

# THE STATE OF VA SERVICES IN OHIO

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## HEARING

BEFORE THE

### COMMITTEE ON VETERANS' AFFAIRS

### UNITED STATES SENATE

ONE HUNDRED FIFTEENTH CONGRESS

FIRST SESSION

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NOVEMBER 21, 2017

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Printed for the use of the Committee on Veterans' Affairs



Available via the World Wide Web: <http://www.govinfo.gov>

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U.S. GOVERNMENT PUBLISHING OFFICE

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## THE STATE OF VA SERVICES IN OHIO

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TUESDAY, NOVEMBER 21, 2017

U.S. SENATE  
COMMITTEE ON VETERANS' AFFAIRS  
*Columbus, OH.*

The Committee met, pursuant to notice, at 1:15 p.m., at the Columbus Metropolitan Library, Columbus, OH, Hon. Sherrod Brown presiding.

Present: Senator Brown [presiding].

### HON. SHERROD BROWN, U.S. SENATOR FROM OHIO

Senator BROWN. Thank you again. I introduced the head of the library, Patrick. Thank you.

Thanks for all of you to join us. It is the first hearing I have done with the Senate Veterans' Affairs Committee here in Columbus, so thank you all for joining us.

I will make an opening statement, an official opening statement for the Committee, followed by one from Congresswoman Beatty. We are in her district. She represents a district in most of the center of Columbus, representing some 700,000-plus people. She has been an ally to me on veterans' issues and other things. I am very appreciative that she is here with us today.

Then, we will ask for opening statements from our four witnesses to tell us what you want to tell us, and then I will begin questioning each of the you. That is the way we do a Washington, DC, hearing with Senate Veterans' Affairs. Then, I will have a couple questions, then Joyce will ask questions.

Joyce is having a meeting with the Speaker later today about a project in Columbus, and we will be glad if that meeting is successful. Joyce will not be here as long as I will, because I want to stay, obviously, through the whole hearing.

### OPENING STATEMENT

Hearings like this are important because the best ideas, frankly, do not come out of Washington. They come from conversations like the ones we will have today with the women and men who served this country, and the VA officials who serve them.

For today's hearing, we not only invited veterans to testify, we solicited questions online. I have spent much of the last week, as Anna and Amber in my office have, asking veterans all over to come to [Brown.Senate.gov](http://Brown.Senate.gov) to express concerns, ideas, and thoughts they have about the services, health, and education benefits that the VA provides.

If there are veterans in the audience who need assistance to access health care benefits, please get in touch with Anna or Amber or anybody on my staff, and John in the back. John and Anna are here from our Washington, DC, staff. John himself is a veteran.

We will hear first from Ohio veterans, including Director Chip Tansill. Mr. Tansill, thank you for being here for the Department of Veteran Services. Next, Keith Harman, who is commander-in-chief of the VFW. Later we will hear from VA officials. The two veterans I will introduce in a moment will give their remarks.

Ohio, as you probably know, has almost 800,000 veterans, where we proudly have one of the largest veteran populations of any of the 50 States. The majority of veterans in our State, like in our country, are over the age 55.

I thank every veteran in this room. Could all veterans raise their hands, please? Thank you. I thank all of you.

I also never forget to thank the families of soldiers, sailors, Marines, and air men, because their sacrifice maybe just about as great when their loved ones are overseas. The anxiety and the worry and the financial struggles that family members have are always there. Thank you for supporting your men and women, your loved ones, who serve our country.

Many veterans describe hurdles when transitioning from active duty to civilian life. Whether it relates to claims processing or simply obtaining a medical appointment, or using education benefits, veterans and their families face far too many obstacles in using the benefits that they have earned serving our country. We should be doing more to ease that transition for those who have served.

I will be asking both of you about your transitions, because I know that is something particularly you and I have worked on, Ms. Twine, that is so important and that needs improvement.

That is really why the Committee is here, to hear firsthand from Ohioans about the experiences they are facing as veterans, so we can do better.

We must continue to fight to ensure the VA is delivering the highest quality health care, that veterans have the flexibility to receive care in the community when it is in their clinical interests to do so. I have heard from veterans who believe that only the VA can give them the comprehensive care to meet their specific needs.

I was asked on the way in about the privatization efforts. Some people want to privatize the VA. I think that is just simply wrong, and I know that most veterans' organizations agree with that. If people want to speak about that, I am certainly open to talking about it.

Many VA employees, as we know, are veterans themselves. They have a shared experience. Go to the Chillicothe VA, you will walk down the hall, and many, many of the people you meet taking care of patients are veterans themselves.

We must do what we can to shore up service lines at medical facilities, so veterans have access to more timely, quality care that meets their specific needs. We must work to shorten the time it takes for a veteran or a family member to receive a response to a claim or to an appeal. VA has made strides in the last few years to reducing the claims processing time, but 97 days is simply, without doubt, too long to wait.

We made improvements in VA education programs, like the Fry Scholarship and the Yellow Ribbon Program. But too often, veterans fall prey to predatory, for-profit recruiting tactics. For-profit schools that have closed abruptly have left men and women who served our country unable to secure the good-paying jobs that those schools and their fancy marketing have promised. They have left too many veterans trapped under a mountain of debt. They have defrauded too many veterans out of their G.I. education benefits. The Forever G.I. Bill took steps to help veterans recoup their losses, but we must do more to protect them on the front end.

With congressional support, the VA has made inroads to combat veterans' homelessness. One of the best programs in the country is just 60 miles or so south of here in Chillicothe.

There are many other topics we will cover during the hearing, including steps the VA has taken to combat the opioid epidemic; toxic exposure, especially in Vietnam from Agent Orange; and health implications for veterans and their families; and to never forget the burden that caregivers face taking care of veterans and their illnesses in their older age.

As I said earlier, if there are veterans in the audience who need assistance to access health care benefits, get in touch with me directly or with Jonathan or with Anna behind me.

