I'm concerned that recent recommendations made by
11 the VA to the Asset and Infrastructure Review Commission
12 could reduce access to care for veterans in New Hampshire,
13 including VA's proposed closure of clinics.

14 I recently led my Senate colleagues in urging the
15 VA to not make any decisions that could impact the services
16 Granite State veterans get, and additionally, I raised this
17 issue of bolstering services like surgical care, directly to
18 Secretary McDonough.

19 We know that we have more work to do to honor and
20 assist all veterans, including those transitioning to
21 civilian life.

22 That's why today we will hear from our witnesses
23 about how the VA currently supports service members and their

1 families making the transition to civilian life, and what
2 gaps remain.

3 We will also discuss what additional measures
4 Congress can take to support veterans and promote programs
5 and efforts to help make VA services stronger.

6 Our hearing will address health care, suicide
7 prevention, employment, and benefits, with a focus on how to
8 support recently separated veterans and their families.

9 I'm pleased to be joined today by officials from
10 the Department of Veterans Affairs, as well as the New
11 Hampshire State Veterans Advisory Committee, and New
12 Hampshire Department of Military Affairs & Veterans Services.

13 From the VA, we have witnesses from three different
14 divisions.

15 First, the Transition and Economic Development
16 Service at the Veterans Benefits Administration, which
17 oversees the VA's Transition Assistance Program, or TAP.

18 Second, the VA New England Healthcare System
19 oversees the administration of veterans' health care in New
20 Hampshire, including VA Vet Centers and community-based
21 outpatient clinics.

22 Third, the Manchester VA Medical Center, which is
23 part of the VA New England Healthcare System, and provides

1 primary care and specialty health services, including
2 prosthetics and mental health services.

3 And from the State of New Hampshire, we have
4 witnesses from the New Hampshire Department of Military
5 Affairs and Veterans Services, which provides resources and
6 community collaboration to support service members and
7 veterans here in New Hampshire.

8 And the New Hampshire State Veterans Advisory
9 Committee, which evaluates the status of services to Granite
10 State veterans, provides a forum for discussion, and is a
11 beacon for many veterans in New Hampshire.

12 These entities all work together to serve our
13 veterans, and I look forward to our discussion today about
14 how we can continue to improve VA services and benefits, and
15 provide critical resources and support to service members
16 transitioning to civilian life.

17 I want to thank all of our witnesses for their
18 service to New Hampshire, and our country, and for being here
19 today.

20 I also just want to take a minute to let everybody
21 know that, in addition to Congressman Pappas and me, there
22 are two other key folks here who work each and every day on
23 issues affecting our veterans.

1 They are a staff member from Chairman Tester's
2 office, as well as a staff member from Ranking Member Moran's
3 office. Simon Coon and Lindsay Dearing are both here today
4 to make sure that they are bringing back to the Chair and
5 Ranking Member of the Senate Veterans' Affairs Committee
6 everything they hear today.

7 They both are also subject matter experts on the
8 issue of toxic exposure.

9 So I want people to know that this is a hearing
10 with strong bipartisan support and interest in attendance,
11 and I also just want to reinforce that when it comes to
12 veterans' issues in the United States Senate, and I also know
13 in the United States House, this is a bipartisan commitment,
14 and it's one that we take very, very seriously.

15 We can never fully repay our veterans for the
16 sacrifices that they've made, but we have to make consistent
17 efforts to ensure that they receive the health care and the
18 benefits that they've earned and that they deserve.

19 And with that, I'm now going to recognize
20 Representative Pappas for his opening remarks. Thank you so
21 much, Congressman, for being here.

22 CONGRESSMAN PAPPAS: Well, thank you very much,
23 Senator Hassan, for the invitation to join you to make this

1 bicameral hearing today. And I'm really appreciative of the
2 members of the panel that have joined us here today for
3 providing their testimony and for answering our questions.

4 And it's really great to see a lot of friends and
5 allies who are here in the audience.

6 Thank you to all those who have worn the uniform of
7 this country, and I want to thank all the veteran advocates
8 that are out there.

9 I think New Hampshire is second to none in the way
10 that we come together and support those who have served, and
11 that's a tremendous asset for our state.

12 As we talk about some of the deficiencies that we
13 might see in VA or the bureaucracy in Washington, we know
14 that people of New Hampshire are ready to come together and
15 do whatever it takes to support those who have served and
16 help open doors to make sure that people can have a healthy
17 and secure and, you know, just prosperous life after their
18 service in the military.

19 So that's really important and I think speaks of
20 the desire of folks here in New Hampshire to continue to do
21 that work.

22 Look, after serving the nation in uniform, we know
23 that many veterans find that New Hampshire is a great place

1 to live and that our state has so much to offer. It's a
2 great place to start a business, to attend college, to raise
3 a family. There are benefits for folks to retire here too,
4 which is one reason why New Hampshire happens to be one of
5 the older states, based on population, in the country.

6 But we know that like elsewhere in the nation, the
7 transition period for those who have served can present many
8 problems and frustrations for service members and their
9 families as they settle into civilian life.

10 And I want to commend the staff of VA and the
11 New Hampshire Department of Military Affairs and Veterans
12 Services for providing so many helpful transition services,
13 along with veteran service organizations like the VFW and
14 others who are represented in the room here today.

15 Now, Congress has passed numerous pieces of
16 legislation over the years to help improve the transition
17 process. Earlier in this Congress, the House passed HR4673.
18 It's the EVEST Act. It's got bipartisan support, and it
19 addresses glaring gaps in the months following transition out
20 of the military.

21 We know that this period can be stressful and
22 particularly risky for new veterans in terms of mental
23 health, and that legislation provides a long-term fix to

1 advance automatic enrollment in VA health care.

2 With programs like the VET TEC program or the VRRAP
3 program, we're slowly starting to make progress and see more
4 veterans enter a field that requires their particular skills
5 that they offer.

6 Our office hears from veterans who need help
7 accessing VA services and benefits that they have earned, and
8 sometimes the application process, we know, can prove to be a
9 maze of steps and rules.

10 In working with the Department of Defense, the
11 Department of Veterans Affairs delivers a course through the
12 Transition Assistance Program on a range of VA benefit
13 programs that are available to existing service members,
14 which is a helpful way to educate them.

15 But we know that's not enough; and transition
16 support is often needed, not just at that moment of
17 separation, but for months and years following an
18 individual's military service.

19 Of course, many states like New Hampshire, which
20 have rural and underserved communities in terms of VA health
21 care, presents some challenges as well, and we know that our
22 communities have fewer health care practitioners than other
23 states that may have large urban areas.

1 In a state like New Hampshire, there just aren't
2 enough medical specialists out in the community. That's why
3 it's important that we continue to work to bolster VA health
4 care, both at the medical center in Manchester and our
5 community-based outpatient clinics that do a tremendous job
6 all across the state.

7 I want to echo what Senator Hassan has said about
8 the recommendations of the AIR Commission. I find them
9 deeply concerning, and we're going to work to make sure that
10 we're not going backward in terms of the commitment to VA
11 health care here in New Hampshire; that we're continuing to
12 look for ways to fill in the gaps and make sure that those
13 services are available no matter what city the veteran might
14 live in.

15 So I really look forward to the conversation here
16 today. Thank you to our witnesses, again, for joining this
17 panel. And I think this is just a terrific demonstration of
18 the ability of folks here in New Hampshire to come together
19 to highlight issues that are important to veterans and their
20 families and how we can move forward together. Thank you.

21 SENATOR HASSAN: Thank you, Congressman Pappas.

22 I'm now going to introduce each of our witnesses,
23 who will have about five minutes to make an opening

1 statement, and then we'll go to questions.

2 So I'm going to start with Cheryl Rawls. Good
3 morning.

4 Our first witness is Cheryl Rawls. She is
5 executive director of the Outreach, Transition, and Economic
6 Development Service at the Veterans Benefits Administration.

7 She has more than 20 years of experience at the VA.
8 And in her current role, she is the primary advisor to VA on
9 transition and employment-related initiatives for service
10 members and veterans. And as I learned this morning, she is
11 also a veteran of the United States Army.

12 So thank you for your service, ma'am. You are
13 recognized for your opening statement.

14 MS. RAWLS: Thank you very much. Good morning,
15 Senator Hassan and Congressman Pappas. Thank you for the
16 opportunity to testify about the support for service members
17 during their transition to civilian life at the Department of
18 Veterans Affairs.

19 I am accompanied today, as was mentioned, by some
20 of my peers in this fight, the director of the VA Manchester
21 Medical Center, Kevin Forrest, and Ryan Lilly, the director
22 of the Veterans Integrated Service Network 1.

23 I want to express my appreciation for your

1 continued support of our nation's veterans, their families,
2 caregivers, and survivors.

3 Our Secretary McDonough has defined his four
4 guiding principles as advocacy, access, outcomes, and
5 excellence to be the foundation of serving veterans and their
6 families. This sacred mission is both professional and
7 personal for me, and it remains the honor of my life to have
8 an opportunity to serve veterans, their families, survivors,
9 and caregivers.

10 It is critical today that service members are
11 appropriately and adequately prepared to transition to
12 civilian life and seek a meaningful post-military career.

13 So established in 1991, the Veterans Opportunity to
14 Work to Hire Heroes Act of 2011, the Transition Assistance
15 Program is an interagency effort to help approximately
16 200,000 service members who separate annually, help them
17 separate successfully and transition to civilian life.

18 Currently, this entity is made up of the Department
19 of VA, Defense, Labor, Homeland Security, and Education,
20 along with Small Business Administration, and Office of
21 Personnel Management.

22 We also reach out to other partners for their
23 assistance to come together to execute the TAP program to

1 provide information on counseling, resources, tools for
2 service members, as well as support for their families so
3 they can smoothly, successfully transition from military to
4 civilian life.

5 The tools include the VA Benefits and Services
6 courses that was mentioned, that help service members
7 understand how to navigate VA and the benefits and services
8 they have earned through their military careers.

9 The VA TAP provides the skills, resources, and
10 tools service members need to achieve emotional health,
11 physical health, career readiness, and economic stability in
12 civilian life.

13 In addition to the one-day TAP service that family
14 members can also attend, they may have access to our Military
15 Life Cycle modules to help them plan for the future. These
16 Military Life Cycle modules are 45 to 60 minutes long. They
17 can access this information throughout their service member's
18 career, and they are especially valuable during major events
19 like permanent change of station, marriage, birth of a child.

20 They offer connections of lifelong support systems
21 from the first duty station, as well as separation and
22 beyond.

23 Each Military Life Cycle module is specific,

1 in-depth, and topics cover benefits; education; home loans;
2 insurance; social and emotional health resources; integration
3 into the civilian community; or survivor and casualty
4 assistance.

5 One module that VA is particularly proud of is our
6 Women's Health Transition Training module, which is a
7 five-phase course that can be taken anytime, anywhere, and is
8 open to all service women and women veterans. The topics
9 included here are civilian life, and health and benefits, as
10 well as mental well-being, VA care modules, VA culture,
11 managing health care, eligibility, and enrolling in VA
12 Transition Assistance Programs.

13 We know that this first year is very challenging
14 during transition. When you're getting out of the military,
15 it is also crucial for service members to be able to connect
16 to VHA and their resources.

17 Our research shows that the first year following
18 discharge from active-duty services may pose significant
19 challenges, including homelessness, family integration,
20 unemployment, underemployment, post-traumatic stress
21 disorder, and substance use, all of which can increase the
22 risk of suicide.

23 With that in mind, we created the VA Solid Start

1 program that was already mentioned, where we call our
2 transitioning service members at periodic points of time:
3 90, 180, 365. We make the attempt to call them. If you do
4 not answer our call, all in all, we are actually going to
5 call you about 21 times. So each one of those times we are
6 going to contact and reach out to you.

7 In addition to this, we also are partnering with
8 the DoD and offering our SkillBridge programs to ensure that
9 you have an opportunity to take advantage of getting
10 acclimated and getting connected to jobs, and we provide
11 programs such as Personalized Career programs so that you are
12 able to connect and help with your resume writing.

13 We have so many different programs and partnerships
14 that are out there, but as we mentioned, we know that there's
15 always room for growth.

16 And at this point, sir, ma'am, we would be very
17 happy to answer any questions that you may have.

18 SENATOR HASSAN: Well, thank you very much. Before
19 we go forward with the next, can everybody just do a mic
20 check? We've had the mics going in and out a little bit.

21 (Witnesses testing microphones.)

22 SENATOR HASSAN: Okay. It may still go in and out
23 a little bit, but we'll keep going. The folks here at St.

1 A's are great.

2 Now, our next witness is Ryan Lilly, director in
3 charge of the VA New England Healthcare System.

4 Ryan Lilly has served in this role since 2018 and
5 has more than 20 years of leadership experience at the VA,
6 including serving as the director of the VA Maine Healthcare
7 System and chief financial officer of the White River
8 Junction VA Medical Center.

9 Welcome, Mr. Lilly, you are recognized for your
10 opening statement.

11 MR. LILLY: Thank you. Good morning, Senator
12 Hassan, Congressman Pappas, and other distinguished guests.

13 I appreciate the opportunity to discuss the
14 Department of Veterans Affairs' VA New England Healthcare
15 System's outreach efforts supporting service members during
16 their transition to civilian life. I am accompanied today by
17 Kevin Forrest, director of the VA Manchester Healthcare
18 System.

19 VISN 1's outreach to transitioning service members
20 has been a priority for over a decade. We recognize that the
21 transition from the military to civilian life can be
22 daunting, particularly because many service members are very
23 young, some are injured and already navigating a medical

1 evaluation board through the military, and some are just
2 ready to get their post-military lives started and have no
3 interest in accessing the VA at that time.

4 From a clinical standpoint, suicide prevention
5 remains a top clinical priority, and we recognize the fact
6 that veterans are at greatest risk for adverse outcomes such
7 as suicide in the first year after discharge, so connecting
8 veterans to mental health resources is a vital part of all of
9 our outreach efforts.

10 Our current outreach to active-duty service members
11 is to conduct VHA benefits briefings at Transition Assistance
12 or TAP programs at bases in Groton, Connecticut; Newport,
13 Rhode Island; Hanscom Air Force Base, Massachusetts; and
14 Portsmouth Naval Shipyard, New Hampshire. While these are a
15 good opportunity for a first contact with separating service
16 members, we acknowledge that we are just one of multiple
17 briefings they receive, and we don't always get their full
18 attention.

19 Yellow Ribbon Reintegration Program events are held
20 for National Guard and Reserve members and their families who
21 have returned from deployment. We attend these events
22 throughout New England and provide briefings and information
23 on VHA benefits.

1 Some local units, both Active and Reserve, will
2 request specific benefit briefings from our team. The units
3 realize they need more time to discuss VA services than the
4 more formal events allow. These briefings will include more
5 in-depth information and can include representatives from the
6 Veterans Benefit Administration, who can bring the necessary
7 resources to file claims on the spot, in addition to
8 providing more general information about the claims process.

9 VISN 1 Outreach also works with some employers who
10 tend to employ veterans, for example, state and local police
11 departments, to bring benefit information during brown
12 bag-type lunch events. These are more informal and
13 conversational.

14 VA Manchester's Outreach Program coordinator
15 position was created in 2015 to ensure that Granite State
16 veterans were made aware of their options to access VA health
17 care. This position is part of our regionally consolidated
18 team and ultimately reports to me, works with veterans and
19 their families and community members to first educate
20 veterans on VA health options and then assist them with
21 enrollment so that they can get care -- to care so that they
22 can get the benefits they have earned and deserve for their
23 service to our nation.

1 In fiscal year '22 alone, Manchester's Outreach
2 coordinator has participated in 98 events and is scheduled
3 for 74 more events throughout the end of the fiscal year.
4 Many of these events are for units returning from deployment.
5 Others are at events that tend to attract a significant
6 number of veterans, such as county fairs, boat shows, and the
7 like. Our team strives to be at any event where a large
8 number of veterans are gathering so that we can educate them
9 about VA health care and how they can access it.

10 While our regional and local outreach efforts are
11 robust, we are continuing to discover new and better ways to
12 reach both new veterans and those who haven't yet enrolled.
13 We recognize it is all of our partnerships, with our
14 Congressional, military, and community partners that will
15 make our outreach efforts successful. Thank you for your
16 continued work on this important topic.

17 I would be remiss if I did not conclude my
18 testimony by noting that the most important outreach that we
19 do is to continue to provide exceptional health care to the
20 veterans of New England. Each day our dedicated staff strive
21 to improve the lives and well-being of the veterans in our
22 care across more than 50 sites of care, including several
23 here in New Hampshire. The personal testimony from veterans

1 in our care of the quality of health care that they receive
2 and the skill and compassion of the staff that deliver that
3 care remains the most effective means of advertising our care
4 to newly transitioning service members.

5 Senator Hassan, this concludes my testimony. My
6 colleague and I look forward to answering any questions.

7 SENATOR HASSAN: Thank you very much, Mr. Lilly.

8 Our final VA witness today is Kevin Forrest,
9 director of Manchester's VA Medical Center.

10 Kevin Forrest oversees the administration of
11 New Hampshire's VA medical facility. He is an experienced
12 health care executive, holding leadership positions at both
13 VA and Department of Defense facilities.

14 Welcome, Mr. Forrest, you are recognized for your
15 opening statement.

16 MR. FORREST: Good morning, Senator Hassan,
17 Congressman Pappas, distinguished guests and colleagues.

18 Thanks for the opportunity to discuss the
19 Manchester VA Healthcare System's programs and efforts to
20 assist service members during their transition to civilian
21 life and access to VA health care.

22 Manchester VA places a priority on outreach
23 programs to ensure veterans can easily access VA health care

1 services when exiting the service. As a retired Army
2 veteran, I understand the importance of a smooth transition
3 to civilian life and being able to benefit from the multiple
4 programs offered by both the Department of Defense and the
5 Department of Veterans Affairs. Manchester VA has a strong
6 relationship with the VA Regional Office and the
7 New Hampshire Department of Military and Veterans Affairs.
8 We provide office space at the medical center, so veterans
9 have both face to face and virtual access to all agencies as
10 they transition from service.

11 In concert with the local VA Regional Benefits
12 Office, the Manchester VA Outreach team is very active in
13 New Hampshire. We participate in both active duty and
14 National Guard Transition Assistance Programs, attending
15 multiple community events throughout the year where we
16 actively start the VHA enrollment process for veterans and
17 follow that up with an offer of primary care. These outreach
18 events also include critical program information on suicide
19 prevention and mental health services, women's health
20 services, and the Military2VA program.

21 Veterans needing mental health care are at an
22 elevated risk during periods of transition such as when they
23 exit the service. The Manchester VA mental health service

1 and Military2VA program manager meet regularly to facilitate
2 mental health referrals for transitioning service members.

