

MARIANNE MATHEWSON-CHAPMAN, Ph.D., ARNP, MAJOR GENERAL (RET.) ARNG
COORDINATOR NATIONAL GUARD, RESERVE AND FAMILIES VHA OEF/OIF
OUTREACH OFFICE VETERANS HEALTH ADMINISTRATION DEPARTMENT OF
VETERANS AFFAIRS

STATEMENT OF

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BEFORE THE
VETERANS' AFFAIRS COMMITTEE
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Good morning, Mr. Chairman and members of the Committee. Thank you for inviting me to speak about the cooperation between the Department of Veterans Affairs (VA), Department of Defense (DoD), the National Guard and the military reserves. I am joined today by my colleague, Mr. Bradley Mayes, Director, Compensation and Pension Services, Veterans Benefits Administration.

From the start of Fiscal Year (FY) 2002 through the first quarter of 2008, over 837,000 service members have separated from active duty. Slightly more than half of the returning service members from Operation Enduring Freedom and Operation Iraqi Freedom were members of the National Guard and Reserves. I am pleased to report VA and DoD are coordinating their efforts more closely than ever before to ensure our newest veterans, including members of the National Guard and the Reserves, reintegrating back into their communities are knowledgeable about all of the VA benefits and services for which they are eligible and know how to access the services they need.

VA has a long-standing commitment to serving this important reserve component of our Armed Forces. We are dedicated to providing the highest quality care and services to all who have worn the uniform in any branch of service including our newest veterans who are members of the National Guard and Reserve. We also recognize the importance of timely contact, and that not all separating service members, or members of the National Guard and Reserve, will be interested in

immediately enrolling in VA for health care or benefits. As a result, VA has developed a proactive multi-faceted strategy to provide key outreach at critical stages throughout the deployment cycle. Recently, DoD and VA have agreed to assign a VA Liaison to the DoD Office of Reintegration Program Office (ORP). This position will assist DoD in compliance with Section 582 of the FY 2008 National Defense Authorization Act (NDAA). There will be continual and interdependent collaboration between the ORP, VA and the Services' programs to further develop policies to meet the needs of veterans and service members. VA's presence will bring specific expertise and knowledge to aid ORP in developing best practices based on VA's experience. A crucial component of this position will include supporting the field to better enable consistent implementation of policy and program decisions through coordination with the appropriate VA offices.

My testimony today will provide a detailed description of VA's outreach efforts for non-severely injured National Guard and Reserve members during four phases of this deployment cycle. These four phases include: pre-deployment; during deployment and demobilization prior to separation from active duty; immediately post-deployment; and finally, life-long contact with the Guard or Reserve veteran. In each of these phases, VA works closely with DoD, Reserve and Guard families, communities, counties, state governments and community agencies to ensure we inform them about VA and to facilitate their access to VA services, benefits and health care.

PRE-DEPLOYMENT

Since November 2004, VA has provided benefits brochures to everyone inducted into the five military branches. This pamphlet delivers basic information on VA benefits and services at the start of their military career.

In addition, VA supports efforts for early contact with National Guard and Reserve members and their families. Guard and Reserve members and families learn about VA services and benefits during Soldier Readiness Processing (SRP) events held prior to mobilization. These benefits outreach briefings continue throughout the deployment phase as VA collaborates with each of the services. VA provides outreach through family programs, town hall meetings and family training events. Families are a critical component in reaching veterans and providing information about how to access VA health care and the importance of seeking early assistance for needed health care services.

Our Vet Centers regularly conduct local outreach initiatives and maintain strong working relationships with nearby Reserve and Guard units. In addition to routine visits, Vet Center representatives will sometimes host Open Houses onsite at Reserve units during the weekends where they can answer questions from family members and Reservists. Vet Center staff and GWOT counselors participate in pre-mobilization educational briefings where they are able to establish contacts and distribute information to family members.

DURING DEPLOYMENT AND DEMOBILIZATION

Our latest efforts to expand services during the deployment phase demonstrate further collaboration between VA and DoD as we establish a comprehensive, standardized enrollment process at 12 Army Demobilization sites. Since this pilot began on May 28, VA has contacted more than 2,000 separating Army Guard and Reserve members and offer them the opportunity to enroll in VA health care. VA has enrolled more than 80 percent of these veterans and this month we are expanding this program to the Navy at four sites. We will expand it further in August to the Marines and to the Air Force Reserves later this fall.