Most importantly, I want to continue this conversation to hear directly from you.

I will turn it over to Congresswoman Beatty.

**STATEMENT OF HON. JOYCE BEATTY, CONGRESSIONAL  
REPRESENTATIVE FROM 3RD DISTRICT OF OHIO**

Ms. BEATTY. Thank you so much, Senator Brown.

First, let me just say welcome to the Third Congressional District. You are sitting in the heart of my district, but I am here because there is a great Senator; a Senator who is not afraid to stand up for people; a Senator, as you heard, who has served on the Veterans' Committee and continues to fight and advocate for veterans.

It was a delight for me when I received his call telling me that he wanted to do this field hearing. First of all, I would have probably driven to Chillicothe, to Cleveland, or anywhere else to spend some time with those who have served and make it possible for me to be here today.

Earlier, I saw a gentleman as we were coming in, a veteran. He had been in my office in Washington. I want to thank him because he remembered me telling the story about my father who served, and served with honor, and said to me before he passed, "Always make sure that you fight for those who fight for you." When he said that, it was interesting because he said sometimes those are not the people who are sitting at the head of the table. It is the folks who are out in the trenches. It is the folks who could be doing something else, but they put their lives on the line.

I am here today to not only say thank you and to join our Senator, but I am also here because I think it is important for you all to understand that we need you, and we need you more than ever now, because, certainly, as you know, our Nation has made a commitment to those who serve. I believe that we must honor that obli-

gation by providing the best benefits, the best education, the best health care possible.

Now, with that said, there are predators everywhere. As Senator Brown talked about higher education, we have to make sure that we protect the G.I. Bill funds from institutions that would want to take those dollars and not provide appropriate education.

While I want to be positive and give hope and say that there is great opportunity, I also have to be honest and say that we have fallen short. That is another reason that we are here to hear from you.

In the Third Congressional District—as you heard Senator Brown say, we have some 800,000 veterans in Ohio—we have some 45,000 who live right here in the Third Congressional District. So, we must do better for all veterans.

I was so pleased when the Senator asked you to raise your hands and I saw women power. Would the women just raise your hands again? Thank you for your service, and thank you for being here. We must do better about women's health and access for you as well.

Today, we are going to ask a lot of questions, and I will be here, as the Senator said, for most of the first panel. I want you to know, I am not just showing up today. I want you to know that I have been a strong advocate. I serve on the Financial Services Committee, but the subcommittee that is equally as important to me is the Subcommittee on Housing.

I have only been in Congress for three terms, so to some, I am the baby on the Hill. But, I can tell you that I have introduced and signed on as a cosponsor to bills, and I can tell you a large number of those bills are centered around Veterans Affairs, making sure that there are adequate and appropriate legal services for veterans, housing for homeless veterans.

So often, people only look at veterans like those of you who are here on the panel and in the audience. Far too many of our veterans were not able to get up this morning. They will not be thankful as we will be tomorrow on Thanksgiving because they have not had all of the benefits that we have had.

That has not gone unnoticed by us, which is why having a voice like Senator Brown's voice there speaking up—he is making a difference. That is one of the reasons I am here.

This is not a gender or race or ethnicity or partisan issue. One of the first things I did was I went to my two colleagues, my two white, male, Republican colleagues, and asked how can I be part of the partnership to make a difference for veterans? We introduced a bill to help veterans.

Last, let me just say one of the greatest honors for me that will go down in the history of my term as a Member of the U.S. Congress will be that, right here in my district, I played a major part in the writing, the orchestrating, the going and testifying this month, that we passed in the House to have right here in the Third Congressional District the National Veterans Memorial and Museum—one of a kind, the first and only one in the country. We know that is going to go over to the Senate, and Senator Brown will probably just single-handedly walk it through. [Laughter.]

We will get that signed.



We have started it and got it through the House, and it will be a wonderful museum of artifacts for people to come and live part of the history, to say thank you to you for your service.

Thank you. Again, I am Congresswoman Joyce Beatty from the Third Congressional District. I have my deputy outreach director, Larry Seward, with me. We want to say thank you, thank you, and thank you.

Senator BROWN. This hearing will begin.

Thank you, Congresswoman Beatty, for your serious and sometimes humorous introduction. I appreciate that.

I will ask the four of you to give opening statements. I will introduce all four of you right now.

Mr. Tansill, we will start with you, and then on the questions, I am going to start with the two veterans who are here as veterans, not as what you do with Veteran Services.

Chip Tansill is Governor Kasich's director of the Ohio Department of Veteran Services, a relatively new department, 10 years old maybe, something like that. He will testify.

Keith Harman, Commander-in-Chief of the Veterans of Foreign Wars, one of our great veterans' service organizations that really keeps the VA—always gives guidance to me personally, to my staff, and to the VA. Thank you for the work you do.

James Powers is a veteran from Massillon, OH, Northeast Ohio.

And, Melissa Twine, my office has worked with Melissa Twine on a number of issues, and I appreciate seeing you here in person. She is from Batavia, which is a community just east of Cincinnati.

Mr. Tansill, we will start with you.

**STATEMENT OF CHIP TANSILL, DIRECTOR,  
OHIO DEPARTMENT OF VETERANS SERVICES**

Mr. TANSILL. Senator Brown, Congresswoman Beatty, thank you so much for allowing me to testify today.

I had the privilege of serving in the U.S. Army for 32 years, including serving as chief of staff for the Ohio National Guard. Following my military retirement, I served as the executive director of the Franklin County Veterans Service Commission.

I am proud to continue serving former members of our military as the director for the Ohio Department of Veteran Services under Governor John Kasich. Our department is a State Cabinet agency, which was created in 2008 to partner with county veterans service commissions and the U.S. Department of Veterans Affairs in order to serve those who have served our country.

Ohio is home to nearly 800,000 veterans and their families, the sixth-largest population of veterans in the United States.