3 Mental health services are provided at our main
4 campus in Manchester and four community-based outpatient
5 clinics in Portsmouth, Somersworth, Tilton, and Conway.
6 Services include psychiatry, individual and group therapy,
7 substance use treatment, integration with primary care,
8 vocational rehab, homeless and housing service, veteran
9 justice outreach, and LGBTQ+ mental health care.

10 Manchester VA has three suicide prevention
11 coordinators on staff who conduct outreach, and we're in the
12 process of hiring a community engagement and partnership
13 coordinator.

14 Since 2017, we have fully implemented mental health
15 services for other than honorable discharged veterans. The
16 most common entry point for OTH veterans is our urgent care
17 service and the M2VA program. The Manchester VA works
18 closely with our Vet Center for shared patients to ensure
19 continuity of care.

20 The M2VA program supports post-9/11 service members
21 and veterans in navigating the transition from military to
22 civilian life. Our program receives direct referrals from
23 DoD military treatment facilities, during community and VA

1 outreach events, and through the Wounded Care Network. All
2 post-9/11 veterans who attend a new patient appointment are
3 identified for post-9/11 case management screening and
4 complete a suicide safety screen.

5 We continue to foster strong partnerships in
6 New Hampshire to ensure all veterans can access services to
7 help in transition, whether it be from the VA or the
8 community. Manchester VA participates in the New Hampshire
9 State Veterans Advisory Committee to educate members and
10 community stakeholders on the broad spectrum of services
11 available to veterans.

12 I would like to conclude my testimony by
13 recognizing the great Manchester VA employees who provided
14 exceptional health care to veterans during this COVID-19
15 pandemic, which challenged not only the VA, but the U.S.
16 health care system. These employees made great personal
17 sacrifice and often put veterans before their families to
18 ensure we continued delivering high-quality care during that
19 time.

20 So Senator Hassan, Congressman Pappas, you know, I
21 thank you and the entire New Hampshire Congressional
22 Delegation for your ongoing support to improve care for
23 veterans in New Hampshire and helping service members

1 smoothly transition to civilian life and access the VA
2 benefits they deserve.

3 This concludes my testimony, and I look forward to
4 answering any questions.

5 SENATOR HASSAN: Well, thank you, Mr. Forrest, and
6 thank you for your service as well.

7 Our fourth witness today is Amy Cook, administrator
8 in charge of the Division of Community Based Military
9 Programs for the New Hampshire Department of Military and
10 Veteran Affairs. Ms. Cook has years of expertise in social
11 services and has focused her efforts on serving those in our
12 communities who face unique circumstances.

13 She's responsible for formulating strategies and
14 coordinating resources that merge government agencies,
15 federal partners, and local service providers to benefit
16 Granite State veterans and their families.

17 Welcome, Ms. Cook, you are recognized for your
18 opening statement.

19 MS. COOK: Thank you. Good morning, Senator Hassan
20 and Representative Pappas. I was honored to be asked to
21 participate in today's hearing and dialogue.

22 To begin my testimony, though, I'd like to briefly
23 orient everybody to the role of the Division of Community

1 Based Military Programs. The division is unique. It's
2 powered by a team of state employees who strive to honor the
3 service and sacrifices of our military members and veterans
4 every day throughout the work that they do.

5 The division acts as a bridge between military, the
6 veteran population, and the civilian community. We share
7 information about resources available with those in the
8 veteran community, and we provide information --

9 (Microphone malfunction.)

10 MS. COOK: All right. At the division we share
11 information about resources available with those in the
12 veteran community, and we provide information, resources,
13 and tools to civilian providers and employers so they are
14 effectively prepared to serve veteran customers, clients,
15 and patients, and hire, employ, and retain veteran employees.

16 All of us here today have a role in educating and
17 preparing service members for a successful transition to
18 civilian life. At the Division of Community Based Military
19 Programs, we do not work directly with individual service
20 members or veterans. Instead, our role is to prepare our
21 providers and employers to welcome service members and their
22 families, integrate them into new communities, and meet any
23 needs that may arise in the future as a result of their

1 service.

2 Since the inception of the department in
3 New Hampshire, we have viewed all initiatives within the
4 division through a lens of suicide prevention, as well as a
5 whole-person approach to that. One of the realizations that
6 we had early on was that veterans in New Hampshire have a
7 very low unemployment rate. So tapping into the private
8 sector to positively impact veterans made sense and was also
9 backed by research.

10 43 percent of veterans leave their first civilian
11 job within their first year, 80 percent leave before the end
12 of their second year, citing a lack of opportunity for career
13 advancement and personal development. The rate of veteran
14 employment has improved nationally and in New Hampshire, but
15 the issue of underemployment has become a strong barrier to a
16 meaningful post-service career.

17 A national study done by the Call of Duty Endowment
18 showed that 33 percent of veterans are underemployed, and
19 veterans are 15.6 percent more likely to be underemployed
20 than nonveterans.

21 Finding purpose and meaning in civilian life and
22 financial stability are two factors that lead to better
23 long-term outcomes, and both can be accomplished through

1 addressing underemployment, retainment, and opportunities for
2 career growth.

3 In 2020, we worked with New Hampshire Employment
4 Security and private sector contributors to launch the
5 New Hampshire Veteran-Friendly Business Network. We
6 recognize eligible New Hampshire businesses of all types and
7 sizes as New Hampshire veteran-friendly. Businesses awarded
8 this recognition meet various criteria in four different
9 categories designed to encourage practices that honor,
10 fortify, empower, and impact the lives of veterans and their
11 families in New Hampshire.

12 Recently, businesses and partners participating in
13 this network began discussing how to create a pipeline here
14 in New Hampshire through which service members can be
15 supported as they transition to civilian life. There is an
16 ample opportunity for the VA to collaborate in formalized
17 ways to make such a pipeline a success.

18 For example, within this network there are
19 opportunities for the VA to collaborate and help us to
20 enhance the education and support provided to employers of
21 veterans. There is some innovative approaches being tested
22 currently by VA Medical Centers in other states that involve
23 lending the expertise of VA clinicians to local employers for

1 educational purposes. We would love that opportunity to try
2 that here in New Hampshire.

3 Additionally, positioning the VA to be the first
4 intercept point for all transitioning service members once
5 they arrive in their civilian home state, regardless of VA
6 eligibility, could be extremely beneficial. National
7 research shows that the suicide rate is lower among veterans
8 who are connected to the VA. If service members are required
9 to check in at the VA, perhaps in order to obtain a DD-214,
10 when they arrive at their civilian home state, they could
11 immediately be encouraged to meet with the veteran service
12 officer to determine eligibility for benefits, enroll with
13 the VA for services, and access state-specific information
14 about a variety of resources available. This would serve as
15 a warm hand-off from active service to civilian life.

16 In addition to a potential collaboration with
17 employment-focused and workforce recruitment initiatives,
18 there are a variety of other opportunities for the VA to
19 partner and collaborate with initiatives in our state. One
20 of particular importance is the closed-loop referral system
21 currently under development by the New Hampshire Department
22 of Health and Human Services.

23 This statewide referral system will be available to

1 health care and social service providers of all types for the
2 purpose of making and accepting referrals and confirming
3 closure of successful referrals. Use of this system will
4 result in more appropriate and better quality referrals, more
5 timely access to services, and valuable data the department
6 will use to identify trends and ensure we are meeting
7 emerging needs of New Hampshire veterans.

8 Two-thirds of New Hampshire's veteran
9 population are not enrolled for services at the VA. They are
10 instead receiving care in their local communities. The VA
11 Medical Centers can enroll in this system to make and/or
12 receive referrals. Providers in the VA Community Care
13 Network can be contractually required to enroll in the
14 system.

15 Making a commitment to this piece of state
16 infrastructure will serve to enhance the services and
17 supports available to those who will be choosing
18 New Hampshire as their civilian home regardless of their VA
19 eligibility.

20 We look forward to continuing our partnerships with
21 the U.S. Department of Veterans Affairs and our local VA
22 Medical Centers to best meet the needs of service members
23 transitioning to civilian lives here in New Hampshire. I

1 believe that truly impactful outcomes can result from
2 innovative and strong collaborations, and my team is inspired
3 by the energy and passion we feel from all of our partners
4 here at the table and elsewhere. We stand ready to turn that
5 energy into actions and outcomes.

6 So thank you for your invitation to share my
7 thoughts with you today. Pending any questions, this
8 concludes my testimony on behalf of the New Hampshire
9 Department of Military Affairs and Veterans Services. Thank
10 you.

11 SENATOR HASSAN: Well, thank you very much,
12 Ms. Cook. A good partnership going on between SVAC and the
13 New Hampshire Department of Military and Veterans Services
14 here, so well done.

15 Our fifth witness is Paul Lloyd, chairman of the
16 New Hampshire State Veterans Advisory Committee. Chairman
17 Lloyd is a Navy veteran and also represents the New Hampshire
18 VFW as a state adjutant. Thank you for your service,
19 Mr. Lloyd.

20 In his role as chairman, Paul Lloyd leads key
21 veteran stakeholders and actively participates in public
22 dialogue and advocacy for veterans' issues.

23 Welcome, Chairman Lloyd, you are recognized for

1 your opening statement.

2 MR. LLOYD: Thank you, Senator, Congressman Pappas,
3 and members of the committee. On behalf of the men and women
4 of the Veterans of Foreign Wars Department of New Hampshire,
5 thank you for the opportunity to provide our remarks on this
6 important topic.

7 The VFW believes a proper and well-rounded
8 transition from the military is one of the most important
9 things our service members need in order to ease back into
10 our society. To that extent, the VFW places great emphasis
11 on ensuring transitioning service members receive the best
12 counseling and mentorship before they leave military service.
13 Veterans who make smooth transitions by properly utilizing
14 the tools and programs available will face less uncertainty
15 regarding their moves from military to civilian life.

16 The VFW views transition programs such as TAP as
17 key stepping stones. The information provided to service
18 members on Department of Veterans Affairs benefits, financial
19 management, and higher education is invaluable.

20 The VFW is happy to see changes that have been made
21 in TAP in the past few years to bring a more tailored,
22 personalized experience, and increase access to family
23 members. TAP is a critical program that should be accessed

1 as early and as often as needed by service members and by
2 their family members.

3 We are excited to learn this year of outcomes from
4 DOL's newly launched Employment Navigator and Partnership
5 Pilot and discover the impact of providing individualized
6 counseling to help service members find their paths. We look
7 forward to data on these results and recommendations for
8 improvement of this program and expansion beyond its current
9 18 locations.

10 The VFW is also encouraged by significant changes
11 that have been made by Department of Labor to revamp
12 transitioning programming available for veterans and those
13 without installation access. We are excited by the newly
14 launched Off-Base Transition Training Program, which will
15 allow both in-person and virtual opportunities in key
16 geographic transition hubs.

17 We are also pleased to learn that the VFW's
18 recommendations have been heard, and these resources will be
19 interactive and provided under a facilitator. The VFW
20 believes that access to transition resources and support is
21 integral throughout a veteran's journey and should not and
22 cannot be limited to just their time in service.

23 The VFW's accredited service officers have been a

1 resource for transitioning members since 2001 and continue to
2 aid those men and women during this difficult time of change.
3 We provide pre-discharge claims representation at 24 bases
4 around the country and are available for the service members
5 at the same time they receive their training in TAP. This
6 service offers the opportunity to bridge the gap of health
7 care and benefits coverage when leaving active duty.

8 While the primary role of the VFW staff in the
9 Benefits Delivery at Discharge program is to help service
10 members navigate their VA disability claims, they are also
11 able to assist with many other benefits and available
12 opportunities, disability claims -- or opportunities, excuse
13 me.

14 Last year, between individual meetings and
15 classroom briefings, the VFW met with over 20,000 service
16 members, including those transitioning to New Hampshire.

17 As part of the 2019 NDAA, DoD established a
18 three-tiered evaluation system to allow for a one-on-one
19 analysis of an individual's readiness for transition. As a
20 byproduct of these evaluations, if a service member is deemed
21 ready for transition and has a transition plan for success,
22 the individual can choose to forego an otherwise required
23 two-day track focused on accessing higher education,

1 vocational training, or employment.

2 Throughout 2021, over 60 percent of survey
3 participants reported not having completed a two-day focused
4 career track. While the VFW is pleased that TAP is providing
5 a more individualized approach and increasing overall access,
6 we are concerned that service members may be waived of track
7 requirements to their detriment.

8 We ask Congress to require in-depth reporting on
9 the use of this tier system, its impact on track
10 participation, and its overall effect on outcomes following
11 transition.

12 Additionally, we ask for reporting on military
13 spouse and dependent participation and overall outcomes to
14 assess any needed improvements to programming tailored to
15 family members.

16 Furthermore, within the 2019 NDAA, it was made
17 mandatory that a service member was to start TAP no later
18 than 365 days prior to separation from the military. While
19 there was a slight improvement regarding the timely
20 attendance of TAP, 40 percent of service members reported
21 not attending TAP classes at least six months prior to
22 separation.

23 Additionally, speaking with several veterans, we

1 have found that there are situations where this time frame is
2 impossible. Some veterans were denied re-enlistment and were
3 separated within 60 days. Some other veterans who were
4 medically retired experienced the same problem. The changes
5 that have been signed into law were meant to improve the
6 transition of service members. Yet, the VFW is greatly
7 concerned some of these new mandates are not being adhered
8 to.

9 We were pleased with the restructured [sic] and
10 enhanced five-day TAP classes and are eager to see what
11 improvements the more efficient and holistic approach has
12 generated. However, the VFW sees additional areas for
13 improvement, such as including accredited service officers in
14 the formal TAP curriculum. We also want, as the law
15 requires, a connection made between the service members and
16 resources in the community to which they are transitioning.

17 With the recent implementation of the Staff
18 Sergeant Parker Gordon Fox grant program, these connections
19 with organizations in the community is increasingly
20 important. We would also like the timely return of TAP
21 classes to an in-person format across DoD.

22 Senator Hassan, Congressman Pappas, this concludes
23 my testimony. I'm prepared to answer any questions you or

1 the committee members may have.

2 SENATOR HASSAN: Thank you very much, Chairman
3 Lloyd. We're now going to proceed. I'm going to ask some
4 questions for about seven minutes, and then Congressman
5 Pappas will have a round, and we'll go back and forth.

6 My first question I'm going to start directing to
7 you, Ms. Rawls, and to you, Mr. Lilly, about the particular
8 importance of connecting veterans to VA services, and then I
9 will likely ask you a follow-up about it, Chairman Lloyd.

10 So I am working to ensure that veterans can access
11 VA services, which is why I am pushing to advance my
12 bipartisan Solid Start Act. And as Ms. Rawls talked about
13 the Solid Start program, it connects service members
14 separating from active duty to VA services and benefits.
15 What the act will do is make that a permanent program under
16 law.

17 I also led a separate bipartisan effort to urge the
18 VA to conduct outreach to veterans of The Global War on
19 Terrorism to connect them to mental health services last
20 year. More than 10,000 post-9/11 veterans call New Hampshire
21 home, and they face unique health care and benefit needs.

22 Ms. Rawls and Mr. Lilly, what is the VA doing to
23 ensure that post-9/11 veterans, including those who served in

1 Iraq and Afghanistan, are connected to VA health care and
2 benefits? Are there particular challenges with expanding the
3 VA patient base that Congress could help alleviate?

4 MS. RAWLS: Thank you, ma'am, for that question.

5 I'll start out, and then I will tag team with my --

6 SENATOR HASSAN: That's great.

7 MR. LILLY: Sure.

8 MS. RAWLS: -- my partner, if that's okay with you?

9 MR. LILLY: Of course.

10 MS. RAWLS: So for the post-9/11 -- and the number
11 of people that we actually have here in the State of
12 New Hampshire, there are approximately 8,000, as you
13 mentioned, that are veterans here. And we do have
14 approximately 3100 that are drawing compensation claims and
15 benefits. And when we drilled down to the post-9/11, we do
16 have a little less than -- I want to say about 1800, that we
17 are continuing to reach out and know that they are on the
18 roll, and those are the veterans that we can capture right
19 now, those that have actually filed a claim.

20 When you connect that to that larger picture of
21 transition, as you mentioned, we have brought in a
22 standardized process of connecting at least a year before and
23 continuing a year afterwards and engaging with the Solid

1 Start.

2 We do have the opportunity before with the one-day
3 TAP program, the modules that I mentioned, but also the
4 opportunities for the individuals to have one-on-one meetings
5 with our benefits advisors that are rotating out of the
6 service now. We know that that's not enough, but we are
7 continuing to look to ensure that we put those things in
8 place for Solid Start. So we are identifying them and
9 capturing what service area that they're coming from.

10 And from a local and regional perspective, I'll
11 hand it off now to Director Lilly to talk about.

12 MR. LILLY: Sure. Yes, so we're certainly working
13 hard to first identify them and then work with them to
14 encourage them to apply for health care on the VHA side.

15 It's a challenge as years go by. So we've talked
16 a lot about TAP briefings and things, where immediately
17 post-deployment or post-service. And then as the years go
18 by, this is really where our partnership with the state and
19 with the VFW and the other VSOs really takes on more meaning,
20 because they're more likely to help us find them, frankly,
21 and then we can reach out to them.

22 As far as your second question about any particular
23 challenges. So we've always thought that's a good problem to

1 have. So, you know, we are open for business at all of our
2 sites of care here in New Hampshire and taking new patients
3 everywhere. So there's no particular short-term challenges.
4 If every single veteran enrolled that was eligible, we would
5 probably hit capacity and add more sites of care, frankly.
6 So that would be another good problem to have from my
7 perspective.

8 SENATOR HASSAN: But in terms of specifics about
9 what -- are there things that Congress can be helpful with at
10 this point in terms of alleviating some of the barriers or
11 disconnects here?

12 MR. LILLY: Yes, so for me, getting a binding list
13 is the most helpful thing. So we often have that at
14 discharge. If their DD-214 goes to the state, if we can get
15 access to that and overcome some of the privacy issues of
16 just handing that list directly to the VA so we can directly
17 outreach to them, rather than trying to catch them at a more
18 global event.

19 SENATOR HASSAN: Thank you. Mr. Lloyd, so I just
20 also want to hear the perspective of New Hampshire veterans.
21 What's the VA doing to connect veterans from Iraq and
22 Afghanistan with VA health care services? Do these veterans
23 face particular challenges that Congress could help address?

1 MR. LLOYD: So I'm not aware of any -- anything
2 that you could -- Congress could do to complete -- knock down
3 any barriers. The folks that I have talked to, whether it's
4 Vietnam veterans or post-9/11, it's: I don't need those
5 services. Somebody, you know, might need them more than I
6 do.

7 SENATOR HASSAN: Yeah. So I think part of the
8 message there from what I'm hearing from our folks in the VA
9 is we've got the capacity to help them, and our job is to
10 worry about making sure we have the capacity to help
11 everybody.