DoD provides VA with dates, numbers of service members demobilizing and locations for Reserve Component units when demobilization events occur. At these events, Veterans Health Administration (VHA) staff representatives from

the local VA medical center, benefits specialists and Vet Center counselors are given 15 to 30 minutes during mandatory demobilization briefings for a scripted presentation. During this time, veterans receive information about recent changes in enrollment and eligibility, including the extended period in which those who served in combat may enroll for VA health care following their separation from active duty. They are also educated about the period of eligibility for dental benefits, which was recently extended from 90 days to 180 days following separation from service, by the National Defense Authorization Act for Fiscal Year 2008.

This enrollment process has been streamlined and veterans are also shown how to complete the Application for Medical Benefits (the 1010EZ), which begins the enrollment process for VA health care. VHA staff members also discuss how to make an appointment for an initial examination for service-related conditions and answer questions about the process. These completed forms are collected at the end of each session. VA staff at the supporting facility match the 101 0EZ with a copy of the veteran's DD214, their discharge papers and separation documents, scan them, and email or mail them to the VA medical center where the veteran chooses to receive care. The receiving facility staff enters this information into VA's electronic medical records; VA's Health Eligibility Center staff will then complete the enrollment process and send a letter to the veteran verifying their enrollment. Guard and Reserve veterans receive a special letter at the demobilization site identifying a toll-free number they can dial if they need to seek medical care before they have received their official enrollment letter in the mail. This is a process improvement strategy to facilitate access for Guard and Reserve members for needed health care prior to notification of official enrollment.

VA staff also makes a straightforward presentation regarding the advantages of enrolling in VA care early, even though the servicemember/veteran may not need health care services at this time. Combat theatre veterans receive health care at

no cost for any condition that might be related to their combat service. Essentially, VA reinforces a positive message that enrollment in VA health care, will benefit them both now and in the future.

The Vet Center program is the VHA arm for community outreach to returning combat veterans. The outreach to provide veterans and family members with educational information about readjustment counseling services is one of the legislatively mandated missions of the Vet Center program. In response to the growing numbers of veterans returning from combat in OEF/OIF, the Vet Centers initiated an aggressive outreach campaign to welcome home and educate returning service members at military demobilization and National Guard and Reserve sites. Through its community outreach and brokering efforts, the Vet Center program also provides many veterans the means of access to other VHA and Veterans Benefits Administration (VBA) programs. To augment this effort, the Vet Center program recruited and hired 100 OEF/OIF veterans to provide the bulk of this outreach to their fellow veterans. To improve the quality of its outreach services, in June 2005, the Vet Centers began documenting every OEF/OIF veteran provided with outreach services. The program's focus on aggressive outreach activities has resulted in the provision of timely Vet Center services to significant numbers of OEF/OIF veterans and family members. Since the beginnings of hostilities in Afghanistan and Iraq, the Vet Centers have seen over 288,000 OEF/OIF veterans, of whom over 216,000 were outreach contacts seen primarily at military demobilization and National Guard and Reserve sites and more than 72,000 were provided readjustment counseling at Vet Centers. The Vet Center Program has also provided outreach services to the United States Marine Corp IRR reservists across the nation. The approach builds on a prior outreach effort conducted during the first Gulf War, which received the commendation of the President's Advisory Committee on Gulf War Veterans' Illnesses. In its final report of March 1997, the Committee cited the Vet Centers for providing exemplary outreach to contact and inform this

veteran cohort about VA services. On October of 2004, the U.S. Medicine Institute of Health Studies and Association of Military Surgeons of the United States reported that "VHA's Vet

Centers have proven a 'best practice' model in fostering peer-to-peer relationships for those with combat stress disorders."