Our team actively identifies, advocates for, and connects Ohio's veterans with jobs, education, and the local, State, and Federal benefits for which they are eligible.

Last fall, we established a Regional Veterans Workforce Team. They engage businesses across the State to highlight the unique and advantageous skill sets veterans contribute to our workforce. The team provides customized training for employers on areas such as understanding military culture, how to interview veterans, how to review their resumes, and how to create a veterans hiring process. In their first year alone, our Regional Workforce Team con-

ducted nearly 100 trainings for representatives from nearly 800 of Ohio's employers.

I have had the pleasure of visiting some of the employers that they have worked with who have truly embraced the concept our team introduces to recognize their significant improvement in veteran hiring processes.

During one of these visits at a veteran-owned business, I was told that if we could connect them with 50 qualified veterans, they would hire them that very day. We commonly see this type of incredible support and demand for hiring veterans across Ohio.

Our trainings also make a big impact on human resources directors who experience first-hand what a huge contribution Ohio's veterans make to their team.

Ohio employers' efforts to recruit and retain veterans go a long way in developing a framework for the successful transition of military members back into civilian life. Building a network of military-friendly employers across the State, currently totaling over 2,800 businesses, is just one way that our department seeks out ways to ease the often-stressful transition back to civilian life.

Our department also works in collaboration with the Department of Defense and other veteran and military support organizations to examine opportunities for improved coordination between Federal, State, and local resources to help servicemembers transition to civilian life. I am aware the discussions surrounding ways to improve this process are well-established and ongoing.

Currently, most State resources for recently-transitioned veterans and their families require the veterans themselves to be proactive in seeking out services and benefits. This is problematic because many veterans are unaware that resources are available and, therefore, are not inclined to seek them out, especially while they are balancing the many other challenges that accompany transitioning from the military to civilian life.

Going from an environment where lifestyle and career paths are very predictable to suddenly being on your own is not something that comes with an instruction manual. The transition experience would be improved if State veteran support agencies like our department were provided with the contact information for individuals as early as possible prior to their separation from the military, primarily by sharing the nonmilitary civilian email address they intend to use.

If this email address were included as part of the DD-214 discharge document, it could better facilitate not only rapid and successful transition to civilian life with support from State and local services, but also improve communication with veterans who still have an Individual Ready Reserve commitment.

This new method of communication would enable the Ohio Department of Veteran Services to proactively inform military members about services and benefits relevant to their experiences, health concerns, and other personal interests. These might include: targeted career and education opportunities; veterans' claims and financial assistance locally available; and enrollment in VA health care facilities.

We hear frequently from stakeholders and peers in other States that increased avenues for communication would make a big im-

impact on our ability to ensure that veterans are presented with significant opportunities for success instead of ambiguity upon their military discharge.

Our experiences have demonstrated that the most successful transitions are those in which the veteran and their family are quickly connected to employment, education, housing, benefits, healthcare, and veterans service organizations that empower them to thrive in their new community.

It is my hope that by contributing to continuing conversations, the next generation of veterans can garner the benefits of improved procedures.

I understand that there are many topics of interest today, and I will be glad to answer any questions regarding the other services, benefits, and resources available to Ohio's veterans or the areas outlined in the supplemental information that I submitted with my testimony.

[The prepared statement of Mr. Tansill follows:]

PREPARED STATEMENT OF CHIP TANSILL, DIRECTOR,  
OHIO DEPARTMENT OF VETERANS SERVICES



Department of  
Veterans Services

John R. Kasich, Governor  
Chip Tansill, Director



The United States Senate Committee on Veterans' Affairs  
Columbus, Ohio Field-Hearing

Tuesday, November 21, 2017

**Testimony from Chip Tansill:**

Chairman Isakson, Ranking Member Tester, Senator Brown and members of the Senate Committee on Veterans' Affairs, thank you for inviting me to testify today.

I had the privilege of serving in the United States Army for 32 years including serving as chief of staff for the Ohio National Guard. Following my military retirement, I served as executive director of the Franklin County Veterans Service Commission. I am proud to continue serving former members of the military as Director of the Ohio Department of Veterans Services (ODVS) under Governor John Kasich.

ODVS is a state cabinet agency that was created in 2008 to partner with county veteran service commissions, and the U.S. Department of Veterans Affairs (VA), in order to serve those who have served our country. Ohio is home to nearly 800,000 veterans and their families – the sixth-largest population of veterans in the United States.

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Last fall, we established the ODVS Regional Veteran Workforce Team. They engage businesses across the state to highlight the unique and advantageous skill sets veterans contribute to the workforce. The team provides customized training for employers on areas such as understanding military culture, how to interview veterans, how to review their resumes and how to create a veteran hiring process.

In their first year alone, the ODVS Regional Veteran Workforce Team conducted nearly 100 trainings for representatives from nearly 800 Ohio employers. I have had the pleasure of visiting some of the employers they have worked with – who have truly embraced the concepts our team introduces – to recognize their significant improvement in veteran hiring practices.

During one of these visits at a veteran-owned business, I was told that if we could connect them with 50 qualified veterans, they would hire them that very day. We commonly see this type of incredible support and demand for hiring veterans. Our trainings also make a big impact on human resources directors who experience first-hand what a huge contribution veterans make to a team.

Ohio employers' efforts to recruit and retain veterans go a long way in developing a framework for the successful transition of members of the military back to civilian life. Building a network



John R. Kasich, Governor  
Chip Tansill, Director



of military-friendly employers across the state, currently totaling over 2,800 businesses, is just one way that ODVS seeks out ways to ease this often stressful time of transition.

ODVS also works in collaboration with the Department of Defense and other veteran and military support organizations to examine opportunities for improved coordination between federal, state, and local resources to help service members transition to civilian life. I am aware that discussions surrounding ways to improve this process are well established and ongoing.