12 MR. LLOYD: Correct. And a lot of the VSOs, you
13 know, they push back on that with, you know, that's not how
14 it works; this is how it works.

15 SENATOR HASSAN: Yeah, got it. Well, thank you.
16 And I apologize, I think talking close to the mic is helpful,
17 too. I'm going to ask one more question that may go over a
18 little bit, and then I'll turn it to Congressman Pappas.

19 This is directed to you, Mr. Lilly. In March, the
20 VA released its recommendations to the Asset and
21 Infrastructure Review Commission, which will focus on
22 evaluating VA facilities.

23 I am concerned that the recommendations could

1 reduce access to care for veterans in New Hampshire,
2 including rural veterans, given the VA's proposed closure of
3 clinics in Littleton and Conway.

4 Furthermore, the proposal to move outpatient
5 surgical care from Manchester to community providers is a top
6 concern of mine. VA services should be bolstered, not moved
7 outside of the VA.

8 I raised my concerns directly with Secretary
9 McDonough, urging him not to decrease access to care for
10 Granite State veterans. And today, I raise these same
11 concerns here and respectfully disagree with many of the VA's
12 recommendations.

13 The VA's own data show an increase in demand in
14 every category of care for New Hampshire, including primary
15 care, mental health, specialty care, and inpatient surgery.
16 Yet, the recommendations do not reflect VA investment in
17 these health care services.

18 So Mr. Lilly, will you commit to working with my
19 office to ensure that we have the data and information we
20 need from the VA to address our concerns with the VA's
21 recommendations?

22 MR. LILLY: Certainly.

23 SENATOR HASSAN: Thank you. I'm committed to

1 ensuring that veterans receive the care that they've earned
2 and deserve from VA facilities in New Hampshire, and I look
3 forward to pushing more on this issue.

4 A follow-up to Chairman Lloyd. These
5 recommendations impact all Granite State veterans, including
6 those recently separated from service. Chairman, can you
7 please speak to the concerns veterans have with the VA's
8 recent recommendations for VA facilities?

9 MR. LLOYD: Yes, ma'am. The -- I'll pick on
10 Conway, the CBOC in Conway.

11 SENATOR HASSAN: Yeah.

12 MR. LLOYD: Pushing veterans out into the community
13 might sound like a good idea, but, you know, the community
14 care program, we have a veteran, one of my members, lives in
15 Lancaster and needed a podiatry appointment, and they were
16 going to send him to Albany, New York, for an appointment.
17 Obviously, he pushed back on that. That's not an ideal
18 situation at all.

19 SENATOR HASSAN: Thank you. Congressman Pappas.

20 CONGRESSMAN PAPPAS: Well, thank you very much. I
21 had some similar questions about the AIR Commission. I
22 appreciate, Paul, your perspective there. I was up at the
23 Conway CBOC recently, got to meet the team there, and they

1 are terrific. So Kevin, you are to be commended for the work
2 that goes on there.

3 And look, I think community care is an important
4 development, but it by no means should take the place of VA
5 health care. It should be a force multiplier for VA, and
6 should also allow us to capture more folks to sign up for VA
7 care. So I look forward to continuing to connect with both
8 of you about VA health care in this region.

9 I'm wondering if you could address at all,
10 Mr. Lilly, the issues that were identified by the market
11 analysis. I know that this didn't take into consideration a
12 number of factors that I think the AIR Commission should look
13 closely at.

14 First, I believe the cost of community care was not
15 part of the formula. If we're sending veterans to the
16 community, that could escalate costs for VA and not constrain
17 them.

18 Number two, you know, I think that this doesn't
19 capture the direction that we hope to go in, which is to
20 provide more connection to service, especially for those who
21 have been exposed to toxic substances as a result of their
22 service to this country, which we know could increase demands
23 for VA health care.

1 So I don't know if you can reference what that
2 market analysis took into consideration.

3 MR. LILLY: Sure, yeah.

4 CONGRESSMAN PAPPAS: And, you know, how we might
5 better represent the full picture.

6 MR. LILLY: Sure, I'd be glad to. So first, let me
7 just state a personal bias. I have a strong, personal bias
8 toward VA as the provider of health care for veterans. So to
9 sort of know that as part of what I'm about to say.

10 So the VA did publish standards for volume,
11 essentially. So there is a link between volume and quality,
12 and then volume and efficiency, obviously. And generally
13 speaking, the more you do of something, the better you get at
14 it. And so there was a bias toward having some level of
15 volume at a particular site of care for a particular service,
16 which really became the foundation of some of the
17 recommendations, including some that you both mentioned as --
18 and Paul mentioned as the most objectionable.

19 And reasonable people can certainly reasonably
20 disagree on whether those were the right volume targets, and
21 there are -- you know, specific to Conway, for example, there
22 are a number of possible ways to provide veterans' health
23 care in Conway. That may, in fact, be a VA clinic. That may

1 be some sort of private clinic working with VA in some
2 cooperative fashion.

3 So to me, this is really the beginning of the
4 conversation. Now that we've laid out that this is an
5 option, we should really evaluate this, absolutely.

6 So the market assessment looked mostly at
7 projections into the future for demographics in terms of
8 what's happening with veterans' population in terms of the
9 size of that population. Is it growing or shrinking? And
10 then what type of services should those veterans need into
11 the future.

12 It did not, as you pointed out, Congressman,
13 include a robust analysis of the cost, and I would expect
14 that would be a primary function of the AIR Commission. As
15 they're evaluating all the recommendations, they should say,
16 how much would this cost relative to how much it would cost
17 for the VA to provide that care, and we certainly look
18 forward to participating in those discussions.

19 Yeah, I'm strongly in favor of VA care everywhere.
20 Everywhere it makes sense economically, and certainly it
21 makes the most sense from a quality perspective.

22 CONGRESSMAN PAPPAS: Well, I am too, and I share
23 the concerns expressed by Senator Hassan. I know our House

1 Veterans' Affairs Committee is intending to continue to dig
2 into this issue.

3 I personally will continue to communicate with the
4 upper levels of the department and the secretary to make sure
5 that folks understand and appreciate the dynamics here in
6 New Hampshire, which are at play. And I think it's very
7 relevant to the conversation we're having here today, because
8 the statistics don't lie.

9 Veterans that are connected to care and benefits
10 and services through VA are much less likely to experience
11 suicidal ideation, homelessness, addiction after their
12 service. And so this is important to get right.

13 So I appreciate the analysis that's gone on, but
14 when you get out there and go across New Hampshire, we know
15 there are people who are already traveling distances that are
16 far too long to get to a VA facility. We know there are
17 already far too many veterans who can't easily access VA care
18 or services in a community near them. So we've got to take
19 steps forward and not be undoing the good work that has been
20 done over the last many years.

21 Maybe I can switch gears here in the few minutes
22 that I've got left for this first round, and just talk, maybe
23 I can start with you, Ms. Rawls, about the pandemic

1 experience over the last few years and the impact that has
2 had on the Transition Assistance Program and other vital
3 programs for veterans. I'm wondering if you can comment on
4 sort of how some of these efforts have been taken virtually,
5 and if that has created new barriers for veterans to get
6 connected to the support they need.

7 MS. RAWLS: Thank you very much for the question,
8 sir. The pandemic really did allow us to magnify and pivot
9 our online training. And so taking a page out of the online
10 training, as was mentioned, that many times service members
11 are not in the right space to be able to attend the in-person
12 transition training. We already had an online training
13 available that you could access.

14 So we pivoted from there and created a virtual
15 instructor-led online program. And that came into existence
16 probably about nine months, you know, after we were all taken
17 aback by the pandemic and the posture it put us in.

18 So now what we have is three different offerings of
19 transition for the one-day VA. You have the in-person, which
20 is now -- its installation has opened up worldwide. Our
21 benefits advisors are out there and they're providing the
22 in-person, but you have the instructor-led, in-person
23 training now and the online training that is there.

1 We are still in the early stages of getting
2 feedback on how successful the instructor-led program is, but
3 we are getting feedback that it is right up there with
4 industry standards and customer satisfaction.

5 So we're continuing to look to make those
6 improvements and working with our DoD installations to offer
7 them in-person.

8 CONGRESSMAN PAPPAS: Perfect. Thank you for that.
9 And, you know, if I can turn to the other witnesses here and
10 just ask about virtual access, how that's working for
11 veterans for, you know, a range of programs that are out
12 there, and if there are continued barriers that we need to
13 work to address to make sure that vets have access to the
14 technology.

15 MR. FORREST: Thank you for the question. You
16 know, virtual care, our Connected Care program is certainly
17 part of our health care delivery system and will be into the
18 future. You know, I'm proud of the VA for having an active
19 position in that before the pandemic, and I think the
20 pandemic certainly sped that up and allowed us to see
21 veterans, you know, for health care needs at an accelerated
22 rate.

23 I think what we do now is, you know, we continue to

1 exploit those technologies and get it out to veterans,
2 especially in rural areas, not as a substitute, but to be
3 able to augment care and provide that care to veterans.

4 We've been very focused on providing care to
5 veterans in the way they want to receive it and whether
6 that's face-to-face care or virtual care, and it's really a
7 mix. It's an independent decision sometimes, you know, based
8 on veterans, which if I go back to, you know, why -- I watch
9 very closely where clinics are located and that we're able
10 to provide that care throughout our whole area of
11 responsibility. It's important to me.

12 We do need to continue to look at providing
13 training for veterans to be able to use that technology.
14 Sometimes, you know, our older-generation veterans sometimes
15 have challenges with that, which is why it's important for
16 our outreach teams to go out and they've trained individuals,
17 you know, train veterans on how to use that technology.

18 And then also making sure that the bandwidth exists
19 throughout the entire area, because, you know, with no
20 bandwidth, there is no virtual care.

21 CONGRESSMAN PAPPAS: That's right. Well, thanks
22 for making those points. I share your concern there, and
23 hopefully we have some additional opportunities in

1 New Hampshire to close those gaps. I'll give it back.

2 SENATOR HASSAN: Thank you so much, Congressman.

3 I'm going to start this round with a question to you,

4 Mr. Forrest, about the VA Caregivers Program.

5 Many service members and their families need VA's
6 programs once they transition to civilian life, and one of
7 these programs is the VA's Program of Comprehensive
8 Assistance for Family Caregivers, which provides financial
9 assistance, as well as access to training and counseling to
10 the family members who play a critical role in caring for
11 veterans severely injured in the line of duty.

12 Iraq War veteran, Eric, who is here today, and his
13 wife, Jennifer McNail, of Littleton, were kicked out of the
14 VA Caregivers Program after eligibility requirements were
15 narrowed by the previous administration. After hearing how
16 those changes impacted Granite State veterans and their
17 families, I led a bipartisan effort with my colleagues asking
18 the VA to reverse the previous administration's changes.

19 I was glad to see the VA announce in March that it
20 will not remove anyone from the program before they reexamine
21 the eligibility criteria for the program. I was also glad
22 to hear that the VA implemented a plan to call legacy
23 participants and their caregivers to inform them of the pause

1 of this cancellation of their benefits, and I know that you
2 and your team recently made calls to Granite State veterans,
3 so I'm very grateful.

4 Will you commit to continuing to work with my
5 office to ensure that we coordinate and continue to provide
6 the most accurate information to veterans and their
7 caregivers about the status of the program and their
8 eligibility?

9 MR. FORREST: Absolutely, Senator Hassan. You
10 know, I'll say last week, as those -- as that communication
11 went out, those were some of the best phone calls that the
12 caregiver support team made in a long time and felt committed
13 to really giving some comfort to, you know, veterans who had
14 caregivers enrolled in that program.

15 You absolutely have my commitment to be transparent
16 and to, you know, continue providing information on the
17 future state of the Caregiver Support Program and how we will
18 deploy that through New Hampshire and really make sure that
19 the veterans are taken care of.

20 I would also add that I think it's so, so important
21 with a program like this, as we look at providing care to
22 veterans and actually keeping them out of institutionalized
23 care --

1 SENATOR HASSAN: Yes.

2 MR. FORREST: -- in a time when long-term care is a
3 challenge, not only in the VA, but, you know, throughout the
4 health care system. And whatever we can do that, you know,
5 allows a veteran to stay in a home at a significantly less
6 cost than a long-term care facility is great for quality of
7 life and, you know, for the veterans.

8 So yes, you have my commitment, certainly.

9 SENATOR HASSAN: Well, and I thank you for that,
10 and I share your commitment to home-based care and
11 community-based care wherever possible. This is a challenge
12 not only in the veterans' community, but for the community at
13 large.

14 Ms. Cook, I wanted to turn to you. Both as a
15 senator and as a former governor, I have focused on
16 bolstering employment opportunities for service members
17 transitioning to civilian life and veterans.

18 I was glad to see that the President signed into
19 law my bipartisan Hire Veteran Health Heroes Act directing
20 the VA to recruit and hire Department of Defense medical
21 personnel who are transitioning out of military service for
22 open positions at the VA.

23 Additionally, I introduced the federal

1 Cybersecurity Workforce Expansion Act, which would provide
2 cybersecurity training for veterans, with a focus on
3 employing veterans in the federal government. As you know,
4 we need cyber experts pretty much everywhere, but we
5 certainly need them in the federal government.

6 Your work has also focused on this issue. As you
7 noted in your testimony, in 2020 New Hampshire launched the
8 Veteran-Friendly Business Recognition Program, which focuses
9 on matching veterans with jobs.

10 From your perspective, what are the obstacles
11 service members transitioning to civilian life face in terms
12 of finding employment, and how can we learn from the
13 challenges and successes in New Hampshire and make
14 improvements in programs and coordination between the
15 federal, state, and local levels?

16 MS. COOK: Thank you for that question. We are
17 extremely excited about the network that we've put together
18 already, and it's going to be moving forward an instrumental
19 tool in New Hampshire to address all of those problems.

20 One of the things that the network has
21 identified -- so the business is -- the network consists of
22 businesses that are recognized, and then also some partners
23 that we've brought in. So the U.S. Department of Labor goes

1 to these network meetings. ESGR is part of that. Business
2 and Economic Affairs in New Hampshire is part of it.

3 So we have partners and the businesses that have
4 been recognized. And some of the discussion that has gone on
5 has been about educating employers. So how do they look at
6 resumes and translate those military skills into positions
7 that won't result in underemployment.

8 (Microphone malfunction.)

9 SENATOR HASSAN: Try it again.

10 MS. COOK: Paul taught me. You just give it a
11 little whack.

12 SENATOR HASSAN: My dad always said the Army fixed
13 everything, so...

14 MS. COOK: So we were talking about just education
15 for employers, number one, right? So they're looking at
16 resumes. Sometimes when people are writing resumes coming
17 out of the military, they're not -- the communication between
18 what -- the skills that they have and their talents and what
19 they're able to do in their experience isn't then being
20 translated to the other side.

21 And so that's no fault of their own, but we're
22 working with the employers on the other side to learn about,
23 how do you take this type of experience, how do you translate

1 it into something that's meaningful and matches what they can
2 do.

3 There's a lot of different programs. Another
4 aspect to that that we're working on is to get the word out
5 about all the programs that are available. So the Department
6 of Defense has SkillBridge. There's apprenticeships. Some
7 of the businesses that we've recognized have some amazing
8 programs. BAE Systems in New Hampshire, you're familiar
9 with, has a Warrior Integration Program that is just, you
10 know, state of the art.

11 So we want people who are transitioning into
12 civilian life to know about those ahead of time. We're
13 trying to get that word spread before they even choose
14 New Hampshire, because we think it's one of the reasons they
15 should choose New Hampshire, is there is a lot of
16 opportunities here for them.

17 So getting the word out, and then education for
18 that employer, the employer side, and the private sector.

19 SENATOR HASSAN: Well, thank you for that.
20 Ms. Rawls, I wanted to just follow up and give you an
21 opportunity, from your perspective, how can the VA learn from
22 initiatives in New Hampshire to help with partnerships
23 between the VA and the public and private sectors?

1 MS. RAWLS: Thank you very much for that question.
2 As I was listening, I couldn't help but think that one of the
3 items that we all have to wrap our brain around is being able
4 to talk up the great things that we are doing so people will
5 know and be able to connect our transitioning service members
6 to all of these SkillBridge programs.

7 The SkillBridge program that is offered at every
8 transition site depends on the local companies that are
9 working in that area. The VA has its own SkillBridge program
10 in which they look to bring in others, whether it's health
11 care or to become veteran service representatives.

12 The notion that we can do too much has to go away,
13 and we all have to think that we are going to repeat that
14 message over and over again for people.

15 I think having an opportunity to talk about how we
16 are connecting transitioning service members to them and
17 allowing the companies to know that there are skill sets that
18 can be useful to them, we have to keep putting that out there
19 for those companies, so they can make it a lot easier for
20 those transitioning service members to acclimate within their
21 culture and their community.

22 SENATOR HASSAN: Well, thank you. I am well over
23 my time. I am going to come back for a third round, because

1 I want to get to the issue of suicide prevention, among other
2 things, but I'm going to turn it over now to Congressman
3 Pappas.

4 CONGRESSMAN PAPPAS: Thank you. And Ms. Rawls,
5 maybe I can just ask a follow-up on one program I wanted to
6 highlight, is the VRRAP program, the Veteran Rapid Retraining
7 and Assistance Program, which offers education and training
8 for high-demand jobs, including things like health care,
9 education, and engineering to veterans who are unemployed or
10 underemployed.

11 And I'm wondering what steps you think we need to
12 take to make sure that folks know about this program; that
13 there's greater awareness. I believe it's underutilized but
14 holds a great degree of promise.

15 So could you offer some comments on that particular
16 program?

17 MS. RAWLS: Yes, sir, and thank you very much.
18 This program just came about and grew so quickly, but you're
19 absolutely right, and we need to be better at getting this
20 information out there to the community about the offerings
21 for VRRAP and allowing our transitioning service members and
22 veterans to know that everyone and anyone that they come to
23 can be a door for them to have access to the VRRAP program.

1 So again, I believe in having, you know,
2 opportunities like this to talk up that program and to
3 partner with our state VSOs, as well as all of our national
4 veteran service organizations, to push that information out
5 there. Thank you.

6 CONGRESSMAN PAPPAS: Thank you. Ms. Cook, I don't
7 know if you wanted to comment at all on that one.

8 MS. COOK: Yeah, I just wrote a little note to
9 myself that if I had the opportunity, the -- all of the --
10 the programs that are out there, specifically in
11 New Hampshire, we're working with the Office of Public
12 Licensure -- Professional Licensure, and military skill
13 waiver programs. So one of the things that we're doing at
14 the state level, we've actually hired a position, a full-time
15 position, to work on exactly that and to get the word out.