IMMEDIATELY POST-DEPLOYMENT

Following demobilization, DoD regularly holds post-deployment health reassessments (PDHRA's) for returning combat Guard and Reservists between three and six months after separation from active duty. The PDHRA is a DoD health protection program designed to enhance the deployment-related continuum of care. PDHRA's provide education, screening, and a global health assessment to help facilitate care for deployment-related physical and mental health concerns. Completion of the PDHRA is mandatory for all members of the National Guard or Reserve who complete the post-deployment health assessment at the demobilization sites. DoD provides VA a list of locations and times where these events will take place - often at the Guard or Reserve unit. VA outreach staff from local medical centers and Vet Centers participates at these events. DoD clinicians conduct screening exams to veterans and VA staff are available to coordinate referrals for any veteran interested in seeking care from a VA facility. Vet Center staff members are also present to assist veterans with enrollment in VA for health care or counseling at a local Vet Center.

PDHRA's are typically held in person with mandatory attendance for units of 30 or more service members, while smaller units conduct their PDHRA's by phone using DoD's call center staff to conduct the screening. Almost 73 percent of all Reserve Component PDHRA referrals were to VA - either a Vet Center or a VA medical facility. VA's PDHRA mission is threefold: enroll eligible reserve component service members, into VA health care; provide information on VA benefits and services, and; provide assistance in scheduling follow-up

appointments. VA medical center and Vet Center representatives provide post-event support for all onsite and Call Center PDHRA events.

VA medical centers and Vet Centers accept direct PDHRA referrals from DoD's 24/7 Contract Call Center. Between November 2005 and May 2008, VA staff supported over 1,050 onsite and 380 Call Center PDHRA events. During that same period, DoD conducted 193,559 Reserve Component PDHRA screenings, resulting in more than 41,100 referrals to VA medical centers and 19,200 to Vet Centers.

Another essential element of VA's outreach during the post-deployment stage are the 100 Global War on Terror (GWOT) counselors employed by VA's Readjustment Counseling Service. Vet Center GWOT Veteran Outreach Specialists conduct a focused campaign to inform their fellow GWOT veterans about VA benefits and services. These GWOT Counselors attend demobilization, PDHRA and other activities, including "welcome home" events in their hometown and community. These Counselors are performing a vital service, and their personal connection and dedication to the task at hand have helped countless veterans and their families throughout the reintegration process.

LIFE-LONG CONTACT

While VA's participation at demobilization sites and in PDHRA events represents critical elements of our outreach strategy, we are well aware that not all veterans will enroll during this time and they may return home with limited knowledge of VA services. As a result, through a number of outreach initiatives, VA continues its efforts once members of the National Guard and Reserves have returned to their community. These measures range from nationwide to neighborhood outreach events and leverage VA's relationships with state and local partners, including a wide variety of organizations.

In May 2005, VA and the National Guard entered into a partnership and signed a Memorandum of Understanding to enhance access to VA health care for members of the National Guard in each of the 50 states, District of Columbia, and territories of Puerto Rico, Guam, the U.S. Virgin Islands. In early 2006, the National Guard hired and funded the first 54 Transition Assistance Advisors (TAA's), while VA provided specialized training for them at the VBA Academy in Baltimore about VA benefits and health care services. In 2008, an additional six TAA's were hired to provide further outreach support in states with large pools of mobilizing National Guard members: Texas, Pennsylvania, Georgia, Florida, California, and Minnesota. VA outreach staff continues working closely with TAA's while they are in the field and serving OEF/OIF veterans, through regularly scheduled conference calls, newsletters, and annual training conferences that identify and disseminate best practices in each state. TAA's serve two critical missions: first, they perform local problem-solving for any specific issues facing veterans; second, TAA's bring together key leaders and organizations, such as State Directors of Veterans Affairs, Adjutants General, and VA leadership at the Network and facility level. The VHA OEF/OIF Office of Outreach also has strong ties with the Adjutants General of the National Guard, TAA's, and with State Directors of VA, all of whom can and do keep VA informed of any challenges in accessing VA health care or other issues in the state.

TAA's have been the critical link in facilitating access to VA by National Guard and Reserve members by providing VA with critical information on numbers of returning troops, locations, and home coming and reintegration events. TAA's also facilitate enrollment into VHA care for returning troops.

Moreover, Network, Regional Office, and Medical Center staff have signed a state Memorandum of Understanding with 47 states that define the roles and responsibilities of VA and the state Departments of Veterans Affairs. A few states prefer to operate under the national agreement reached between the National Guard and VA in 2005. These state partnerships are the foundation for

the development of state coalitions with participation by VA, State Adjutants General, State Directors of VA, and community and state organizations to address the coming home needs of the Guard and the Reserve members.