Currently, most state resources for recently transitioned veterans and their families require the veterans themselves to be proactive in seeking out services and benefits. This is problematic because many veterans are unaware that resources are available and therefore are not inclined to seek them out, especially while they are balancing the many other challenges that accompany transitioning from military to civilian life.

Going from an environment where lifestyle and career paths are very predictable, to suddenly being on your own is not something that comes with an instruction manual.

The transition experience would be improved if state veteran support agencies like ODVS were provided with contact information for individuals as early as possible *prior* to their separation from the military, primarily by sharing the non-military civilian email address they intend to use. If this email address were included as part of the DD-214 discharge document, it could better facilitate not only rapid and successful transition to civilian life with support from state and local services, but also improve communication with veterans who still have an Individual Ready Reserve commitment.

This new method of communication would enable ODVS to proactively inform military members about services and benefits relevant to their experiences, health concerns and other personal interests. These might include targeted career and education opportunities, veterans' claims and financial assistance locally available and enrollment in VA healthcare facilities.

We hear frequently from stakeholders and peers in other states that increased avenues for communication would make a big impact on our ability to ensure that veterans are presented with significant opportunities for success instead of ambiguity upon their military discharge. Our experiences have demonstrated that the most successful transitions are those in which the veteran and their family are quickly connected to employment, education, housing, benefits, healthcare, and veterans organizations that empower them to thrive in their new community. It is my hope that by contributing to continuing conversations, the next generation of veterans can garner the benefits of improved procedures.

I understand that there are many topics of interest to discuss today, and I am glad to answer questions regarding any of the other services, benefits and resources available to Ohio's veterans or the areas outlined in the supplemental information submitted with my testimony.

## SUPPLEMENTAL INFORMATION



John R. Kasich, Governor  
Chip Tansill, Director



### Supplemental Information on Resources for Ohio's Veterans

#### VA Healthcare in Ohio

Ohio is fortunate to have significant access to VA healthcare services through five Medical Centers, 33 Community-Based Outpatient Clinics, and eight Vet Centers. Vet Centers are VA behavioral health care centers set apart in a non-institutional setting and operate largely independently of the local VA healthcare infrastructure.

The Ohio Department of Veterans Services (ODVS) is supportive of efforts to broaden access to healthcare services for veterans. VA initiatives in this arena are closely monitored including the Choice replacement, titled the Veterans Coordinated Access and Rewarding Experiences Program. As changes are made to VA procedures, this information is shared with stakeholders and county veterans service offices.

#### Mental Health and Suicide Prevention Resources

Left untreated, mental illnesses and addictions shorten lives and take an emotional and economic toll on families and communities. ODVS, the Ohio Department of Mental Health and Addiction Services, the Ohio National Guard and several other collaborators have established the Star Behavioral Health Providers (SBHP) certification that is a training, dissemination and referral system aimed at expanding access to trained behavioral health providers for service members, veterans and their families.

According to a recently released VA veteran suicide study, in Ohio 17 percent of suicides are veterans although only seven percent of the population are veterans. This type of dramatic imbalance holds true in all states across the nation. ODVS promotes resources from the VA for mental health providers including VA and community mental health providers and a confidential Veterans Crisis Line available through toll-free hotline, online chat or text.

#### Ending Veteran Homelessness in Ohio

Ohio has been proud to partner with the VA in ensuring that veteran homelessness is rare, brief, and non-recurring. Through collaboration between the VA, ODVS, county veterans services offices, public housing agencies and a myriad of community support organizations, the number of homeless veterans in Ohio has dropped from 1,244 in 2012 to 903 in 2016 according to U.S. Department of Housing and Urban Development (HUD) statistics.

Of the nine homeless Continuums of Care Programs across Ohio, two locations, Dayton and Akron, have already been certified by HUD and the VA as reaching "functional zero" for veterans homelessness (when the number of veterans who are homeless, whether sheltered or unsheltered, is no greater than the monthly housing placement



John R. Kasich, Governor  
Chip Tansill, Director



rate for veterans). Two others have submitted data to HUD to support certification of “functional zero,” and three will submit data for certification in the near future. ODVS and the VA also have partnered with the Ohio Housing and Homelessness Collaborative to provide insights on how the processes implemented to eliminate veteran homelessness in Ohio can be applied toward ending all chronic homelessness throughout the state.

#### **Filing Veterans Benefits Claims**

ODVS maintains a strong collaborative relationship with the VA Regional Office in Cleveland through the ODVS Liaison Office that facilitates communication between Veterans Benefits Administration (VBA) staff and all county veterans service offices.

Along these lines, ODVS collaborated with the Cleveland VA Regional Office and Ohio’s 88 county veterans services offices to established a “Fully-Developed Claim Checklist” that allows for claims filed under that program to be adjudicated within 140 days. In coordination with the Department of Defense, ODVS proposed and hosted the pilot system that resulting in making Defense Personnel Record Information System files (military personnel records) accessible to state veteran agencies and certain county veterans services offices. In recognition of these efforts, ODVS received a 2015 Pillars of Excellence Award from the VA Secretary for Elimination of the Disability Claims Backlog.

#### **Higher Education Opportunities for Ohio’s Veterans**

Ohio’s public colleges and universities are committed to the acceptance and awarding of college credit for military training, experience, and coursework. In 2014, Governor John Kasich signed two pieces of legislation (HB98, 2013 and HB488, 2014) that created the most expansive opportunities in the country for veterans to leverage their military experience, education and training in gaining access to college credit and professional licensing and certification.

In accordance with this legislation, the Chancellor of the Ohio Department of Higher Education signed a directive providing a baseline set of standards and procedures for the application of military credit. Having one set of standards and procedures serves to provide consistency to the process, makes it easier to communicate with a wider audience, and highlights the priority the higher education community places on assisting veterans and active duty service members with their educational and career goals.

This includes translating training, experience and coursework from serving in the U.S. Armed Forces Guard into college credit. All training, experience, and coursework first must be recognized by the American Council on Education or a regional accrediting



John R. Kasich, Governor  
Chip Tansill, Director



body, such as the Higher Learning Commission, in order to be eligible to earn college credit.