16 We're trying to connect at this point in time with
17 some of the Transition Assistance Programs to let -- to sort
18 of partner with them in a way that we can let people going
19 through those programs know specifically about what
20 New Hampshire has to offer. And part of that would be
21 letting them know that they can take advantage of programs
22 like Troops to Trucks in New Hampshire to boost that critical
23 workforce. There's some programs that we're trying to get

1 established for LNA licensure to be easily transferred over.

2 So there's going to be some opportunities coming up
3 in the near future that we're definitely going to be very
4 interested in getting the word out and about, and I think
5 it'll help the whole transition process.

6 CONGRESSMAN PAPPAS: Thanks very much for those
7 comments.

8 My office receives requests from a lot of veterans
9 who need help in accessing their military records, and that's
10 something that's become a real acute problem during the last
11 couple of years. The backlog for retrieving these records
12 from the National Archives, National Personnel Records
13 Center, has been just an ongoing challenge for a lot of
14 years, but we know it's worsened during the pandemic.

15 My office is in touch with one veteran who's been
16 waiting over a year for military records. That's an extreme
17 case, I think, but unfortunately, there are others like it
18 out there. And so something has to be done to address this.

19 And I'm just wondering, maybe I can start with you,
20 Ms. Cook and Mr. Lloyd, if you have comments on access to
21 military records, and how important that is for individuals
22 then to get the care and services that they need.

23 MS. COOK: Yeah. My comment will be extremely

1 short, because it's sort of out of my realm of knowledge, to
2 be quite honest. But I do know at the Department of Military
3 Affairs, we have a full-time person who does help to do that.
4 So he's kind of my go-to -- when the question comes to me or
5 comes across my desk, I would just pass that over to him.

6 So we often hear about the same types of stories,
7 that people are just facing some challenges, and we try to do
8 the best that we can to help them through it, but...

9 MR. LLOYD: Thank you. I'm not sure how to fix it.
10 I know that I have three on my desk waiting, and I have been
11 waiting for about 18 months for it. And it's not for health
12 care. It's more for membership in the organization, but
13 we're still waiting 18 months out, which is just a bit
14 ridiculous.

15 CONGRESSMAN PAPPAS: Yeah, I agree with those
16 comments. It's very ridiculous, and I know our offices work
17 very closely with a lot of veterans who reach out. We
18 encourage folks to do that if they need assistance accessing
19 records, but we certainly have to work on some of the systems
20 to make sure that can happen in a much more timely fashion.

21 Ms. Rawls, I don't know if you wanted to address
22 that.

23 MS. RAWLS: I am in agreement that we are going

1 through this from the remnants of the pandemic, but I also
2 wanted to just note that one of the things that the director
3 did in the St. Louis regional facility was actually to put
4 employees in the facility to work through it as we were going
5 through that pandemic, and we also pushed through getting the
6 vaccinations for those employees so they could be in that
7 building.

8 The secretary worked really hard on ensuring that
9 the employees were safe and that they could transition that
10 skill set to move those files as quickly as possible. And I
11 know we've put a lot of effort in it, and we've seen
12 significant results there in just crossing over and
13 integrating with DoD in getting those records.

14 CONGRESSMAN PAPPAS: Thanks. Well, we'll continue
15 to stay in touch with the administration on this one. It's
16 really important for vets here in New Hampshire. I yield
17 back.

18 SENATOR HASSAN: Well, thank you, Congressman, and
19 thank you all for testimony on that issue. I do want to turn
20 now to the issue of suicide prevention.

21 VA data shows veterans are most vulnerable in their
22 first three months following separation from military
23 service, and suicide risk remains elevated for years after

1 their transition.

2 Furthermore, New Hampshire's veteran population has
3 a higher incidence of suicide than the national veteran
4 population and national general population.

5 One way veterans get connected to mental health
6 services is through their fellow veterans, and that's why I
7 introduced legislation with Senator Ernst, a veteran herself,
8 which directs the VA to designate a National Buddy Check Week
9 to expand the efforts of volunteer veterans at peer-wellness
10 checks, and I was glad to see that the Senate passed this
11 bill recently.

12 We know that connecting service members
13 transitioning to civilian life to VHA services is
14 instrumental in suicide prevention.

15 Kevin, how is the VA Medical Center in Manchester
16 conducting outreach to service members transitioning to
17 civilian life about the VA services available to them? Are
18 there additional resources you or volunteers need to more
19 effectively target service members and veterans?

20 MR. FORREST: Thank you for that question, Senator
21 Hassan. I think this goes back to what Mr. Lilly had
22 mentioned about our aggressive outreach campaign during TAP,
23 and actually, at all the community events that are here.

1 This is also part of our zero suicide initiative
2 here in this state and our partnership with the community,
3 where it's not just the VA; it's an entire network of all of
4 us to identify at-risk veterans to make sure that they're
5 aware of the resources that are available to get the health
6 care that they need.

7 I think when we look at that Military2VA program,
8 which I had mentioned in my opening comments here, it's a
9 program like that where our social work team that comprises
10 that program has the direct link from a VHA liaison, you
11 know, at a DoD facility that identifies at-risk veterans as
12 they are departing the service and being able to link them up
13 with the right appointment or mental health appointment, you
14 know, before they even get to their final destination, is the
15 step in the right direction. But that takes resources.

16 We continue to bring our -- recruit for a social
17 work team to be able to provide that support. It's a lot of
18 hard work, and they do wonderful, wonderful work with that,
19 but I think in being able to do that is one direct way.

20 The indirect way, I would add, is having veterans
21 reach out and campaign -- or reach out to their fellow
22 veterans and make them aware of our services. And this is
23 why we focused on our Stand Up to Stigma series that we've

1 done here, and we've brought, you know, very influential
2 veterans and other members of the community to speak to not
3 only our staff but to veterans throughout New Hampshire about
4 reducing mental health stigma and why it's okay and the
5 resources that are available. And that's just been such a
6 powerful message, really, I think, of us as a team tackling
7 this problem -- program -- or problem in making sure that
8 veterans come to the medical center in their greatest time of
9 need.

10 SENATOR HASSAN: I'm going to ask Mr. Lloyd and
11 Ms. Cook just to comment on this too, if you'd like to,
12 before I move on to another question.

13 MS. COOK: Thank you. A couple things I would add
14 to suicide prevention efforts in New Hampshire. It's
15 something that we're always, every day -- everything we do at
16 the Division of Community Based Military Programs is looked
17 at through that lens.

18 We have the Ask the Question campaign in
19 New Hampshire that's been nationally recognized in the past
20 year. I've met with about 15 or 16 different states to help
21 them launch their own Ask the Question campaign. New Mexico
22 yesterday, I spent some time on the phone with them, helping
23 them figure out how to do that.

1 So that's a really important -- it asks the
2 question -- and some people mix up Ask the Question in terms
3 of, are you at suicide risk, with, have you previously
4 served? So when I say, Ask the Question campaign, I'm
5 referring to, have you or a family member ever previously
6 served?

7 But it is a suicide prevention effort, because
8 community-based programs need to know if there's any kind of
9 military connection there, and it can just open the door for
10 conversations that can then identify any potential suicide
11 risk.

12 We also were -- New Hampshire was one of the first
13 of seven states in 2018 to participate in the Governor's
14 Challenge to Prevent Suicide among service members, veterans,
15 and their families. And now they have -- almost all the
16 states have participated at this point, but through that, we
17 created a team of about 50 people who've been actively
18 working on suicide prevention strategies throughout the State
19 of New Hampshire for the past few years. And we merged with
20 the New Hampshire Suicide Prevention Council.

21 So why that's important is because we're aligning
22 efforts. We have so many organizations in New Hampshire, you
23 know, federal partners, state partners, locally based

1 programs, and we all need to be moving in the same direction.
2 So if we all have different programs, and we're really proud
3 of them, but we're not talking to each other, we're not
4 moving as fast-forward as we could.

5 So our role in that council and that committee has
6 been to try to bring everybody to the table so we can align
7 our efforts; we can braid our resources, federal resources,
8 state resources, private sector resources, and really start
9 to move the needle in that.

10 SENATOR HASSAN: I appreciate that. And Chairman
11 Lloyd, VSOs have been just incredible leaders, including the
12 VFW. Almost every meeting I have with a VSO in this state,
13 the first thing they ask me about is to work harder on
14 suicide prevention resources. So I'd just love your
15 thoughts, especially about the importance of peer-to-peer
16 outreach.

17 MR. LLOYD: Yes, and so peer-to-peer, buddy check,
18 those all work and have been working for years within the
19 organizations: VFW, American Legion, DAV. Just having
20 conversations with other folks and you know that they went
21 through the same kind of stuff. So those really work, and
22 nationalize them, and it seems to be helping as well.

23 SENATOR HASSAN: Good. Thank you. I'm going to

1 use a little bit more time to get through a couple more
2 questions, and then I will -- we'll turn back to Congressman
3 Pappas, and then offer you all a chance to wrap up.

4 But Chairman Lloyd, I wanted to talk with you about
5 some benefits issues that I know have been a concern for you
6 and your members. Together we raised the issue of veteran
7 service organizations' reviewing benefits claims and the
8 backlog of VA claims.

9 Are there particular challenges that service
10 members transitioning to civilian life encounter when they
11 are navigating VA benefits? How can Congress help alleviate
12 these challenges?

13 MR. LLOYD: So one of the things that we have seen
14 with service officers, we don't have a service officer at
15 every installation. The benefits at delivery, at discharge
16 and delivery, the BDD one, it's left up to the installation
17 commander whether they will allow the VSO on base or not. If
18 somehow or other we could get that so that each installation
19 has a VSO available for their TAP program, I think that would
20 be a goal on a way to help.

21 SENATOR HASSAN: Thank you. I want to turn to you,
22 Mr. Lilly, again, on drilling down on health care for
23 post-9/11 veterans.

1 I introduced legislation that would provide health
2 care to veterans exposed to toxic substances. Additionally,
3 I supported legislation that focuses on the health care needs
4 of post-9/11 veterans. I am particularly concerned about
5 veterans who served during the Global War on Terrorism with
6 unmet health care needs and health conditions who have not
7 yet -- conditions that have not yet exhibited themselves.

8 How is the VA analyzing and focusing on the future
9 health care needs of post-9/11 veterans?

10 MR. LILLY: Sure. Thanks. So it's important for
11 post-9/11 veterans first to enroll for care in the VA, and
12 then ultimately to have a registry exam, which we encourage
13 all post-9/11 veterans to do.

14 That's important, because knowledge is upstream of
15 treatment. So we first need to understand better what health
16 conditions veterans that are post-9/11 have had, burn
17 exposures or other toxic exposures, what are the unique
18 health care conditions that they are presenting with, and
19 then treatment ultimately follows that. So that's the most
20 important piece, is to enroll with us and have a registry
21 exam so we can start to see what we're dealing with here
22 clinically and then begin to treat it.

23 Of course, once they're enrolled for health care,

1 we will begin treating them for whatever they have, or what
2 we know they have, but often these things, as you know, take
3 many years to emerge. So it's important for us to get a
4 knowledge-base start and so we can really provide better
5 treatment down the road.

6 SENATOR HASSAN: Thank you. One additional
7 question to you, Director Lilly, and then I'll turn back to
8 Congressman Pappas.

9 Many veterans benefit from getting their care at VA
10 facilities, because they keep and form relationships with
11 their fellow veterans who receive care and volunteer their
12 time at VA facilities. Service members, their families, and
13 veterans have unique needs that require health care providers
14 who understand the special challenges of those who have
15 served. And earlier when you were answering one of our
16 questions, you talked about your own belief that it's
17 preferable for veterans to get health care at VA facilities.

18 Can you please just drill down on that a little
19 bit?

20 MR. LILLY: Sure.

21 SENATOR HASSAN: Speak to why veterans are best
22 served by VA providers who understand the context of their
23 service, especially when they're transitioning into civilian

1 life.

2 MR. LILLY: I'd be glad to, and I probably should
3 have mentioned before, this is not a belief that is just sort
4 of out there. This is really founded in 20 years of
5 experience of seeing veterans and seeing outcome data that
6 shows the quality of care for veterans is better when they
7 get their care through the VA.

8 So there's clearly a quality component. So
9 veterans, there's any number of studies that show VA health
10 care quality's comparable to or better than the private
11 sector. But what you're talking about also is the experience
12 of care, and there really is nothing like a VA facility in
13 terms of the ability for veterans across generations, across
14 periods of service, to share camaraderie and talk about their
15 experiences together.

16 We've mentioned suicide prevention and the
17 importance of the buddy system. That extends to not just
18 suicide prevention, but really all types of care that they
19 receive from the VA. And it's a vitally important part of
20 their recovery, frankly, is to be around other veterans.
21 It's one of the things that makes VA special, and it's one of
22 the reasons I strongly favor VA care.

23 SENATOR HASSAN: I appreciate that very much, and

1 I am committed to ensuring that Granite State veterans get
2 the unique care that they need at VA facilities here in
3 New Hampshire, so I look forward to continuing to work on
4 these issues with you.

5 Congressman.

6 CONGRESSMAN PAPPAS: Thank you, Senator. I just
7 have a couple additional questions here before we close.

8 One issue I wanted to draw attention to is the
9 issue of accreditation of individuals that, you know, help
10 veterans who are accessing VA benefits.

11 We know that for many veterans filing a disability
12 claim, it can be a very long and cumbersome process.
13 According to the VA, it takes five months on average to
14 complete a disability-related claim. And VSOs, like the
15 Veterans of Foreign Wars, like the American Legion, and DAV,
16 offer free assistance to veterans who need help navigating
17 this process. But we also have seen a number of
18 unaccredited, for-profit companies that are using aggressive
19 marketing tactics, and deceptive tactics as well, to draw
20 veterans in, and often are charging them thousands of dollars
21 for services that VSOs can provide for free.

22 So our House Veterans' Affairs Committee, our
23 subcommittee on oversight and investigations, is going to be

1 holding a hearing on this topic next week. We'll be
2 examining how VA's oversight of the individuals and
3 organizations who assist veterans with their disability
4 claims can be strengthened.

5 I'm especially concerned about some of the feedback
6 I've received from veterans in New Hampshire about these
7 unaccredited companies that are charging veterans excessive
8 fees just to help out with disability claims when we know
9 there's so many other folks out there who can assist.

10 So maybe I can turn to some of my New Hampshire
11 experts here. And Ms. Cook, I don't know if this is an issue
12 that you've heard about, but as we move forward, we'd
13 appreciate the opportunity to connect about how to get the
14 right information out to veterans so that, you know, they're
15 able to, you know, file a disability claim if they need to
16 without being charged thousands of dollars.

17 MS. COOK: Yeah, we have the same concern, and
18 we've heard many of the same stories. We have the Division
19 of Veterans Services at our department, and they have a staff
20 of VSOs that work across the state, again, free of charge.
21 There's no cost. And so we often -- when we hear those
22 stories, we're always telling people, you know, we have --
23 you can get that for free, really quality services with

1 people who do it every day, so they're experienced. They
2 know what they're doing.

3 So we try to message them as much as we can. We
4 certainly will appreciate any extra help to spread -- you
5 know, spread that word and pass some laws about that. So
6 yeah, we're on the same page with you.

7 CONGRESSMAN PAPPAS: Thank you. Mr. Lloyd?

8 MR. LLOYD: Yes, we have run into a lot of them.
9 I won't say a lot of them, but the lawyer part of it, look
10 into -- do the appeals. That's where we're seeing a lot of
11 it now is the -- some lawyers out there, willing to do the
12 work to get the appeal and make sure that they're guaranteed,
13 you know, an uptick in their disability, raising their
14 disability, if you will.

15 It's just disheartening that when that does come to
16 fruition, the veteran doesn't get anything; it all goes to
17 the company that did the work because of their legal
18 agreement.

19 CONGRESSMAN PAPPAS: And Ms. Cook, maybe I can
20 follow up on that topic, because I know that veterans contact
21 our office oftentimes looking for pro bono legal services
22 specifically geared toward veterans, and, you know, the
23 individuals may need help filing a claim or starting a

1 business or, you know, navigating VA somehow. And it's no
2 surprise, because laws and rules determining a veteran's
3 eligibility for certain programs sometimes can be very
4 complicated.

5 So I know that the nonprofit organizations that
6 used to be equipped to provide these kind of services no
7 longer have the same capacity to provide this support. Could
8 you educate us a little bit on that, and do you have any
9 thoughts about a solution?

10 MS. COOK: It's a problem. We definitely need to
11 build some capacity in that area. The programs that used to
12 do those pro bono services, legal services over the years,
13 the people who have been really leading that have either
14 retired, you know, moved on. Then COVID, we lost some people
15 there.

16 So we've been actually -- it came up in
17 conversation just a couple weeks ago in our department to
18 start looking a little more strategically at that for the
19 future. There's some initiatives going on in New Hampshire
20 right now that I think may provide an opportunity to revise
21 some of that, to boost some of that, and enhance capacity.

22 So we're really in the infancy stages. There's not
23 even anything to share in terms of details, but it's

1 something that we're monitoring, looking at, and trying to
2 think strategically about the future for. So it's definitely
3 on our radar.

4 CONGRESSMAN PAPPAS: Well, thanks for those
5 comments. It's an important issue, and we look forward to
6 hearing more about how things move forward. I yield back my
7 time.

8 SENATOR HASSAN: Thank you so much, Congressman.
9 So that concludes the questions that we both have had, but I
10 wanted to give each of the witnesses an opportunity to make
11 one final recommendation to Congress and other policymakers
12 on how best to support service members.

13 So is there one recommendation each of you would
14 make that you would want to highlight for policymakers on how
15 to better support service members transitioning to civilian
16 life and veterans new to VA benefits and services?

17 And I'll start with you, Ms. Rawls.

18 MS. RAWLS: Well, thank you very much, ma'am. I
19 think that one item that I will bring to the table is the
20 need to engage the family. A lot of times when we talk about
21 transition, we're totally focused on that service member.

22 SENATOR HASSAN: Right.

23 MS. RAWLS: And that's great, but that family has

1 a role in ensuring the economic stability and future of the
2 family. The children need to understand there's subsequent
3 benefits, a possibility of those.

4 And I know there is lots of conversation around
5 putting together the buddy systems. Whether that is having
6 the service member at the middle of it, or for that matter,
7 peer to peer, we still need to bring in that information
8 about how do we get the family involved in transition.

9 SENATOR HASSAN: Right.

10 MS. RAWLS: That's a family event moving through
11 transition. Whether you have a spouse or not, you still have
12 your parents who are a part of that fabric. So that that one
13 thing -- and it escapes me, so I'm happy to talk to you guys
14 about it. That one thing is very important, and I think
15 there is a gap there that I've seen as I go out doing
16 executive site visits. Thank you.