VA works with state governments to further our mutual goal of enhanced benefits and access care for Guard and Reserve veterans in multiple ways. Some examples include:

- x In Connecticut, the State has signed a Memorandum of Understanding with VA allowing severely injured veterans to volunteer to have their medical information shared with the state, and VA has an active campaign to encourage wounded veterans in the state to contact VA for enrollment and benefits.

- x In Delaware, the State signed a Memorandum of Understanding in September 2007 with the Delaware National Guard, the Delaware Department of Labor, VA, and other support agencies to establish clarity of communication and synchronization of efforts between each agency to provide veterans with transition assistance and guidance.

- x In Florida, a pilot program was established to allow for ease of transfer of information from VA to the state government for wounded service members who volunteer to have their information shared.

- x In Ohio, the National Guard and the regional VA office are negotiating a Memorandum of Understanding to provide comprehensive informational sessions for members of the Guard and their families during different stages of deployment.
- x In South Carolina, the State has partnered with VA to offer job and health fairs for returning service members.
- x In South Dakota, the State has established a seven step Reunion and Reintegration plan, a portion of which includes providing information on Vet Centers and PDHRAs.
- x In Minnesota, during the "Beyond the Yellow Ribbon Reintegration Program", VA participated in briefings to returning troops and families,

enrolled members of the National Guard in VA health care, and supported family members in the Family Academy classes, which provided information about VA benefits and health care services for which the spouse or family of a veteran may be eligible.

Further Outreach Initiatives for Guard and Reserve Members:

VA also conducts direct outreach by telephone through several initiatives, including the Secretary's recently announced call center campaign to contact every OEF/OIF veteran and service member, including members of the National Guard and Reserve, who have separated from service but who have not yet enrolled in VA health care. On May 2, 2008, VA began contacting almost 510,000 combat OEF/OIF veterans to ensure they know about VA medical services and other benefits. The Department is reaching out to all OEF/OIF veterans to let them know VA is here for them. The first of those calls went to an estimated 17,000 veterans who were sick or injured while serving in Iraq or Afghanistan. If any of these 17,000 veterans did not already have a care manager to work with them, VA offered to appoint one for them. The second phase of the call initiative is to contact those discharged from active duty but who are not yet receiving VA health care. Local VA facilities and network representatives are sent referrals to provide follow-up contact should the veteran want additional information or have unmet health care and benefit needs.

In addition, the Secretary of Veterans Affairs sends a letter to newly separated OEF/OIF veterans. These letters thank veterans for their service, welcome them home, and provide basic information about VA health care and other benefits. Through the first quarter of FY 2008, VA mailed more than 766,000 initial letters and 150,000 follow-up letters to new veterans including members of the Guard and Reserve.

Families are a vital force in ensuring that veterans know how to access care and services they need. They are often the first to notice a change in behavior or any

symptoms. VA works with National Guard family programs and provides literature on readjustment counseling and health care services to family program directors at annual training conferences. Many families attend "welcome home" events sponsored by the local VA Medical Center and Vet Centers identify other resources in the community where families and veterans can establish contact to meet their specific needs. VA is continuing its work with the Army's Warrior Transition Units at active duty Army bases and the nine community based health care organizations to ensure the leadership of these units is linked to case managers at VA medical centers and vocational rehabilitation services. VA also supports the Family Assistance Centers at Army bases with VBA counselors and vocational rehabilitation specialists who can support and extend VA's outreach efforts to help service members to enroll in VA health care prior to separation from active duty, apply for a disability, or other VA benefits. Our Vet Centers can also

provide outreach services to family members while a veteran is deployed. Many Vet Centers host family outreach events and other activities, such as picnics or fishing expeditions, both while a veteran is deployed and after he or she has returned. Vet Centers also work closely with the Reserve's Family Readiness Units to collaborate with them and support veterans and families through outreach, education and referral services.