In addition, University System of Ohio schools provide priority registration to veterans of all eras and service components regardless of GI Bill® eligibility as directed by HB488 (2014). All of Ohio's public institutions have established a point of contact to support veteran students on their campus. A list of each institution's point of contact is available online. Campus Veterans Affairs offices supplement the recruitment and retention of veterans to the campuses across the state.

ODVS and the Ohio Department of Higher Education also promote scholarship opportunities such as the Ohio War Orphans Scholarship, Ohio Safety Officers Memorial Fund and Ohio National Guard Scholarship. They also connect students with financial aid resources through the GI Bill or state-based initiatives like the Ohio College Opportunity Grant.

Members of the military also are eligible for Ohio's GI Promise whereby upon moving to Ohio, active duty, National Guard, reserve service members, and their spouse and dependents are eligible for in-state residency for the purposes of tuition, state educational subsidies and potential financial aid.

The state higher education policy has been to hold veteran students harmless for errors in GI Bill processing. Instead, these occurrences are resolved between the federal GI Bill administrators and the school that received the GI Bill payment. Ohio's State Approving Agency staff members are closely monitoring the recently passed Forever GI Bill and how this bill will affect Ohio veterans.

Senator BROWN. Thank you, Mr. Tansill, especially your comments about transition and how important that is. We know that the VA and the Department of Defense do not always work together as well as they should. I think we are seeing improvements, but not enough yet.

Commander Harman, thank you for your service and for being here.

**STATEMENT OF KEITH HARMAN, COMMANDER-IN-CHIEF,  
VETERANS OF FOREIGN WARS**

Mr. HARMAN. Senator Brown, Congresswoman Beatty, on behalf of the Veterans of Foreign Wars of the United States, the Nation's largest organization of combat veterans, and its Auxiliary, thank you for giving us the opportunity to discuss issues important to Ohio's veterans.

In the past 3 years, the VFW has assisted hundreds of veterans who have faced delays receiving care through the Choice Program, identified issues with the program, and compiled several reports with common-sense recommendations on how to address these issues. The VFW must commend the VA, Congress, and the program administrator for resolving or addressing most of the issues that we have identified.

However, the Choice Program continues to face several challenges that must be addressed, to include ensuring that the decision of whether a veteran will receive care with the VA or the com-



munity is determined by the veteran and their health care team, consolidating all community care programs into one easy to understand and to administer program, and establishing one appropriations account.

The VFW urges this Committee to quickly pass a community care bill that will develop a consolidated care program that supplements, not supplants, the VA's health care system.

In September 2016, the VFW partnered with five excellent organizations to launch our mental wellness campaign, which helps servicemembers, veterans, and their families, with mental health conditions. We did so to address the stigma associated with seeking mental health care, but this is not new.

Thirty years ago, people were ashamed to talk about cancer. It was a shameful word. Today, people are ashamed to admit they have a mental health condition. Why? The brain is an organ. It is part of our body. It needs treatment to address injuries, but can recover just as any other part of the body can.

The VFW has worked tirelessly in the past 2 years to get people talking about mental health, to notice when someone may be in a mental health crisis, and to finally eliminate the stigma our society has placed on mental health. VFW posts around the world have hosted nearly 300 events within their communities to share with their members about the resources available to veterans and family members suffering from mental health conditions, and it is working. Just 2 weeks ago, I had a veteran tell me at a Veterans Day event in our Nation's capital that the VFW had saved his life.

In order to completely eliminate veteran suicides, VA must increase access to military competent health care and conduct more studies to find innovative ways to treat mental health conditions. The VA has conducted research on therapies such as service animals, but other therapeutic alternatives, such as medical marijuana, must be studied.

Women veterans are the fastest growing population within the military and veteran community. There are currently 2 million female veterans, with nearly 68,000 of them in Ohio. Now more than ever, it is important that the VA and Congress address their gender-specific needs.

The most common recommendation the VFW has received from Ohio women veterans is that the VA must increase access to gender-specific VA providers. We also hear from women veterans that VA outreach efforts are increasingly ineffective because the VA relies heavily on electronic communications such as social media. The VA must reach all generations of women veterans who have earned the ability to receive their health care at the VA.

While the VFW applauds Congress for passing S. 1025, the Veterans Appeals Improvement and Modernization Act of 2017, we have significant concerns with regard to how the VA intends to implement the prescribed changes by way of the Rapid Appeals Modernization Program, and we would call on Congress to conduct oversight on this process.

The VFW would like to thank this Committee for its hard work and dedication on the swift passage for the Forever G.I. Bill, which will make a difference for countless veterans in Ohio and throughout the country. Specifically, we would like to thank Senator Brown

for his continued push to ensure survivors can achieve their educational goals without accruing large student debt.

With more than 187,000 overpayment notices being sent to veterans nationwide in this past year alone, one would hope that the VA would not only be prepared to share the most precise information that triggered that notice in the first place, but also be prepared to assist the veteran in a timely manner. Sadly, this is not the case.

In our experience, we have found legitimate overpayments most often occur with G.I. Bill benefits when a veteran's enrollment status changes at his or her college. If a student decides they are having a difficult time meeting their educational obligation and chooses to switch to part time, it is the responsibility of the school, not the student, to notify the VA.

To address the overpayment issues, the VFW urges passage of H.R. 3705, the Veterans Fair Debt Notice Act of 2017, which would require VA to use certified mail to notify veterans about the collection of debt.

Ending sequestration has been the top priority for the VFW since it was created by the Budget Control Act of 2011. It has forced VA and DOD to work within the confines of outdated spending caps that fail to account for increased demands for VA benefits and services, or for the cost required to man and equip a force capable of deterring and defeating emerging global threats. While Congress has negotiated temporary deals in the past to avoid dangerous cuts, the issue of sequestration has not been addressed, and it continues to impact our servicemembers, veterans, and their families.