17 SENATOR HASSAN: Thank you. Thank you. Mr. Lilly.

18 MR. LILLY: From the health care side, if we
19 could -- anything we can do to simplify the eligibility
20 process and making enrollment in health care easier. That is
21 by far the number-one piece of feedback I get from our
22 outreach team, the frustration of speaking to veterans at a
23 large event, and then they may or may not be eligible, or

1 they may or may not have the desire to sort of follow through
2 with the lengthy process to become eligible. So if we
3 can simplify that, that would be great.

4 If I could make one other --

5 SENATOR HASSAN: Yeah, sure.

6 MR. LILLY: -- other comment about suicide
7 prevention just from a clinical standpoint. It's important
8 for folks to understand.

9 Suicidality is episodic and it's dynamic, and so
10 the important factor for suicide prevention is for the
11 veterans themselves or those around them to recognize the
12 warning signs when they are actively suicidal.

13 SENATOR HASSAN: Right.

14 MR. LILLY: And then they really need to understand
15 what those signs are and what are the resources available.
16 That is why we have this all-hands-on-deck approach. And it
17 really is. This is not just sort of nice language. It
18 really does take anybody that interacts with veterans in any
19 setting, because we really don't know when they may shift
20 from non-suicidal to actively suicidal.

21 And if we can intervene in that moment that
22 matters, recognize those signs and connect them to services
23 in that moment, that's the key. And to do that properly, you

1 have to do a lot of education before that moment for all
2 those folks, the veteran themselves, and all their family
3 members, or anybody else that interacts with them routinely
4 to say, okay, now I see the sign and what do I do about it?
5 What's the resource? They need to know that beforehand.
6 They can't sort of fumble through in the moment when it's too
7 late.

8 SENATOR HASSAN: I really appreciate that. I
9 actually was meeting with young people yesterday about the
10 rise in death-by-suicide among New Hampshire's youth, and
11 that was a theme from some of the organizations there too.
12 We have to give people the tools to understand and recognize
13 the signs of suicide and work to intervene at the right
14 moment.

15 MR. LILLY: Right.

16 SENATOR HASSAN: Not to mention getting the
17 workforce in place and all that. Thank you. Thank you for
18 adding that. Mr. Forrest?

19 MR. FORREST: First, I'd like to say thank you for
20 the opportunity to have this dialogue for us to be able to
21 showcase, you know, programs that the VA has. Even more
22 importantly, to identify gaps in how we can continue to
23 improve the program for veterans.

1 I think my one ask would be to piggyback off what
2 Mr. Lilly had mentioned. As the veteran exits from service,
3 the whole reason -- or the theme here today is to continue
4 to close that gap.

5 When I say that, I think of my own experience as I
6 left the service, although it was quite a while ago, and came
7 back to New Hampshire. But to look at like auto enrollment.

8 If you leave it, you know, to me to -- you know, as
9 we exit an installation, and then we move to our home of
10 record and then apply for health care services, you know, or
11 benefits and -- you know, we went through TAP. I know we've
12 done so much to help bridge that gap, you know, in the last
13 12 years since I had retired. But I think being able to set
14 a veteran and their family up as they leave an installation
15 with contacts, and on the converse, with the VA Medical
16 Center on the other end knowing that somebody is on their way
17 into New Hampshire and can be more active in linking them up
18 with the services they need, it would go a long way towards
19 the increased enrollment and just reducing that gap in
20 letting the veteran figure it out for themselves on the other
21 end. So anything we can do to help bridge that gap.

22 SENATOR HASSAN: Thank you. Ms. Cook.

23 MS. COOK: I would definitely echo what's been said

1 already in terms of helping families, not just the individual
2 service member. That's definitely a key point.

3 And then I definitely agree with the
4 all-hands-on-deck approach that Mr. Lilly referenced. We
5 can't meet all the needs of service members and their
6 families with only federal programs, nor can we meet them all
7 with just state or local programs. So we need to enhance
8 collaboration and braiding resources. I think we've done an
9 amazing job in New Hampshire, but there's always room for
10 improvement there.

11 And as a state department, we would love to see
12 opportunities to embed state-specific information, just like
13 Mr. Forrest was referencing, and resources into Department of
14 Defense, VA, and any other federal processes. So that the
15 people who are -- you know, as they're transitioning out of
16 the military, they're not only getting information about
17 what's available to them everywhere, but if they know that
18 they're choosing New Hampshire, they're returning to
19 New Hampshire, or coming here for the first time, they can
20 get some information before they land here about what we can
21 offer in New Hampshire.

22 So thank you for the opportunity today.

23 SENATOR HASSAN: Thank you very much. Mr. Lloyd.

1 MR. LLOYD: So I won't repeat what they all said.
2 So I will just leave with, if we want to help veterans that
3 are leaving the military, then I urge the Senate to pass the
4 Honor the PACT Act.

5 SENATOR HASSAN: Thank you. Well said. Well, I
6 want to thank all of you for joining us this morning and for
7 your testimony, for your service to our veterans, and to
8 those of you on the panel who are veterans yourselves. Thank
9 you for your service to our country through the military as
10 well.

11 Your insights into the situation on the ground are
12 really, really important to us in our policymaking roles, and
13 your testimony here today is going to help us craft better
14 bipartisan solutions to help veterans in our communities in
15 New Hampshire, but also all across the country.

16 It's really good to get an update from you,
17 Ms. Cook, about the state's efforts too, and I think they
18 remain a model for a lot of the rest of the country.

19 The hearing record will remain open for five
20 calendar days until 10 a.m. on April 28th for submissions of
21 statements and questions for the record.

22 To all the veterans here this morning, thank you so
23 much for your service. This hearing is adjourned.

CERTIFICATE

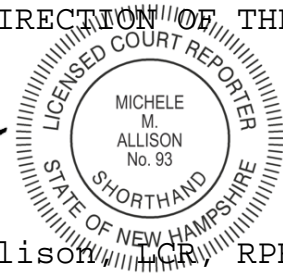
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23

I, Michele M. Allison, a Licensed Court Reporter, Registered Professional Reporter and Certified Realtime Reporter, do hereby certify that the foregoing is a true and accurate transcript of my stenotype notes of the field hearing, taken place on the date hereinbefore set forth.

I further certify that I am neither attorney nor counsel for, nor related to or employed by any of the parties in the action to which this hearing was taken, and further that I am not a relative or employee of any attorney or counsel employed in this case, nor am I financially interested in this action.

THE FOREGOING CERTIFICATION OF THIS TRANSCRIPT DOES NOT APPLY TO ANY REPRODUCTION OF THE SAME BY ANY MEANS UNLESS UNDER THE DIRECT CONTROL AND/OR DIRECTION OF THE CERTIFYING REPORTER.

Michele Allison



Michele M. Allison, LCR, RPR, CRR
N.H. Licensed Court Reporter
No. 93 (RSA 310-A:161-181)

\$	8	74:7	American 69:19 74:15	attention 20:18 74:8
\$13 5:6	8,000 4:16 40:12	additionally 6:16 31:3 37:12,23 55:23 71:2	ample 30:16	attract 22:5
1	80 29:11	address 7:6 42:23 44:20 46:9 51:13 56:19 62:18 63:21	Amy 27:7	audience 10:5
1 14:22 21:9	9	addresses 11:19	analysis 36:19 46:11 47:2 48:13 49:13	augment 52:3
1's 19:19	90 18:3	addressing 30:1	analyzing 71:8	automatic 12:1
10,000 39:20	98 22:2	adequately 15:11	and/or 32:11	average 74:13
15 67:20	A	adhered 38:7	announce 53:19	awarded 30:7
15.6 29:19	A's 19:1	adjutant 33:18	annually 15:16	aware 21:16 43:1 66:5,22
16 67:20	aback 50:17	administration 5:22 7:16,19 14:6 15:20 21:6 23:10 53:15 64:15	answering 10:3 23:6 27:4 72:15	awareness 60:13
18 4:13 35:9 63:11,13	ability 6:8 13:18 73:13	administrator 27:7	anytime 17:7	B
180 18:3	absolutely 48:5 54:9, 15 60:19	advancement 29:13	apologize 43:16	back 9:4 34:9 39:5 43:13 45:17 52:8 53:1 59:23 64:17 65:21 70:2 72:7 78:6
1800 40:16	accelerated 51:21	advantage 18:9 61:21	appeal 76:12	backed 29:9
1991 15:13	accepting 32:2	adverse 20:6	appeals 76:10	backlog 5:10,14 62:11 70:8
2	access 6:12 15:4 16:14,17 21:16 22:9 23:21,23 24:9 26:6 27:1 31:13 32:5 34:22 35:13,20 37:5 39:10 42:15 44:1,9 49:17 50:13 51:10, 13 53:9 60:23 62:20	advertising 23:3	application 12:8	backward 13:10
2 5:7	accessed 34:23	advisor 14:8	apply 41:14	BAE 58:8
20 14:7 19:5 73:4	accessing 12:7 20:3 36:23 62:9 63:18 74:10	advisors 41:5 50:21	appoint 26:2 45:15,16 66:13	bag-type 21:12
20,000 36:15	acclimate 59:20	Advisory 7:11 8:8 26:9 33:16	appointment 14:23	bandwidth 52:18,20
200,000 4:12 15:16	acclimated 18:10	advocacy 15:4 33:22	appreciative 10:1	barrier 29:15
2001 36:1	accompanied 14:19 19:16	advocates 10:7	apprenticeships 58:6	barriers 42:10 43:3 50:5 51:12
2011 15:14	accomplished 29:23	Affairs 4:7,20,23 6:3 7:10,12 8:5 9:5 11:11 12:11 14:18 24:5,7 27:10 32:21 33:9 34:18 49:1 57:2 63:3 74:22	approach 29:5 37:5 38:11	base 20:13 40:3 70:17
2015 21:15	accreditation 74:9	Affairs' 19:14	approaches 30:21	based 11:5 27:8 28:1,18 52:7 67:16 68:23
2017 25:14	accredited 35:23 38:13	affecting 8:23	appropriately 15:11	bases 20:12 36:3
2018 19:4 68:13	accurate 54:6	Afghanistan 40:1 42:22	approximately 15:15 40:12,14	BDD 70:16
2019 36:17 37:16	achieve 16:10	age 4:14,16	Archives 62:12	beacon 8:11
2020 30:3 56:7	acknowledge 20:16	agencies 24:9 27:14	area 41:9 52:10,19 59:9 77:11	began 30:13
2021 37:2	act 5:20 11:18 15:14 39:12,15 55:19 56:1	aggressive 65:22 74:18	areas 12:23 38:12 52:2	begin 27:22 71:22 72:1
21 18:5	actions 33:5	agree 63:15	arise 28:23	beginning 48:3
22 22:1	active 6:1 21:1 24:12, 13 31:15 36:7 39:14 51:18	agreement 63:23 76:18	Army 14:11 24:1 57:12	begun 5:21
24 36:3	active-duty 17:18 20:10	ahead 58:12	arrive 31:5,10	behalf 33:8 34:3
3	actively 24:16 33:21 68:17	aid 36:2	art 58:10	belief 72:16 73:3
3100 40:14	acts 28:5	Air 13:8 20:13 45:21 46:12 48:14	asks 68:1	believes 34:7 35:20
33 29:18	acute 62:10	Albany 45:16	aspect 58:4	beneficial 31:6
34 4:13,16	add 42:5 54:20 66:20 67:13	align 69:6	assess 37:14	benefit 12:12 21:2,6, 11 24:3 27:15 39:21 72:9
365 18:3 37:18	added 5:13	aligning 68:21	assessment 48:6	benefits 5:3,16 6:2 7:7,16 8:14 9:18 11:3 12:7 14:6 16:5, 7 17:1,9 20:11,23 21:22 24:11 27:2 31:12 34:18 36:7,9, 11 39:14 40:2,15 41:5 49:9 50:21 54:1 70:5,7,11,15 74:10 78:16
4	addiction 49:11	alleviate 40:3 70:11	asset 6:11 10:11 43:20	beginning 48:3
40 37:20	addition 8:21 16:13 18:7 21:7 31:16	alleviating 42:10	assist 5:17 6:20 21:20 23:20 36:11 75:3,9	begun 5:21
43 29:10	additional 7:3 38:12 52:23 65:18 72:6	allies 10:5	assistance 7:17 12:12 15:14,23 17:4, 12 20:11 24:14 50:2 53:8,9 60:7 61:17 63:18 74:16	behalf 33:8 34:3
45 16:16		allowed 51:20	at-risk 66:4,11	belief 72:16 73:3
5		allowing 59:17 60:21	attempt 18:3	believes 34:7 35:20
50 22:22 68:17		amazing 58:7	attend 11:2 16:14 20:21 26:2 50:11	beneficial 31:6
6			attendance 9:10 37:20	benefit 12:12 21:2,6, 11 24:3 27:15 39:21 72:9
60 16:16 37:2 38:3			attending 24:14 37:21	benefits 5:3,16 6:2 7:7,16 8:14 9:18 11:3 12:7 14:6 16:5, 7 17:1,9 20:11,23 21:22 24:11 27:2 31:12 34:18 36:7,9, 11 39:14 40:2,15 41:5 49:9 50:21 54:1 70:5,7,11,15 74:10 78:16
7				bias 47:7,14
74 22:3				bicameral 10:1
				bill 6:4 65:11
				billion 5:6
				binding 42:12

bipartisan 5:19 9:10, 13 11:18 39:12,17 53:17 55:19	24:17,21 25:7,9,16, 19 26:1,14,16,18,22 32:1,10,12 36:7 39:21 40:1 41:14 42:2,5,22 44:1,5,9, 14,15,17 45:1,14 46:3,5,7,8,14,23 47:8,15,23 48:17,19 49:9,17 51:16,17,21 52:3,4,6,10,20 54:19,21,23 55:2,4, 6,10,11 59:11 60:8 62:22 63:12 66:6 70:22 71:2,3,6,9,11, 18,23 72:9,11,13,17 73:6,7,10,12,18,22 74:2	citing 29:12	26:9 33:16 34:3 39:1 49:1 69:5 74:22	connect 6:1 17:15 18:12 39:19 40:20 42:21 46:7 59:5 61:16 75:13
birth 16:19	career 15:12 16:11, 18 18:11 29:12,16 30:2 37:4	city 13:13	common 25:16	connected 18:10 31:8 40:1 49:9 50:6 51:16 65:5
bit 18:20,23 43:18 63:13 70:1 72:19 77:8	careers 16:8	civilian 4:10,13 5:15 6:21 7:1 8:16 11:9 14:17 15:12,17 16:4, 12 17:3,9 19:16,21 23:20 24:3 25:22 27:1 28:6,13,18 29:10,21 30:15 31:5, 10,15 32:18,23 34:15 53:6 55:17 56:11 58:12 65:13, 17 70:10 72:23 78:15	communicate 49:3	Connecticut 20:12
board 20:1	caregiver 54:12,17	claim 5:16 40:19 74:12,14 75:15 76:23	communication 54:10 57:17	connecting 20:7 39:8 40:22 59:16 65:12
boat 22:6	caregivers 15:2,9 53:4,8,14,23 54:7,14	claims 5:10,13 21:7,8 36:3,10,12 40:14 70:7,8 75:4,8	communities 12:20, 22 27:12 28:22 32:10	connection 38:15 46:20 68:9
bolster 13:3	caregiving 53:10	classes 37:21 38:10, 21	community 8:6 13:2 17:3 21:19 22:14 24:15 25:12,23 26:8, 10 27:8,23 28:6,8, 12,18 32:12 38:16, 19 44:5 45:12,13 46:3,14,16 49:18 55:12 59:21 60:20 65:23 66:2 67:2,16	connections 16:20 38:18
bolstered 44:6	case 26:3 62:17	classroom 36:15	community-based 7:20 13:5 25:4 55:11 68:8	connects 39:13
bolstering 6:17 55:16	casualty 17:3	clients 28:14	companies 59:8,17, 19 74:18 75:7	consideration 46:11 47:2
bono 76:21 77:12	catch 42:17	clinic 47:23 48:1	company 76:17	consistent 9:16
boost 61:22 77:21	categories 30:9	clinically 71:22	comparable 73:10	consists 56:21
braid 69:7	category 44:14	clinicians 30:23	compassion 23:2	consolidated 21:17
brain 59:3	CBOC 45:10,23	clinics 6:13 7:21 13:5 25:5 44:3 52:9	compensation 40:14	constrain 46:16
bridge 28:5 36:6	center 7:22 13:4 14:21 19:8 23:9 24:8 25:18 62:13 65:15 67:8	close 43:16 53:1 74:7	complete 26:4 43:2 74:14	contact 18:6 20:15 76:20
briefings 20:11,17,22 21:2,4 36:15 41:16	Centers 7:20 30:22 32:11,22	closed-loop 31:20	completed 37:3	contacts 5:22
briefly 27:22	chair 4:7 9:4	closely 25:18 46:13 52:9 63:17	complicated 77:4	context 72:22
bring 21:6,11 34:21 59:10 66:16 69:6 78:19	chairman 9:1 33:15, 16,20,23 39:2,9 45:4,6 69:10 70:4	closure 6:13 32:3 44:2	component 73:8	continue 8:14 10:20 13:3 22:19 26:5 36:1 49:1,3 51:23 52:12 54:5,16 64:14 66:16
bringing 9:4	challenge 41:15 55:3,11 62:13 68:14	collaborate 30:16,19 31:19	comprehensive 6:5 53:7	continued 15:1 22:16 26:18 51:12
broad 26:10	challenged 26:15	collaboration 8:6 31:16	comprises 66:9	continuing 13:11 22:11 32:20 40:17, 23 41:7 46:7 51:5 54:4 74:3
brought 40:21 56:23 67:1	challenges 12:21 17:19 40:2 41:23 42:3,23 52:15 56:13 63:7 70:9,12 72:14	collaborations 33:2	concern 44:6 52:22 70:5 75:17	contractually 32:13
brown 21:11	challenging 17:13	colleague 23:6	concerned 6:10 37:6 38:7 43:23 71:4 75:5	contributors 30:4
buddy 65:8 69:17 73:17	chance 70:3	colleagues 5:1 6:14 23:17 53:17	concerns 44:8,11,20 45:7 48:23	conversation 13:15 48:4 49:7 77:17
build 77:11	change 16:19 36:2	college 11:2	concert 24:11	conversational 21:13
building 64:7	charge 19:3 27:8 75:20	college 11:2	conclude 22:17 26:12	conversations 68:10 69:20
bureaucracy 10:13	charged 75:16	comfort 54:13	concludes 23:5 27:3 33:8 38:22 78:9	Conway 25:5 44:3 45:10,23 47:21,23
burn 71:16	charging 74:20 75:7	commander 70:17	conditions 71:6,7,16, 18	Cook 27:7,10,17,19 28:10 33:12 55:14 56:16 57:10,14 61:6, 8 62:20,23 67:11,13 75:11,17 76:19 77:10
business 11:2 15:20 30:5 42:1 56:8,21 57:1 77:1	check 6:1 18:20 31:9 65:8 69:17	commend 11:10	conduct 20:11 25:11 39:18	Coon 9:3
businesses 30:6,7, 12 56:22 57:3 58:7	checks 65:10	commended 46:1	conducting 65:16	cooperative 48:2
byproduct 36:20	Cheryl 14:2,4	comment 50:3 61:7 62:23 67:11	confirming 32:2	coordinate 54:5
	chief 19:7	comments 60:15 62:7,20 63:16 66:8 78:5	Congress 7:4 11:15, 17 37:8 40:3 42:9,23 43:2 70:11 78:11	coordinating 27:14
C	child 16:19	Commission 6:11 13:8 43:21 45:21 46:12 48:14	Congressional 22:14 26:21	coordination 56:14
call 18:1,3,4,5 29:17 39:20 53:22	choose 36:22 58:13, 15	commit 44:18 54:4	Congressman 8:21 9:21,22 13:21 14:15 19:12 23:17 26:20 34:2 38:22 39:4 43:18 45:19,20 47:4 48:12,22 51:8 52:21 53:2 60:2,4 61:6 62:6 63:15 64:14,18 70:2 72:8 74:5,6 76:7,19 78:4,8	coordinator 21:14 22:2 25:13
calls 54:2,11	choosing 32:17	commitment 9:13 13:10 32:15 54:15 55:8,10		coordinators 25:11
camaraderie 73:14	circumstances 27:12	committed 44:23 54:12 74:1		Correct 43:12
campaign 65:22 66:21 67:18,21 68:4		committee 4:7 5:1 6:4,5 7:11 8:9 9:5		cost 46:14 48:13,16 55:6 75:21
campus 25:4				costs 46:16
cancellation 54:1				
capacity 42:5 43:9, 10 77:7,11,21				
capture 40:18 46:6, 19				
capturing 41:9				
care 5:3,6,16 6:7,8, 12,17 7:6,19 8:1 9:17 12:1,21,22 13:4,11 17:10,11 21:17,21 22:9,19,22 23:1,3,12,21,23				

council 68:20 69:5
counseling 16:1
 34:12 35:6 53:9
country 8:18 10:7
 11:5 36:4 46:22
county 22:6
couple 62:11 67:13
 70:1 74:7 77:17
courses 16:6
cover 17:1
coverage 36:7
COVID 77:14
COVID-19 26:14
create 30:13
created 17:23 21:15
 50:5,14 68:17
criteria 30:8 53:21
critical 8:15 15:10
 24:18 34:23 53:10
 61:22
crossing 64:12
crucial 17:15
culture 17:10 59:21
cumbersome 74:12
current 14:8 20:10
 35:8
curriculum 38:14
customer 51:4
customers 28:14
cyber 56:4
cybersecurity 56:1,2
Cycle 16:15,16,23