Outreach Programs for Severely Injured National Guard and Reservists: For wounded warriors returning home, forty-three states currently participate in the State Benefits Seamless Transition Program. To date, 350 severely injured veterans have signed the consent form authorizing VA to notify their local State Department of Veterans Affairs of their contact information when they return to their home state. The initiative involves VA health care liaison staff located at the following Department of Defense medical facilities:

- x Walter Reed Army Medical Center, Washington D.C.
- x National Naval Medical Center, Bethesda
- x Brooke Army Medical Center, San Antonio, TX
- x Darnall Army Medical Center, Ft. Hood, TX

x Madigan Army Medical Center, Puget Sounds, WA x Eisenhower Army Medical Center, Augusta, GA x Evans Army Community Hospital, Ft. Carson, CO x Naval Medical Center, San Diego, CA

x Womack Army Medical Center, Ft. Bragg, NC x Naval Hospital, Camp Pendleton, CA
x Naval Hospital, Camp Lejeune, NC

Under the program, wounded veterans returning to their home states can elect to be contacted by their local State Department of Veterans Affairs about state benefits available to them and their families. VHA Liaisons for Health Care identify injured military members who will be transferred to VA facilities, inform them about the program, and obtain a signed consent form from veterans electing to participate. These forms are faxed directly to an identified point of contact in the state's Department of Veterans Affairs. The state offices, in turn, contact the veterans to inform them of available state benefits.

In order to participate in the program, State Departments of Veterans Affairs must provide a point of contact and dedicate a fax machine in a private, locked office to receive the release of information forms. VA asked states to participate in the program in February 2007 when it was expanded beyond the Florida pilot program.

Moreover, the Federal Recovery Coordinator program has been created within VA, with the cooperation of DoD, to assist the most seriously injured service members, whether they be members of the Guard and Reserve or not. These Coordinators act as facilitators to ensure all federal benefits are made available to help the injured, ill, or wounded service member transition out of the military and into civilian life.

Media Campaigns

One important area recently opened to us will improve our outreach efforts during all phases of a service member's career. On June 16, less than a month ago, Secretary Peake lifted VA's restriction on advertising. Our mission at the Department of Veterans Affairs is clear: to do all within our authority and ability to help service members readjust successfully into civilian society after their military experience ends and to make sure they know the VA is there to provide health care, benefits and other services they have earned.

Secretary Peake's decision requires the Under Secretaries to coordinate with the Assistant Secretary for Public and Intergovernmental Affairs about outreach, media plans, education, and awareness campaigns and initiatives, and for me to recommend to him further steps to improve our ability to reach veterans and their families. In the few weeks since the change, there have already been a number of meetings with the three Administrations and staff offices working together to move this effort forward. One of the key parts of the rescission allows the Under Secretaries to purchase advertising in media outlets for the purpose of promoting awareness of benefits and services, after coordinating with the Department's public affairs office.

The decision allows us to use proven modern advertising techniques that will appeal to veterans of all ages and their family members. It will give VA, with its variety and diversity of services and benefits, the ability to provide the right message through the right medium to reach veterans. Traditional advertising venues such as broadcast and print are available to us. But we are also looking at social marketing and internet based non-traditional media such as YouTube, MySpace and Facebook, as well as podcasting. All can be considered and evaluated in our outreach effort to veterans and their families.

Our goal is to reach veterans who have just returned from Iraq and Afghanistan as well those who served in World War II, Korea, the Cold War, Vietnam, and the

Persian Gulf War - we want to reach all veterans of all eras of service with the messages of greatest concern to them through the medium that is most effective.

On November 14, 2006 VA submitted to Congress a five-year strategic plan (2006-2011) which included an outreach component. At that time we were still precluded from using paid outreach advertising. It is now being revised to include a robust advertising approach. It is our goal to provide the updated outreach strategic plan to you in December 2008 when we submit our scheduled Report of Outreach Activities to the Congress. We also aim to include this fiscal year's accomplishments of our current business plan objectives which will be linked to the strategic plan goals in the report.

As we move forward we will work closely with you, and welcome your suggestions. We believe the opportunities are vast and we will pursue this new approach with vigor.

CONCLUSION

VA's mission is to care for those who have borne the battle, and it is a mission we take seriously. Every day our clinicians and staff are developing new methods for distributing outreach information to those in need and facilitating access to VA health care and benefits. I thank the Committee for your interest in this matter and, on behalf of VA, I thank DoD for their cooperative efforts in granting VA staff access to demobilizing service members, veterans, and their families..