In my travels across the country and the world, I have seen firsthand the impact sequestration is having on our troops: pilots barely flying enough to maintain their certifications; a shortage of replacement parts to maintain equipment; and the lack of troop training needed to combat the ever-increasing threats to national security. Congress must end sequestration once and for all.

Mr. Chairman, this concludes my remarks. I would be happy to answer any questions that you or Members of the Committee may have. Thank you.

[The prepared statement of Mr. Harman follows:]

PREPARED STATEMENT OF KEITH HARMAN, COMMANDER-IN-CHIEF, VETERANS OF  
FOREIGN WARS OF THE UNITED STATES

CHAIRMAN ISAKSON, RANKING MEMBER TESTER AND MEMBERS OF THE COMMITTEE, On behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to discuss the issues important to Ohio's veterans, which also impact veterans throughout the country.

*Community Care:* In the past three years, the VFW has assisted hundreds of veterans who have faced delays receiving care through the Choice Program, and has surveyed more than 8,000 veterans specifically on their experiences using Department of Veterans Affairs (VA) community care. Through this work, the VFW has identified a number of issues and has proposed more than 15 common sense recommendations on how to improve this important program. Some of these common sense recommendations include making VA the primary payer for Choice Program care, removing restrictions on when VA is able to share medical records with Choice providers and making clinical necessity the trigger for community care.

The VFW must also commend VA and the third party administrators for their willingness to work with us to address issues veterans encounter when obtaining care through the Choice Program. VA has made more than 70 modifications to the Choice Program's contract to address many of the pitfalls that have plagued the pro-

gram, such as allowing the contractors to conduct outbound calls when they have the proper authorization to begin the scheduling process.

However, the Choice Program continues to face several challenges that must be addressed. Some of these challenges include assuring the decision of whether a veteran will receive care within VA or the community is determined by a patient and their provider, consolidating all community care programs to one and making the program discretionary instead of mandatory.

The VA health care system delivers high quality care and has consistently outperformed private sector health care systems in independent assessments. The VFW's numerous health care surveys have also validated that veterans who use VA health care are satisfied with the care they receive. In fact, our latest survey found that 77 percent of veterans report being at least somewhat satisfied with their VA health care experience. When asked why they turn to VA for their health care needs, veterans report that VA delivers high quality care which is tailored to their unique needs and because VA health care is an earned benefit.

VA has made significant strides since the access crisis erupted in 2014 when whistleblowers across the country exposed how long veterans were waiting for the care they have earned and deserve. However, VA still has a lot of work to do to ensure all veterans have timely access to high quality and veteran-centric care. Veterans deserve reduced wait times and shorter commutes to their medical appointments. This means turning to community care when needed, but also means improving VA's ability to provide direct care.

The VFW urges this Committee to quickly pass a community care bill that would continue to invest in VA's ability to improve its internal system and develop a consolidated care program that supplements, not supplants, the VA health care system. The VFW looks forward to working with this Committee to pass veteran-centric reforms to VA's community care programs.

*Mental Health:* In September 2016, the VFW launched our mental wellness campaign. We partnered with five organizations in our efforts to help servicemembers, veterans and their families cope with their mental health conditions. During this process we consistently heard from our members that the biggest barrier they face when trying to address the health of their brains is stigma, but this is not new. Thirty years ago people were ashamed to talk about cancer. It was a shameful word. Nobody used to talk about diabetes either. It was embarrassing to admit you had a health condition people wrongly associated with an improper diet. Today, people are ashamed to admit they have a mental health condition. Why? The brain is an organ. It is part of our body. It needs treatment to address injuries and illnesses, but can recover just as any other part of the body can.

The VFW has worked tirelessly in the past two years to get people talking about mental health; to notice when someone may be in a mental health crisis; and to finally eliminate the stigma our society has placed on mental health. The more we talk about it, educate people about it and address the actualities of mental health and suicide, the more comfortable society and individuals suffering from mental health conditions are going to become with accessing the care they need. Most citizens can identify somebody experiencing a heart attack. People who have a heart attack know they must seek medical treatment. Now it is time for people to recognize the five signs of mental distress and to know when to seek help.

This is why VFW Posts throughout the world have hosted nearly 300 events in the past two years in partnership with the Campaign to Change Direction. Many of these Posts partnered with VA, Given an Hour providers and Walgreen pharmacies to ensure their communities know about the resources available to veterans and family members suffering from mental health conditions. Now they know to identify the five signs of mental distress: personality change, agitation, withdrawn behavior, poor self-care and feelings of hopelessness.

This past year VA released the most extensive study ever conducted on veteran suicide. This study was possible thanks to interagency cooperation and the necessity for VA, the Department of Defense (DOD) and more than 30 states to fully understand the details such as who is more at risk, how many veterans are dying by suicide and where these veterans reside.

The study found that on average, twenty veterans die by suicide each day, yet only six out of these twenty use VA health care. To the surprise of many, 65 percent of veterans who die from suicide are 50 years old or older. Additionally, the risk for suicide in the female veteran population is 2.4 times higher when compared to their civilian counterparts. While these numbers are all alarming, they are also incredibly insightful for purposes of helping Congress and VA work toward eliminating this current plague of suicide in the veteran population.

This summer, VA released a more thorough analysis of last year's study. This analysis focused on the data broken down at a state level. With the national veteran

suicide rate being 38.4, the state of Ohio is doing better than the national average at 32.1, but is not a statistically significant difference. In 2014, 244 veterans died by suicide in the state of Ohio.

In order to eliminate veteran suicides, VA must increase access to competent mental health care that is individualized to the patient. While the data shows VA mental health care is making a positive impact on those who use it, there is still room for improvement. More studies must be conducted to find more innovative ways to treat mental health conditions. VA has conducted research pertaining to areas such as service animals and emerging technologies, but other therapeutic alternatives, such as medicinal marijuana, need to be studied.