D

dad 57:12
data 32:5 35:7 44:13,
 19 64:21 73:5
daunting 5:18 19:22
DAV 69:19 74:15
day 8:22 22:20 28:4
 67:15 76:1
days 37:18 38:3
DD-214 31:9 42:14
dealing 71:21
Dearing 9:3
decade 19:20
deceptive 74:19
decision 52:7
decisions 6:15
decrease 44:9
dedicated 22:20
deemed 36:20
deeply 13:9
Defense 4:20 12:10
 15:19 23:13 24:4
 55:20 58:6
deficiencies 10:12
defined 15:3

degree 60:14
Delegation 26:22
deliver 23:2
delivering 26:18
delivers 12:11
delivery 36:9 51:17
 70:15,16
demand 44:13
demands 46:22
demographics 48:7
demonstration 13:17
denied 38:2
departing 66:12
department 4:20
 7:10,12 8:4 11:11
 12:10,11 14:17
 15:18 19:14 23:13
 24:4,5,7 27:9 29:2
 31:21 32:5,21 33:9,
 13 34:4,18 35:11
 49:4 55:20 56:23
 58:5 63:2 75:19
 77:17
departments 21:11
dependent 37:13
depends 59:8
deploy 54:18
deployment 20:21
 22:4
deserve 5:4,12 6:8
 9:18 21:22 27:2 45:2
designate 65:8
designed 30:9
desire 10:20
desk 63:5,10
destination 66:14
details 77:23
determine 31:12
determining 77:2
detriment 37:7
development 7:15
 14:6 29:13 31:21
 46:4
dialogue 27:21 33:22
difficult 36:2
dig 49:1
direct 25:22 66:10,19
directed 43:19
directing 39:6 55:19
direction 46:19 66:15
 69:1
directly 6:17 28:19
 42:16 44:8
director 14:5,20,21
 19:2,6,17 23:9 41:11
 64:2 72:7
directs 65:8
disability 5:10 36:10,
 12 74:11 75:3,8,15
 76:13,14
disability-related
 74:14

disagree 44:11 47:20
discharge 17:18 20:7
 36:9 42:14 70:15
discharged 25:15
disconnects 42:11
discover 22:11 35:5
discuss 4:9 7:3
 19:13 21:3 23:18
discussing 30:13
discussion 8:10,13
 57:4
discussions 48:18
disheartening 76:15
disorder 17:21
distances 49:15
distinguished 19:12
 23:17
division 27:8,23
 28:1,5,10,18 29:4
 67:16 75:18
divisions 7:14
Dod 18:8 25:23 36:17
 38:21 51:6 64:13
 66:11
DOL's 35:4
dollars 74:20 75:16
door 60:23 68:9
doors 10:16
draw 74:8,19
drawing 40:14
drill 72:18
drilled 40:15
drilling 70:22
duty 6:1 16:21 24:13
 29:17 36:7 39:14
 53:11
dynamics 49:5

E

eager 38:10
earlier 11:17 72:15
early 29:6 35:1 51:1
earned 5:4 9:18 12:7
 16:8 21:22 45:1
ease 34:9
easier 59:19
easily 23:23 49:17
 62:1
echo 13:7
economic 7:15 14:5
 16:11 57:2
economically 48:20
educate 12:14 21:19
 22:8 26:9 77:8
educating 28:16 57:5
education 15:19 17:1
 30:20 34:19 36:23
 57:14 58:17 60:7,9
educational 31:1
effect 37:10

effective 23:3
effectively 28:14
 65:19
efficiency 47:12
efficient 38:11
effort 5:21 15:15
 39:17 53:17 64:11
 68:7
efforts 5:5 7:5 9:17
 19:15 20:9 22:10,15
 23:19 27:11 50:4
 65:9 67:14 68:22
 69:7
elevated 24:22 64:23
eligibility 17:11 31:6,
 12 32:19 53:14,21
 54:8 77:3
eligible 30:6 42:4
emerge 72:3
emerging 32:7
emotional 16:10 17:2
emphasis 34:10
employ 21:10 28:15
employees 26:13,16
 28:2,15 64:4,6,9
employer 58:18
employers 21:9
 28:13,21 30:20,23
 57:5,15,22
employing 56:3
employment 7:7
 29:14 30:3 35:4 37:1
 55:16 56:12
employment-focused
 31:17
employment-related
 14:9
empower 30:10
encounter 70:10
encourage 30:9
 41:14 63:18 71:12
encouraged 31:11
 35:10
end 22:3 29:11
Endowment 29:17
energy 33:3,5
engage 78:20
engagement 25:12
engaging 40:23
engineering 60:9
England 7:18,23
 19:3,14 20:22 22:20
enhance 30:20 32:16
 77:21
enhanced 38:10
enroll 31:12 32:11,13
 71:11,20
enrolled 22:12 32:9
 42:4 54:14 71:23
enrolling 17:11
enrollment 12:1
 21:21 24:16

ensure 5:2 9:17 18:8
 21:15 23:23 25:18
 26:6,18 32:6 39:10,
 23 41:7 44:19 54:5
ensuring 34:11 45:1
 64:8 74:1
enter 12:4
entire 26:21 52:19
 66:3
entities 8:12
entity 15:18
entry 25:16
equipped 77:6
Eric 53:12
Ernst 65:7
escalate 46:16
ESGR 57:1
essentially 47:11
established 15:13
 36:17 62:1
evaluate 48:5
evaluates 8:9
evaluating 43:22
 48:15
evaluation 20:1
 36:18
evaluations 36:20
event 22:7 42:18
events 16:18 20:19,
 21 21:4,12 22:2,3,4,
 5 24:15,18 26:1
 65:23
EVEST 11:18
exam 71:12,21
examining 75:2
excellence 15:5
exceptional 22:19
 26:14
excessive 75:7
excited 35:3,13
 56:17
excuse 36:12
execute 15:23
executive 14:5 23:12
exhibited 71:7
existence 50:15
existing 5:13 12:13
exists 52:18
exit 24:23
exiting 24:1
expand 65:9
expanding 40:2
expansion 35:8 56:1
expect 48:13
experience 14:7 19:5
 34:22 49:10 50:1
 57:19,23 73:5,11
experienced 23:11
 38:4 76:1
experiences 73:15

expertise 27:10 30:23	filed 40:19	frankly 41:20 42:5 73:20	grew 60:18	63:11 65:5 66:5,13
experts 9:7 56:4 75:11	files 64:10	free 74:16,21 75:20, 23	Groton 20:12	67:4 70:22 71:1,3,6, 9,15,18,23 72:13,17 73:9
exploit 52:1	filing 5:16 74:11 76:23	friends 10:4	group 4:14 25:6	Healthcare 7:18,23 19:3,6,14,17 23:19
exposed 46:21 71:2	fill 13:12	fruition 76:16	growing 48:9	healthy 10:16
exposure 9:8	final 23:8 66:14 78:11	frustrations 11:8	growth 18:15 30:2	hear 6:22 9:6 42:20 53:22 63:6 75:21
exposures 71:17	financial 19:7 29:22 34:18 53:8	full 20:17 47:5	guaranteed 76:12	heard 35:18 75:12,18
express 14:23	find 10:23 13:8 35:6 41:20	full-time 61:14 63:3	Guard 20:20 24:14	hearing 4:1,7,8 7:6 9:9 10:1 27:21 43:8 53:15 75:1 78:6
expressed 48:23	finding 5:17 29:21 56:12	fully 9:15 25:14	guests 19:12 23:17	
extends 73:17	fiscal 22:1,3	function 48:14	guiding 15:4	H
extent 34:10	five-day 38:10	funding 5:9		hears 20:16
extra 76:4	five-phase 17:7	future 16:15 28:23 48:7,11 51:18 54:17 62:3 71:8 77:19 78:2		held 20:19
extreme 62:16	fix 11:23 63:9			helpful 11:12 12:14 42:9,13 43:16
extremely 31:6 56:17 62:23	fixed 57:12	G		helping 26:23 67:22 69:22
F	focus 7:7 43:21 56:2	gap 36:6	Hampshire 4:3,5,11, 17 6:12 7:11,12,20 8:3,4,7,8,11,18 10:9, 14,20,23 11:4,11 12:19 13:1,11,18 20:14 22:23 24:7,13 26:6,8,21,23 27:9 29:3,6,14 30:3,5,6,7, 11,14 31:2,21 32:7, 18,23 33:8,13,16,17 34:4 36:16 39:20 40:12 42:2,20 44:1, 14 45:2 49:6,14 53:1 54:18 56:7,13,19 57:2 58:8,14,15,22 61:11,20,22 64:16 67:3,14,19 68:12,19, 20,22 74:3 75:6,10 77:19	Heroes 15:14 55:19
face 24:9 27:12 34:14 39:21 42:23 56:11	focused 27:11 36:23 37:3 52:4 55:15 56:6 66:23 78:21	gaps 7:2 11:19 13:12 53:1	Hampshire's 23:11 32:8 65:2	high-demand 60:8
face-to-face 52:6	focuses 56:8 71:3	gathering 22:8		high-quality 6:8 26:18
facilitate 25:1	focusing 71:8	geared 76:22	hand 41:11	higher 34:19 36:23 65:3
facilitator 35:19	folks 8:22 10:20 11:3 13:18 18:23 43:3,8 46:6 49:5 60:12 63:18 69:20 75:9	gears 49:21	hand-off 31:15	highest 4:15
facilities 23:13 25:23 43:22 45:2,8 72:10, 12,17 74:2	follow 24:17 58:20 76:20	general 21:8 65:4	handing 42:16	highlight 13:19 60:6 78:14
facility 23:11 49:16 55:6 64:3,4 66:11 73:12	follow-up 39:9 45:4 60:5	generally 47:12	Hanscom 20:13	hire 15:14 28:15 55:19,20
facing 63:7	for-profit 74:18	generated 38:12	happen 63:20	hired 61:14
fact 20:5 47:23	force 20:13 46:5	generations 73:13	happening 48:8	hiring 25:12
factors 29:22 46:12	forego 36:22	geographic 35:16	happy 18:17 34:20	hit 42:5
fairs 22:6	Foreign 34:4 74:15	give 53:1 57:10 58:20 78:10	hard 41:13 64:8 66:18	holding 23:12 75:1
familiar 58:8	form 72:10	giving 54:13	harder 69:13	holds 60:14
families 7:1,8 11:9 13:20 15:1,6,8 16:2 20:20 21:19 26:17 27:16 28:22 30:11 53:5,17 68:15 72:12	formal 21:4 38:14	glad 4:5 6:3 47:6 53:19,21 55:18 65:10 73:2	Hassan 4:1,6 9:23 13:7,21 14:15 18:18, 22 19:12 23:5,7,16 26:20 27:5,19 33:11 38:22 39:2 40:6 42:8,19 43:7,15 44:23 45:11,19 48:23 53:2 54:9 55:1,9 57:9,12 58:19 59:22 64:18 65:21 67:10 69:10,23 70:21 72:6,21 73:23 78:8,22	holistic 38:11
family 11:3 16:13 17:19 34:22 35:2 37:15 53:8,10 68:5 78:20,23	format 38:21	glaring 11:19	health 4:21 5:3,6,8, 16 6:5,7,8 7:6,19 8:1,2 9:17 11:23 12:1,20,22 13:3,11 16:10,11 17:2,6,9,11 20:8 21:16,20 22:9, 19 23:1,12,21,23 24:19,21,23 25:2,3, 9,14 26:14,16 31:22 32:1 36:6 39:19,21 40:1 41:14 42:22 44:15,17 46:5,8,23 47:8,22 51:17,21 55:4,19 59:10 60:8	home 17:1 31:5,10 32:18 39:21 55:5
fashion 48:2 63:20	formula 46:15	global 39:18 42:18 71:5	home-based 55:10	Home 15:19
fast-forward 69:4	formulating 27:13	go-to 63:4	Homeland 15:19	homeless 25:8
fault 57:21	Forrest 14:21 19:17 23:8,10,14,16 27:5 51:15 53:4 54:9 55:2 65:20	goal 70:20	homeless 17:19 49:11	honest 63:2
favor 48:19 73:22	fortify 30:10	good 4:2 14:2,14 19:11 20:15 23:16 27:19 33:12 41:23 42:6 45:13 49:19 69:23	honorable 25:15	honor 6:19 15:7 28:2 30:9
favor 48:19 73:22	forum 8:10	Gordon 38:18	honored 27:20	hope 46:19
federal 27:15 55:23 56:3,5,15 68:23 69:7	forward 8:13 13:15, 20 18:19 23:6 27:3 32:20 35:7 45:3 46:7 48:18 49:19 56:18 74:3 75:12 78:5,6	government 27:14 56:3,5	House 9:13 11:17 48:23 74:22	housing 25:8
feedback 51:2,3 75:5	found 38:1	governor 55:15	HR4673 11:17	hubs 35:16
feel 33:3	foundation 15:5 47:16	Governor's 68:13	Human 31:22	
fees 75:8	founded 73:4	Granite 6:16 8:9 21:15 27:16 44:10 45:5 53:16 54:2 74:1	I	idea 45:13
fellow 65:6 66:21 72:11	fourth 27:7	grant 38:18	ideal 45:17	ideation 49:11
felt 54:12	Fox 38:18	grateful 54:3		
fewer 12:22	frame 38:1	great 4:2 10:4,23 11:2 19:1 26:13,16 34:10 40:6 55:6 59:4 60:14 78:23		
field 4:8 12:4		greater 60:13		
fight 14:20		greatest 20:6 67:8		
figure 67:23		greatly 38:6		
file 21:7 75:15				

identified 26:3 46:10 56:21	individuals 41:4 52:16 62:21 74:9 75:2 76:23	issues 8:23 9:12 13:19 33:22 42:15 46:10 70:5 74:4	leave 5:23 29:10,11 34:12	long-term 11:23 29:23 55:2,6
identifies 66:11	industry 51:4	item 78:19	leaving 36:7	longer 77:7
identify 32:6 41:13 66:4 68:10	infancy 77:22	items 59:3	led 6:14 39:17 53:17	looked 48:6 67:16
identifying 41:8	influential 67:1	<hr/> J <hr/>	left 49:22 70:16	lost 77:14
immediately 31:11 41:16	inform 53:23	Jennifer 53:13	legacy 53:22	lot 10:4 41:16 43:12 58:3,15 59:19 62:8, 13 63:17 64:11 66:17 76:8,9,10 78:20
impact 6:15 29:8 30:10 35:5 37:9 45:5 50:1	informal 21:12	job 13:5 29:11 43:9	legal 76:17,21 77:12	Louis 64:3
impacted 53:16	information 16:1,17 20:22 21:5,8,11 24:18 28:7,8,11,12 31:13 34:17 44:19 54:6,16 60:20 61:4 75:14	jobs 18:10 56:9 60:8	Legion 69:19 74:15	love 31:1 69:14
impactful 33:1	infrastructure 6:11 32:16 43:21	join 9:23	legislation 11:16,23 65:7 71:1,3	low 29:7
implementation 38:17	initiative 66:1	joined 7:9 10:2	lending 30:23	lower 31:7
implemented 25:14 53:22	initiatives 14:9 29:3 31:17,19 58:22 77:19	joining 13:16	lens 29:4 67:17	lunch 21:12
importance 24:2 31:20 39:8 69:15 73:17	injured 19:23 53:11	journey 35:21	letting 61:21	<hr/> M <hr/>
important 10:19 13:3,19 22:16,18 34:6,8 38:20 46:3 49:12 52:11,15 54:20 62:21 64:16 68:1,21 71:10,14,20 72:3 73:19 78:5	innovative 30:21 33:2	Junction 19:8	level 47:14 61:14	
impossible 38:2	inpatient 44:15	justice 25:9	levels 49:4 56:15	
improve 8:14 11:16 22:21 26:22 38:5	inspired 33:2	<hr/> K <hr/>	LGBTQ+ 25:9	
improved 29:14	installation 35:13 50:20 70:15,16,18	keeping 54:22	liaison 66:10	M2va 25:17,20
improvement 35:8 37:19 38:13	installations 51:6	Kevin 14:21 19:17 23:8,10 46:1 65:15	licensure 61:12 62:1	made 6:10 9:16 15:18 21:16 26:16 29:8 34:20 35:11 37:16 38:15 54:2,12
improvements 37:14 38:11 51:6 56:14	institutionalized 54:22	key 8:22 33:20 34:17 35:15	lie 49:8	Maggie 4:6
in-depth 17:1 21:5 37:8	instructor-led 50:15, 22 51:2	kicked 53:13	life 4:10,13 5:16 6:21 7:1 8:16 10:17 11:9 14:17 15:7,12,17 16:4,12,15,16,23 17:9 19:16,21 23:21 24:3 25:22 27:1 28:18 29:21 30:15 31:15 34:15 53:6 55:7,17 56:11 58:12 65:13,17 70:10 73:1 78:16	magnify 50:8
in-person 35:15 38:21 50:11,19,22 51:7	instrumental 56:18 65:14	kind 63:4 68:8 69:21 77:6	lifelong 16:20	main 25:3
inception 29:2	insurance 17:2	knock 43:2	Lilly 14:21 19:2,4,9, 11 23:7 39:7,22 40:7,9 41:1,11,12 42:12 43:19 44:18, 22 46:10 47:3,6 65:21 70:22 71:10 72:7,20 73:2	Maine 19:6
incidence 65:3	integral 35:21	knowledge 63:1 71:14	limited 35:22	major 16:18
include 16:5 21:4,5 24:18 25:6 48:13	integrate 28:22	knowledge-base 72:4	Lindsay 9:3	majority 4:13
included 17:9	Integrated 14:22	<hr/> L <hr/>	link 47:11 66:10,12	make 5:20 6:15 7:5 9:4,16,23 10:16 12:3 13:9,12,23 18:3 22:15 30:17 32:11 34:13 39:15 49:4 51:5,13 54:18 56:13 59:19 60:12 63:20 66:4,22 76:12 78:10, 14
includes 5:10	integrating 64:13	Labor 15:19 35:11 56:23	list 42:12,16	makes 48:20,21 73:21
including 5:6 6:13,20 7:20 8:1 17:19 19:6 22:22 36:16 38:13 39:23 44:2,14 45:5 47:17 60:8 69:11	integration 17:2,19 25:7 58:9	lack 29:12	listening 59:2	making 4:4 7:1 32:2, 15 43:10 52:18,22 67:7
increase 17:21 34:22 44:13 46:22	intending 49:1	Lancaster 45:15	Littleton 44:3 53:13	malfunction 28:9 57:8
increasing 5:10 37:5	interactive 35:19	large 12:23 22:7 55:13	live 4:16 11:1 13:14	management 15:21 26:3 34:19
increasingly 38:19	interagency 15:15	larger 40:20	lives 20:2 22:21 30:10 32:23 45:14	manager 25:1
incredible 69:11	intercept 31:4	launch 30:4 67:21	Lloyd 33:15,17,19, 20,23 34:2 39:3,9 42:19 43:1,12 45:4, 9,12 62:20 63:9 67:10 69:11,17 70:4, 13 76:7,8	managing 17:11
independent 52:7	interest 9:10 20:3	launched 35:4,14 56:7	local 21:1,10 22:10 24:11 27:15 30:23 32:10,21 41:10 56:15 59:8	Manchester 7:22 13:4 14:20 19:17 23:19,22 24:5,12,23 25:4,10,17 26:8,13 44:5 65:15
indirect 66:20	interested 62:4	law 38:5,14 39:16 55:19	locally 68:23	Manchester's 21:14 22:1 23:9
individual 25:6 28:19 36:14,22	introduce 13:22	laws 76:5 77:2	located 52:9	mandates 38:7
individual's 12:18 36:19	introduced 5:19 55:23 65:7 71:1	lawyer 76:9	locations 35:9	mandatory 37:17
individualized 35:5 37:5	invaluable 34:19	lawyers 76:11	long 16:16 49:16 54:12 74:12	March 43:19 53:19
	invested 5:5	lead 29:22		market 46:10 47:2 48:6
	investigations 74:23	leaders 69:11		marketing 74:19
	investment 44:16	leadership 19:5 23:12		marriage 16:19
	invitation 9:23 33:6	leading 77:13		Massachusetts 20:13
	involve 30:22	leads 33:20		
	Iraq 40:1 42:21 53:12	learn 35:3,17 56:12 57:22 58:21		
	Island 20:13	learned 14:10		
	issue 6:17 9:8 29:15 45:3 49:2 56:6 60:1 64:19,20 70:6 74:8,9 75:11 78:5			

matches 58:1	microphone 28:9 57:8	Navigator 35:4	14:13 19:10 23:15 27:18 34:1 66:8	participated 22:2 68:16
matching 56:9	microphones 18:21	Navy 33:17	opportunities 30:1, 19 31:18 35:15 36:12 41:4 52:23 55:16 58:16 61:2 62:2	participates 26:8 33:21
matter 9:7 13:13	mics 18:20	NDAA 36:17 37:16	needed 12:16 35:1 37:14 45:15	participating 30:12 48:18
maze 12:9	military 4:13 7:12 8:4 10:18 11:11,20 12:18 16:3,8,14,16, 23 17:14 19:21 20:1 22:14 24:7 25:21,23 27:8,9 28:1,3,5,18 33:9,13 34:8,12,15 37:12,18 55:21 57:6, 17 61:12 62:9,16,21 63:2 64:22 67:16 68:9	needing 24:21	needless 24:21	participation 37:10, 13
Mcdonough 6:18 15:3 44:9	Military2va 24:20 25:1 66:7	needle 69:9	newport 20:12	parties 5:1
Mcnaill 53:13	million 5:7	network 14:22 26:1 30:5,13,18 32:13 56:17,20,21 57:1 66:3	nonprofit 77:5	partner 31:19 40:8 61:3,18
meaning 29:21 41:19	mind 17:23	noted 56:7	nonveterans 29:20	partnering 18:7
meaningful 15:12 29:16 58:1	mine 44:6	noting 22:18	note 61:8 64:2	partners 15:22 22:14 27:15 30:12 33:3 56:22 57:3 68:23
means 23:3 46:4	minute 8:20	notion 59:12	noted 56:7	partnership 25:12 33:12 35:4 41:18 66:2
meant 38:5	minutes 13:23 16:16 39:4 49:21	number 22:6,8 40:10 46:12,18 47:22 57:15 73:9 74:17	noting 22:18	partnerships 18:13 22:13 26:5 32:20 58:22
measures 7:3	mission 15:6	numerous 11:15	notion 59:12	pass 6:4 63:5 76:5
medical 7:22 13:2,4 14:21 19:8,23 23:9, 11 24:8 30:22 32:11, 22 55:20 65:15 67:8	mix 52:7 68:2	<hr/> O <hr/>	notion 59:12	passed 11:15,17 65:10
medically 38:4	module 16:23 17:5,6	objectionable 47:18	organizations 11:13 38:19 61:4 68:22 69:19 75:3 77:5	passion 33:3
meet 25:1 28:22 30:8 31:11 32:22 45:23	modules 16:15,16 17:10 41:3	obstacles 56:10	orient 27:23	past 34:21 67:19 68:19
meeting 32:6 69:12	moment 12:16	obtain 31:9	OTH 25:16	paths 35:6
meetings 36:14 41:4 57:1	monitoring 78:1	Off-base 35:14	outcome 73:5	patient 26:2 40:3
member 4:6,23 9:1,2, 5 36:20 37:17 68:5 78:21	months 11:19 12:17 37:21 50:16 63:11, 13 64:22 74:13	offer 11:1 12:5 16:20 24:17 51:6 60:15 61:20 70:3 74:16	outcomes 15:4 20:6 29:23 33:1,5 35:3 37:10,13	patients 25:18 28:15 42:2
member's 16:17	Moran's 9:2	offered 24:4 59:7	outpatient 7:21 13:5 25:4 44:4	Paul 33:15,20 45:22 47:18 57:10
members 4:10,12,18 5:15 6:23 8:6,15 10:2 11:8 12:13 14:10,16 15:10,16 16:2,6,10,14 17:15 18:2 19:15,19,22 20:10,16,20 21:19 23:4,20 25:2,20 26:9,23 28:3,17,20, 21 30:14 31:4,8 32:22 34:3,9,11,18, 23 35:1,2,6 36:1,4, 10,16 37:6,15,20 38:6,15 39:1,13 45:14 50:10 53:5,10 55:16 56:11 59:5,16, 20 60:21 65:12,16, 19 67:2 68:14 70:6, 10 72:12 78:12,15	morning 4:2 14:3,10, 14 19:11 23:16 27:19	offering 18:8	overcome 42:15	peer-to-peer 69:15, 17
membership 63:12	move 13:20 44:4 64:10 67:12 69:9 75:12 78:6	offerings 50:18 60:20	oversees 7:17,19 23:10	peer-wellness 65:9
men 34:3 36:2	moved 44:6 77:14	offers 36:6 60:7	oversight 74:23 75:2	peers 14:20
mental 4:21 5:5,8 6:5,7 8:2 11:22 17:10 20:8 24:19,21, 23 25:2,3,9,14 39:19 44:15 65:5 66:13 67:4	moves 34:15	office 9:2,3 12:6 15:20 24:6,8,12 44:19 54:5 61:11 62:8,15 76:21	<hr/> P <hr/>	Pending 33:7
mentioned 14:19 16:6 18:1,14 40:13, 21 41:3 47:17,18 50:10 65:22 66:8 73:3,16	moving 56:18 69:1,4	officer 19:7 31:12 70:14	package 6:6	people 9:9 10:14,16 40:11 47:19 49:15 57:16 58:11 59:4,14 61:18 63:7 68:2,17 75:22 76:1 77:13,14
mentorship 34:12	multiple 20:16 24:3, 15	officers 35:23 38:13 70:14	pandemic 5:13 26:15 49:23 50:8,17 51:19, 20 62:14 64:1,5	percent 29:10,11,18, 19 37:2,20
merge 27:14	multiplier 46:5	offices 63:16	panel 10:2 13:17	Perfect 51:8
merged 68:19	<hr/> N <hr/>	officials 7:9	Pappas 8:21 9:20,22 13:21 14:15 19:12 23:17 26:20 27:20 34:2 38:22 39:5 43:18 45:19,20 47:4 48:22 51:8 52:21 60:3,4 61:6 62:6 63:15 64:14 70:3 72:8 74:6 76:7,19 78:4	period 11:7,21
message 43:8 59:14 67:6 76:3	narrowed 53:15	oftentimes 76:21	part 5:5 6:5 7:23 20:8 21:17 36:17 43:7 46:15 47:9 51:17 57:1,2 61:20 66:1 73:19 76:9	periodic 18:2
met 36:15 67:20	nation 10:22 11:6 21:23	older 11:5	participants 37:3 53:23	periods 24:22 73:14
Mexico 67:21	nation's 15:1	older-generation 52:14	participate 24:13 27:21 68:13	permanent 5:20 16:19 39:15
mic 18:19 43:16	national 20:20 24:14 29:17 31:6 61:3 62:12 65:3,4,8	one-day 16:13 41:2 50:19	Parker 38:18	person 63:3
	nationalize 69:22	one-on-one 36:18 41:4	part 5:5 6:5 7:23 20:8 21:17 36:17 43:7 46:15 47:9 51:17 57:1,2 61:20 66:1 73:19 76:9	personal 15:7 22:23 26:16 29:13 47:7
	nationally 29:14 67:19	ongoing 26:22 62:13	participants 37:3 53:23	personalized 18:11 34:22
	Naval 20:14	online 50:9,12,15,23	participate 24:13 27:21 68:13	personally 49:3
	navigate 16:7 36:10	open 10:16 17:8 42:1 55:22 68:9		personnel 15:21 55:21 62:12
	navigating 5:16 19:23 25:21 70:11 74:16 77:1	opened 50:20		perspective 41:10 42:7,20 45:22 48:21 56:10 58:21
		opening 9:20 13:23		phone 5:23 54:11

67:22
physical 16:11
pick 45:9
picture 40:20 47:5
piece 32:15 71:20
pieces 11:15
Pilot 35:5
pipeline 30:13,17
pivot 50:8
pivoted 50:14
place 10:23 11:2 41:8 46:4
places 23:22 34:10
plan 16:15 36:21 53:22
play 49:6 53:10
pleased 7:9 35:17 37:4 38:9
podiatry 45:15
point 18:16 25:16 31:4 42:10 61:16 68:16
pointed 48:12
points 18:2 52:22
police 21:10
policymakers 78:11, 14
population 11:5 28:6 32:9 48:8,9 65:2,4
Portsmouth 20:14 25:5
pose 17:18
position 21:15,17 51:19 61:14,15
positioning 31:3
positions 23:12 55:22 57:6
positively 29:8
post-9/11 25:20 26:2, 3 39:20,23 40:10,15 43:4 70:23 71:4,9, 11,13,16
post-deployment 41:17
post-military 15:12 20:2
post-service 29:16 41:17
post-traumatic 17:20
posture 50:17
potential 31:16 68:10
powered 28:2
powerful 67:6
practices 30:9
practitioners 12:22
pre-discharge 36:3
preferable 72:17
prepare 28:20
prepared 15:11 28:14 38:23
preparing 28:17

present 11:7
presenting 71:18
presents 12:21
President 55:18
pretty 56:4
Prevent 68:14
prevention 5:6 7:7 20:4 24:19 25:10 29:4 60:1 64:20 65:14 67:14 68:7,18, 20 69:14 73:16,18
previous 53:15,18
previously 68:3,5
primary 8:1 14:8 24:17 25:7 36:8 44:14 48:14
principles 15:4
prior 5:21 37:18,21
priority 19:20 20:5 23:22
privacy 42:15
private 29:7 30:4 48:1 58:18,23 69:8 73:10
pro 76:21 77:12
problem 38:4 41:23 42:6 62:10 67:7 77:10
problems 11:8 56:19
proceed 39:3
process 11:17 12:8 21:8 24:16 25:12 40:22 62:5 74:12,17
processing 5:12
professional 15:6 61:12
program 5:21 7:17 12:2,3,12 15:15,23 18:1 20:19 21:14 24:18,20 25:1,17,20, 22 34:23 35:8,14 36:9 38:18 39:13,15 41:3 45:14 50:2,15 51:2,16 53:4,7,14, 20,21 54:7,14,17,21 56:8 58:9 59:7,9 60:5,6,7,12,16,18,23 61:2 66:7,9,10 67:7 70:19
programming 35:12 37:14
programs 5:17 6:1 7:4 12:2,13 17:12 18:8,11,13 20:12 23:19,23 24:4,14 27:9 28:1,19 34:14, 16 50:3 51:11 53:6,7 56:14 58:3,5,8 59:6 61:10,13,17,19,21, 23 67:16 68:8 69:1,2 77:3,11
progress 12:3
projections 48:7
promise 60:14
promote 7:4
proper 34:7

properly 34:13
proposal 44:4
proposed 6:13 44:2
prosperous 10:17
prosthetics 8:2
proud 17:5 51:18 69:2
prove 12:8
provide 5:7 8:15 16:1 18:10 20:22 22:19 24:8 28:8,12 34:5 36:3 46:20 47:22 48:17 52:3,10 54:5 56:1 66:17 71:1 72:4 74:21 77:6,7,20
provided 4:21 25:3 26:13 30:20 34:17 35:19
provider 47:8
providers 27:15 28:13,21 32:1,12 44:5 72:13,22
providing 10:3 11:12 21:8 35:5 37:4 50:21 52:4,12 54:16,21
psychiatry 25:6
public 33:21 58:23 61:11
publish 47:10
purpose 29:21 32:2
purposes 31:1
push 43:13 61:4
pushed 45:17 64:5
pushing 39:11 45:3, 12
put 26:17 41:7 50:17 56:17 64:3,11
putting 59:18

Q

quality 23:1 32:4 47:11 48:21 55:6 73:6,8 75:23
quality's 73:10
question 39:6 40:4 41:22 43:17 50:7 51:15 53:3 56:16 59:1 63:4 65:20 67:12,18,21 68:2,4 72:7
questions 10:3 14:1 18:17 23:6 27:4 33:7 38:23 39:4 45:21 70:2 72:16 74:7 78:9
quickly 60:18 64:10

R

radar 78:3
raise 11:2 44:10
raised 6:16 44:8 70:6
raising 76:13
range 4:14 12:12 51:11