The VFW continues to hear from veterans that VA needs to hire more mental health care providers. This shortage of providers has been continually highlighted by Government Accountability Office and VA Office of Inspector General (OIG) reports in past years. Specifically, the VAOIG's yearly determination of occupational staffing shortages across the VA health care system has placed psychologists among the top five VA health care professions' staffing shortages. This is due in large part to a general lack of mental health care professionals in the United States.

But we must not forget about the importance of public-private partnerships. Providing veterans with resources such as Ohio's Star Providers is absolutely crucial in addressing needs for veterans who may not trust VA or be able to access the care they need and want in a timely manner.

Whether PTSD or any other mental health conditions stem from combat in Afghanistan or rape, veterans deserve the treatments that work best for them. Yet, VA struggles to arrange group therapy sessions for sexual trauma survivors, simply due to the lack of patients willing to partake in group therapy. Though there may only be one, two or three veterans wanting group therapy, it does not mean they should be denied access or placed in uncomfortable group therapy sessions. That is why the VFW supports expanding VA's telemedicine authorities to ensure sexual assault patients within VA have the opportunity to talk comfortably in a virtual group setting of people who endured the same traumas.

*Women Veterans:* Women veterans are the fastest growing population within the military and veteran community. There are currently two million female veterans, with nearly 68,000 of them in Ohio. Of the women who have served in Iraq and Afghanistan, more than 160 of them have paid the ultimate sacrifice and, as of 2016, women servicemembers are able to serve in any career field they desire. Now more than ever, as their population and roles in the military continue to increase, it is important VA and Congress address their gender-specific needs.

There are certain gender-specific needs for both men and women. Our Nation's women veterans are younger than the average male veteran. They are more likely to have served in Gulf War or Post-9/11 eras than in previous conflicts. Women veterans are also more likely to come from diverse racial backgrounds. They are more likely to have a service-connected disability and are more likely to use VA health care when compared to their male counterparts.

VA reports that more than 447,000 women veterans used the VA health care system in fiscal year 2015, which is a 123 percent increase since fiscal year 2003. VA has worked to improve their gender-specific care for this population of veterans, but more work needs to be done. In 2016, the VFW conducted a survey of nearly 2,000 women veterans as a way to identify the most important issues they were facing in VA. Of those respondents, three percent were from Ohio. The most common feedback the VFW received from Ohio respondents was clear—increase the number and accessibility to gender-specific providers. With 58 percent of Ohio's women veterans using VA's gender-specific care, this concern must be addressed.

To make sure these issues are addressed, and the voices of women veterans are heard, the Ohio Department of Veterans Affairs hosts a quarterly women veteran's advisory committee meeting. The Committee also hosts a statewide conference every two years, which is open to all veterans and has seen turnouts of as many as 750 attendees.

This Committee has found that funding and outreach are the largest barriers for VA's gender-specific care in Ohio. When outreach is conducted to women, the outreach does not appear to the population as being targeted specifically toward them. The Committee commonly hears back that outreach to get women veterans into VA seems to be heavily reliant on electronic outreach and social media, when women veterans in Ohio report to the Committee that they would rather have face-to-face outreach conducted. This makes sense as 46 percent of VFW's survey respondents from Ohio were 55 or older. VA must ensure its outreach efforts are effective with all generations of women veterans.

Last, the Ohio committee has found recognition of women veterans within VA to be a continuing struggle. As one member put it, "Women are not as likely to have

on a ball hat or t-shirt that states she is a veteran.” Women veterans who use women’s clinics in Ohio VA medical facilities have reported an increase in recognition of their service, but for women not using women’s clinics there are still continuous battles. When a woman walks into a clinic there is no reason for VA staff to ask what her spouse’s information is—it should be assumed that she is a veteran.

*Oversight:* Earlier this year, a damning report was released by the VA Office of Inspector General concerning the Louis Stokes Cleveland VA Medical Center (VAMC). The report identified discrepancies regarding patient safety, environmental cleanliness, and VAMC staff training related to disruptive and violent behavior, just to name a few. Even more reprehensible was that the report concludes by stating that the VAOIG was not confident that the facility employees were properly trained; that clinicians were effectively monitoring patients receiving high-risk medications, such as anticoagulants; nor that patient equipment was clean.

To be frank, this is beyond unsatisfactory. A facility with a yearly budget of approximately \$1B which serves more than 110,000 veterans per year should not have untrained staff and dirty equipment.

Since 2014, VA has told us the situation is improving, but to the veterans’ community, this is not good enough. VA’s obligation is to provide our veterans with the best health care our Nation has to offer. This investigation only adds to the hundreds of concerns we heard from veterans at VA facilities from coast to coast over the past three years.

In light of these findings, we must reject any urge to paint Veterans Health Administration (VHA) as an overall failure that should be abandoned in exchange for privatized care. If the system is failing, it is the duty of the leadership to fix it. While this task at one time was daunting and yielded little in the way of results, thanks to the recent passage of the Department of Veterans Affairs Accountability and Whistleblower Protection Act, leaders now are empowered to hold underperforming employees accountable, regardless of seniority.

*Appeals Modernization:* Currently, Ohio is home to 769,267 veterans of which 470,192 are receiving VA benefits in some form or another. An all-out push by the Veterans Benefits Administration (VBA) in the past few years has reduced the disability compensation and pension workload by more than 164,000 claims. In doing so, VBA continued to define its “workload” and “backlog” as only initial disability and pension claims, diverting nearly all its people to working on those cases.

As a result, the significant backlog reduction came at the expense of more difficult work. Appeals soared by more than 28,000 during this period, bringing the total number of appeals pending to more than 300,000. Appeals continue to average more than three years before the Board of Veterans Appeals makes its first decision. Initial pension claims continue to rise, and disability claims with eight or more conditions remain unreasonably high at nearly 43,000. Pending dependency claims remain unreasonably high at over 231,000—up from 40,000 just a few years ago.