Ranking 9:2,5
Rapid 60:6
rate 4:15 29:7,13 31:7 51:22
Rawls 14:2,4,14 39:7,12,22 40:4,8,10 49:23 50:7 58:20 59:1 60:4,17 63:21, 23 78:17,18,23
re-enlistment 38:2
reach 15:22 18:6 22:12 40:17 41:21 63:17 66:21
readiness 16:11 36:19
ready 10:14 20:2 33:4 36:21
real 62:10
realizations 29:5
realize 21:3
realm 63:1
reason 11:4
reasonable 47:19
reasons 58:14 73:22
receive 5:8 9:17 20:17 23:1 32:12 34:11 36:5 45:1 52:5 72:11 73:19
received 75:6
receives 25:22 62:8
receiving 32:10
recent 6:10 38:17 45:8
recently 5:9 6:14 7:8 30:12 45:6,23 54:2 65:11
recognition 30:8 56:8
recognize 9:19 19:20 20:5 22:13 30:6
recognized 14:13 19:9 23:14 27:17 33:23 56:22 57:4 58:7 67:19
recognizing 26:13
recommendation 78:11,13
recommendations 6:10 13:8 35:7,18 43:20,23 44:12,16, 21 45:5,8 47:17 48:15
records 62:9,11,12, 16,21 63:19 64:13
recovery 73:20
recruit 55:20 66:16
recruitment 31:17
reduce 6:12 44:1
reducing 67:4
reexamine 53:20
reference 47:1
referral 31:20,23
referrals 25:2,22 32:2,3,4,12

referring 68:5
reflect 44:16
region 46:8
regional 22:10 24:6, 11 41:10 64:3
regionally 21:17
registry 71:12,20
regularly 25:1
rehab 25:8
reinforce 9:11
Reintegration 20:19
relationship 24:6
relationships 72:10
relative 48:16
released 43:20
relevant 49:7
remain 7:2
remains 15:7 20:5 23:3 64:23
remarks 9:20 34:5
remiss 22:17
remnants 64:1
remove 53:20
repay 9:15
repeat 59:13
reported 37:3,20
reporting 37:8,12
reports 21:18
represent 47:5
representation 36:3
Representative 9:20 27:20
representatives 21:5 59:11
represented 11:14
represents 33:17
request 21:2
requests 62:8
require 37:8 72:13
required 31:8 32:13 36:22
requirements 37:7 53:14
requires 12:4 38:15
research 17:17 29:9 31:7
Reserve 20:20 21:1
resource 36:1
resources 8:5,15 16:1,9 17:2,16 20:8 21:7 27:14 28:7,11, 12 31:14 35:18,20 38:16 65:18 66:5,15 67:5 69:7,8,14
respectfully 44:11
responsibility 52:11
responsible 27:13
restructured 38:9
result 28:23 32:4 33:1 46:21 57:7

results 35:7 64:12	Security 15:19 30:4	18 62:22 65:6,13,17 66:22 74:21 75:19, 23 76:21 77:6,12 78:16	61:17 63:1 73:3	statewide 31:23
resume 18:12	seek 15:12	servicing 10:22 15:5 19:6 27:11	sound 45:13	station 16:19,21
resumes 57:6,16	sees 38:12	set 64:10	space 24:8 50:11	statistics 49:8
retain 28:15	Senate 4:6,23 6:14 9:5,12 65:10	sets 59:17	speak 45:7 67:2 72:21	status 8:9 54:7
retainment 30:1	senator 4:1,6 9:23 13:7,21 14:15 18:18, 22 19:11 23:5,7,16 26:20 27:5,19 33:11 34:2 38:22 39:2 40:6 42:8,19 43:7,15 44:23 45:11,19 48:23 53:2 54:9 55:1,9,15 57:9,12 58:19 59:22 64:18 65:7,20 67:10 69:10, 23 70:21 72:6,21 73:23 74:6 78:8,22	settle 11:9	speaking 37:23 47:13	stay 55:5 64:15
Retraining 60:6	send 45:16	severely 53:11	speaks 10:19	step 66:15
retrieving 62:11	sending 46:15	share 28:6,10 33:6 48:22 52:22 55:10 73:14 77:23	special 72:14 73:21	stepping 34:17
return 38:20	sense 29:8 48:20,21	shared 25:18	specialists 13:2	steps 12:9 49:19 60:11
returned 20:21	separate 15:16,17 39:17	Shipyard 20:14	specialty 8:1 44:15	stigma 66:23 67:4
returning 22:4	separated 7:8 38:3 45:6	short 63:1	specific 16:23 21:2 47:21	stones 34:17
revamp 35:11	separating 20:15 39:14	short-term 42:3	specifically 61:10,19 76:22	stories 63:6 75:18,22
reverse 53:18	separation 12:17 16:21 37:18,22 64:22	show 44:13 73:9	specifics 42:8	strategically 77:18 78:2
Review 6:11 43:21	Sergeant 38:18	showed 29:18	spectrum 26:10	strategies 27:13 68:18
reviewing 70:7	series 66:23	shows 17:17 22:6 31:7 64:21 73:6	sped 51:20	strengthen 4:9 5:2, 20
revise 77:20	serve 8:12 15:8 28:14 31:14 32:16	shrinking 48:9	spent 67:22	strengthened 75:4
Rhode 20:13	served 10:10,15 11:7 19:4 39:23 68:4,6 71:5 72:15,22	sic 38:9	spot 21:7	stress 17:20
Ribbon 20:19	service 4:9,12,18 5:15 6:23 7:16 8:6, 15,18 10:18 11:8,13 12:13,18 14:6,9,12, 16,22 15:10,16 16:2, 6,10,13,17 17:8,15 18:2 19:15,19,22 20:10,15 21:23 23:4, 20 24:1,10,23 25:2, 8,17,20 26:23 27:6, 15 28:3,17,19,21 29:1 30:14 31:4,8, 11,15 32:1,22 33:18 34:9,11,12,17 35:1, 6,22,23 36:4,6,9,15, 20 37:6,17,20 38:6, 13,15 39:13 41:6,9 45:6 46:20,22 47:15 49:12 50:10 53:5 55:16,21 56:11 59:5, 11,16,20 60:21 61:4 64:23 65:12,16,19 66:12 68:14 70:7,9, 14 72:12,23 73:14 78:12,15,21	side 41:14 57:20,22 58:18	spouse 37:13	stressful 11:21
ridiculous 63:14,16	services 4:21 5:2,8, 17 6:7,15,17 7:5,12 8:1,2,5,9,14 11:12 12:7 13:13 16:5,7 17:18 21:3 24:1,19, 20 25:3,6,15 26:6,10 27:11 31:13,22 32:5, 9,16 33:9,13 39:8, 11,14,19 42:22 43:5 44:6,17 48:10 49:10,	sign 46:6	spread 58:13 76:4,5	strive 22:20 28:2
risk 17:22 20:6 24:22 64:23 68:3,11		signed 38:5 55:18	St 18:23 64:3	strives 22:7
risky 11:22		significant 17:18 22:5 35:10 64:12	stability 16:11 29:22	strong 9:10 24:5 26:5 29:15 33:2 47:7
River 19:7		similar 45:21	staff 9:1,2 11:10 22:20 23:2 25:11 36:8 38:17 67:3 75:19	stronger 7:5
road 72:5		Simon 9:3	staffing 5:10	strongly 48:19 73:22
robust 22:11 48:13		single 42:4	stages 51:1 77:22	studies 73:9
role 14:8 19:4 27:23 28:16,20 33:20 36:8 53:10 69:5		sir 18:16 50:8 60:17	stakeholders 26:10 33:21	study 29:17
roll 40:18		site 47:15 59:8	stand 33:4 66:23	stuff 69:21
room 11:14 18:15		sites 22:22 42:2,5	standardized 40:22	subcommittee 74:23
rotating 41:5		situation 45:18	standards 47:10 51:4	subject 9:7
round 39:5 49:22 53:3 59:23		situations 38:1	standpoint 20:4	substance 17:21 25:7
rules 12:9 77:2		size 48:9	start 5:20,21 11:2 14:2 17:23 24:16 37:17 39:6,12,13 40:5 41:1,8 49:23 53:3 62:19 69:8 71:21 72:4 77:18 78:17	substances 46:21 71:2
run 76:8		sizes 30:7	started 20:2	substitute 52:2
rural 12:20 44:2 52:2		skill 23:2 59:17 61:12 64:10	starting 12:3 76:23	success 30:17 36:21
Ryan 14:21 19:2,4		Skillbridge 18:8 58:6 59:6,7,9	state 6:16 7:11 8:3,8, 10 10:11 11:1 13:1,6 21:10,15 26:9 27:16 28:2 31:5,10,19 32:15 33:16,18 40:11 41:18 42:14 44:10 45:5 47:7 53:16 54:2,17 56:15 58:10 61:3,14 66:2 68:18,23 69:8,12 74:1 75:20	successes 56:13
<hr/> S <hr/>		skilled 12:4 16:9 57:6, 18	state-specific 31:13	successful 22:15 28:17 32:3 51:2
sacred 15:6		slight 37:19	statement 14:1,13 19:10 23:15 27:18 34:1	successfully 15:17 16:3
sacrifice 26:17		slowly 12:3	states 4:11 9:12,13 11:5 12:19,23 14:11 30:22 67:20 68:13, 16	suicidal 49:11
sacrifices 9:16 28:3		Small 15:20		suicide 4:15 5:6 7:6 17:22 20:4,7 24:18 25:10 26:4 29:4 31:7 60:1 64:20,23 65:3, 14 66:1 67:14 68:3, 7,10,14,18,20 69:14 73:16,18
safe 64:9		smooth 24:2 34:13		support 4:9,18 5:3,7 7:4,8 8:6,15 9:10 10:10,15 11:18 12:16 14:16 15:1 16:2,20 26:22 30:20 35:20 50:6 54:12,17 66:17 77:7 78:12,15
safety 26:4		smoothly 16:3 27:1		supported 30:15 71:3
satisfaction 51:4		social 17:2 27:10 32:1 66:9,16		supporting 19:15
scheduled 22:2		society 34:10		supports 6:23 25:20 32:17
screen 26:4		Solid 5:19,21 17:23 39:12,13 40:23 41:8		
screening 26:3		solution 77:9		
secretary 6:18 15:3 44:8 49:4 64:8		solutions 5:2		
sector 29:8 30:4 58:18 69:8 73:11		Somersworth 25:5		
sectors 58:23		sort 47:9 48:1 50:4		
secure 10:17				
secured 5:9				

surgery 44:15
surgical 6:7,17 44:5
surprise 77:2
survey 37:2
survivor 17:3
survivors 15:2,8
SVAC 33:12
switch 49:21
system 7:18,23 19:3, 7,18 26:16 31:20,23 32:3,11,14 36:18 37:9 51:17 55:4 73:17
System's 19:15 23:19
systems 16:20 58:8 63:19

T

table 33:4 69:6 78:19
tackle 5:9
tackling 67:6
tactics 74:19
tag 40:5
tailored 34:21 37:14
takes 10:15 41:19 66:15 74:13
taking 42:2 50:9
talents 57:18
talk 10:12 41:11 49:22 59:4,15 61:2 70:4 73:14 78:20
talked 39:12 41:15 43:3 72:16
talking 43:16 57:14 69:3 73:11
TAP 7:17 15:23 16:9, 13 20:12 34:16,21, 23 36:5 37:4,17,20, 21 38:10,14,20 41:3, 16 65:22 70:19
tapping 29:7
target 65:19
targets 47:20
taught 57:10
team 21:2,18 22:7 24:12 28:2 33:2 40:5 45:23 54:2,12 66:9, 17 67:6 68:17
teams 52:16
TEC 12:2
technologies 52:1
technology 51:14 52:13,17
telling 75:22
tend 21:10 22:5
terms 11:22 12:20 13:10 42:8,10 48:7,8 56:11 68:2 73:13 77:23
terrific 13:17 46:1
Terrorism 39:19 71:5

tested 30:21
Tester's 9:1
testify 14:16
testimony 10:3 22:18,23 23:5 26:12 27:3,22 33:8 38:23 56:7 64:19
testing 18:21
therapy 25:6
thing 42:13 69:13
things 34:9 41:7,16 42:9 56:20 59:4 60:2,8 61:13 64:2 67:13 70:13 72:2 73:21 78:6
thought 41:23
thoughts 33:7 69:15 77:9
thousands 74:20 75:16
three-tiered 36:18
tier 37:9
Tilton 25:5
time 18:2 20:3 21:3 26:19 35:22 36:2,5 38:1 54:12 55:2 58:12 59:23 61:16 67:8,22 70:1 72:12 78:7
timely 5:12 32:5 37:19 38:20 63:20
times 5:23 18:5 50:10 78:20
today 6:22 7:9 8:13, 19 9:3,6 10:1,2 11:14 13:16 14:19 15:10 19:16 23:8 27:7 28:16 33:7 44:10 49:7 53:12
today's 27:21
tool 56:19
tools 16:1,5,10 28:13 34:14
top 20:5 44:5
topic 22:16 34:6 75:1 76:20
topics 17:1,8
totally 78:21
touch 62:15 64:15
toxic 9:8 46:21 71:2, 17
track 36:23 37:4,6,9
train 52:17
trained 52:16
training 17:6 35:14 36:5 37:1 50:9,10, 12,23 52:13 53:9 56:2 60:7
transferred 62:1
transition 4:10,12,19 7:1,15,17 11:7,12, 16,19 12:12,15 14:5, 9,17 15:11,14,17 16:3 17:6,12,14 19:16,21 20:11 23:20 24:2,10,14,22

25:21 26:7 27:1 28:17 30:15 34:8,16 35:14,16,20 36:19, 21 37:11 38:6 40:21 50:2,12,19 53:6 59:8 61:17 62:5 64:9 65:1 78:21
transitioning 5:15 6:20 8:16 18:2 19:19 23:4 25:2 31:4 32:23 34:11 35:12 36:1,16 38:16 55:17,21 56:11 58:11 59:5,16, 20 60:21 65:13,16 70:10 72:23 78:15

transitions 34:13
translate 57:6,23
translated 57:20
transparent 54:15
traveling 49:15
treat 71:22
treating 72:1
treatment 5:7 25:7, 23 71:15,19 72:5
tremendous 10:11 13:5
trends 32:6
trip 4:4
Troops 61:22
troublingly 4:14
Trucks 61:22
turn 33:4 43:18 51:9 55:14 60:2 64:19 70:2,21 72:7 75:10
two-day 36:23 37:3
Two-thirds 32:8
type 48:10 57:23
types 30:6 32:1 63:6 73:18

U

U.S. 26:15 32:21 56:23
ultimately 21:18 71:12,19
unaccredited 74:18 75:7
unanimously 6:4
uncertainty 34:14
underemployed 29:18,19 60:10
underemployment 17:20 29:15 30:1 57:7
underserved 12:20
understand 16:7 24:2 49:5 71:15 72:14,22
underutilized 60:13
undoing 49:19
unemployed 60:9
unemployment 17:20 29:7

uniform 10:6,22
unique 27:12 28:1 39:21 71:17 72:13 74:2
United 4:11 9:12,13 14:11
units 21:1,2 22:4
unmet 71:6
upper 49:4
upstream 71:14
uptick 76:13
urban 12:23
urge 39:17
urgent 25:16
urging 6:14 44:9
utilizing 34:13

V

VA 4:22 5:2,8,11,16, 17,22 6:1,9,11,15,23 7:5,13,18,20,22,23 8:14 10:13 11:10 12:1,7,12,20 13:3,10 14:7,8,20 15:19 16:5,7,9 17:5,10,11, 23 19:3,5,6,8,14,17 20:3 21:3,14,16,20 22:9 23:8,9,11,13, 19,21,22,23 24:5,6, 11,12,23 25:10,17, 23 26:7,8,13,15 27:1 30:16,19,22,23 31:3, 5,8,9,13,18 32:9,10, 12,18,21 36:10 39:8, 11,14,18,22 40:1,3 42:16,21,22 43:8,20, 22 44:6,7,16,20 45:2,8 46:4,5,6,8,16, 23 47:8,10,23 48:1, 17,19 49:10,16,17 50:19 51:18 53:4,14, 18,19,22 55:3,20,22 58:21,23 59:9 64:21 65:8,15,17 66:3 70:8,11 71:8,11 72:9,12,17,22 73:7, 9,12,19,21,22 74:2, 10,13 77:1 78:16
VA's 6:13 44:2,11,13, 20 45:7 53:5,7 75:2
vaccinations 64:6
valuable 16:18 32:5
variety 31:14,18
VA'S 5:20 7:17
Vet 7:20 12:2 25:18
veteran 4:15 5:22 10:7 11:13 13:13 14:11 24:2 25:8 27:10 28:6,8,12,14, 15 29:13 31:11 32:8 33:17,21 42:4 45:14 53:12 55:5,19 59:11 60:6 61:4 62:15 65:2,3,7 70:6 76:16
veteran's 35:21 77:2
veteran-friendly 30:5,7 56:8
veterans 4:16,20,23 5:3,8,12 6:3,6,8,12, 16,20 7:4,8,10,11, 12,16,19 8:5,7,8,10, 11,13,23 9:15 10:23 11:11,22 12:4,6,11 13:19 14:6,10,18,22 15:1,5,8,13 17:8 19:14 20:6,8 21:6, 10,16,18,20 22:6,8, 12,20,21,23 23:23 24:5,7,8,16,21 25:15,16,21 26:2,6, 9,11,14,17,23 27:16 28:3,20 29:6,8,10, 18,19 30:10,21 31:7 32:7,21 33:9,13,16 34:4,13,18 35:12 37:23 38:2,3 39:8, 10,18,20,23 40:13, 18 42:20,21,22 43:4 44:1,2,10 45:1,5,7, 12 46:15 47:8 48:10 49:9,17 50:3,5 51:11,21 52:1,3,5,8, 13,14,17 53:11,16 54:2,6,13,19,22 55:7,17 56:2,3,9 60:9,22 62:8 63:17 64:21 65:5,6,9,19 66:4,11,20,22 67:2, 3,8 68:14 70:23 71:2,4,5,9,11,13,16 72:9,11,13,17,21 73:5,6,9,13,20 74:1, 10,11,15,16,20 75:3, 6,7,14,19 76:20,22 78:16
veterans' 4:7 9:5,12 33:22 47:22 48:8 49:1 55:12 74:22
vets 51:13 64:16
VFW 11:13 33:18 34:7,10,16,20 35:10, 19 36:8,15 37:4 38:6,12 41:19 69:12, 19
VFW's 35:17,23
VHA 17:16 20:11,23 24:16 41:14 65:13 66:10
Vietnam 43:4
viewed 29:3
views 34:16
virtual 24:9 35:15 50:14 51:10,16 52:6, 20
virtually 50:4
VISN 19:19 21:9
vital 20:8 50:2
vitality 73:19
vocational 25:8 37:1
volume 47:10,11,12, 15,20
volunteer 65:9 72:11
volunteers 65:18
VRRAP 12:2 60:6,21, 23
VSO 69:12 70:17,19
VSOS 41:19 43:12 61:3 69:11 74:14,21 75:20

vulnerable 64:21

W

waiting 62:16 63:10,
11,13**waived** 37:6**waiver** 61:13**wanted** 55:14 58:20
60:5 61:7 63:21 64:2
70:4 74:8 78:10**War** 39:18 53:12 71:5**warm** 31:15**Warrior** 58:9**Wars** 34:4 74:15**Washington** 10:13**watch** 52:8**ways** 4:9 13:12 22:11
30:17 47:22**week** 54:10 65:8 75:1**weeks** 77:17**well-being** 17:10
22:21**well-rounded** 34:7**whack** 57:11**White** 19:7**who've** 68:17**whole-person** 29:5**wife** 53:13**witnesses** 6:22 7:13
8:4,17 13:16,22
18:21 51:9 78:10**women** 17:8 34:3
36:2**women's** 17:6 24:19**wonderful** 66:18**wondering** 46:9 50:3
60:11 62:19**word** 58:4,13,17
61:15 62:4 76:5**work** 6:3,19 8:12,22
10:21 13:3,9 15:14
22:16 28:4,19 41:13
46:1 49:19 51:13
54:4 56:6 61:15
63:16,19 64:4 66:9,
17,18 69:13,18,21
74:3 75:20 76:12,17**worked** 5:1 30:3 64:8**workforce** 31:17 56:1
61:23**working** 4:19 6:6
12:10 39:10 41:12
44:18 48:1 51:6,10
57:22 58:4 59:9
61:11 68:18 69:18**works** 21:9,18 25:17
43:14**worldwide** 50:20**worn** 10:6**worry** 43:10**worsened** 62:14**Wounded** 26:1**wrap** 59:3 70:3**writing** 18:12 57:16**wrote** 61:8

Y

year 4:12 5:23 17:13,
17 20:7 22:1,3 24:15
29:11,12 35:3 36:14
39:20 40:22,23
62:16 67:20**years** 4:14 11:16
12:17 14:7 19:5
27:10 34:21 41:15,
17 49:20 50:1 62:11,
14 64:23 68:19
69:18 72:3 73:4
77:12**Yellow** 20:19**yesterday** 67:22**yield** 64:16 78:6**York** 45:16**young** 19:23