In 2015 alone, the Cleveland VA Regional Office processed 32,187 claims. Since the first discussions on appeals reform with VA, the VFW has been very clear that any changes to the system must be coupled with aggressive initiatives to adjudicate legacy appeals in a timely manner through both legislative authority and proper resourcing.

While VFW applauds Congress for passing S. 1024, the Veterans Appeals Improvement and Modernization Act of 2017, we have significant concerns with regard to how VA intends to implement these prescribed changes by way of the Rapid Appeals Modernization Program. Furthermore, the VFW urges Congress and VA to properly resource VBA and the Board of Veterans Appeals to ensure they are able to timely adjudicate appeals from veterans who do not opt into the new appeals process, and the potential influx of supplemental claims and higher level review requests at VA Regional Offices. VA must be empowered to manage its workload if the new framework to expected to succeed.

*Forever G.I. Bill:* The VFW would like to thank this Committee for its hard work and dedication on the swift passage of the Forever G.I. Bill, which will make a difference for countless veterans in Ohio and throughout the country. Specifically, we would like to thank Senator Brown for his continued push to ensure survivors who use the Marine Gunnery Sergeant John D. Fry Scholarship can achieve their educational goals without accruing large student loan debts. The VFW is particularly proud that the G.I. Bill is now a lifetime benefit. Veterans who were discharged after 2013 no longer have to worry about an expiration date for their G.I. Bill benefits. This rightfully recognizes that many transitioning servicemembers do not need to use their G.I. Bill benefits immediately after separating from military service. The VFW will closely monitor the implementation of the Forever G.I. Bill to ensure veterans are aware of their expanded educational benefits and ensure VA meets its obligations to America’s student veterans.

*Overpayments:* With more than 187,000 overpayment notices being sent to veterans nationwide in the past year alone, one would hope that VA would not only be prepared to share the most precise information that triggered the notice in the first place, but also be prepared to assist the veteran in a timely fashion. Sadly, this is not the case.

In the past year, the VFW's National Veterans Service (NVS) has directly assisted more than 200 veterans who have experienced issues stemming from overpayments. According to our estimates, about 60 percent of the cases where NVS has intervened have resulted in the veteran being granted either partial or full relief from the debt from VA's Debt Management Center.

In our experience, we have found that legitimate overpayments most often occur with G.I. Bill benefits when a veteran's enrollment status changes at his or her college. If a student decides that they are having a difficult time meeting their educational obligations and chooses to switch to part-time, it is the responsibility of the school, not the student, to notify VA. In the event that the school fails to notify VA of the change in status, the veteran will continue to receive the full living stipend and the school will continue to be paid the full-time rate for tuition.

Once the error is noticed, VA will send an ambiguously worded notification of overpayment, which also provides options for repayment. If the veteran is unable to contact VA to establish that the debt is erroneous, make a repayment in a timely manner, or enter into a payment agreement with VA, their debt is sent to collections and VA will garnish payments from their disability compensation benefits until the debt is satisfied.

The VFW understands that overpayments must be recouped in order for benefit programs to work efficiently. However, it is important to state that not only must debt notices be clear and provide the proper information regarding what steps veterans need to take in order to resolve any outstanding debts as soon as possible; but it is also imperative that these notices actually reach the veterans in the first place.

That is why the VFW fully supports H.R. 3705, the Veterans Fair Debt Notice Act of 2017, which directs VA to require that certified mail be used to send a veteran any debt demand or debt information notification concerning collection of debts resulting from the veteran's participation in a VA benefit or home loan program. This piece of legislation passed the House earlier this month and we urge a swift passage by the Senate.

*Sequestration:* Ending sequestration has been a top priority for the VFW since it was created by the Budget Control Act of 2011, which set spending caps for the Federal budget through fiscal year 2022 and included a provision to activate automatic cuts if such spending caps are exceeded. As a result, VA and DOD are forced to work within the confines of spending caps that were set more than six years ago which fail to account for increased demand for VA benefits and services, or for the costs required to man and equip a force capable of deterring and defeating emerging global threats. While Congress has negotiated temporary deals in the past to avoid the dangerous cuts, the issue of sequestration has not been addressed and continues to impact the resources afforded to DOD and VA.

Compounding the problem is Congress' increasing reliance on continuing resolutions (CRs) to fund the government. CRs bring instability and uncertainty into the funding process by limiting long-term decisionmaking, preventing new acquisitions and constraining spending to predetermined category levels. For DOD, this means canceled training, penalties on contracts, delayed maintenance on weapons systems, lack of equipment, cuts to quality of life programs, longer deployments, wear on materials, and an overall decreased readiness status.

In my travels across the country and the world, I have seen firsthand the impact sequestration is having on our troops stationed overseas. Pilots barely fly enough hours to maintain their certifications and troops lack the training needed to combat the ever-increasing threats to our national security. The effect mandatory sequestration will have on recruiting and retention, when combined with better job opportunities in a healthy civilian market, could jeopardize the continued viability of the all-volunteer force. For example, the Army Reserve has nearly 5,800 soldiers and more than 2,600 civilians employed (DOD and non-DOD combined) in Ohio. It is projected that sequestration has an impact of \$16.7 million for fiscal year 2018 just in Ohio as it relates to the Army Reserve.

What this means for veterans is that the resources VA is given to care for our Nation's veterans has increased in past years, but outdated and arbitrary budget caps on Federal discretionary spending have prevented budget increases from keeping pace with the growing demand on the VA health care system. Budget caps have forced VA to request less resources than needed to accomplish its mission and re-

quired Congress to provide VA less resources than it has requested, which hinders VA's ability to meet its obligation to our Nation's veterans.

Until now, VA has been exempt from sequestration, but no one said that will be the case in the future since nearly half of VA's budget comes through the discretionary process. Despite recent legislative victories, sequestration could dramatically affect VA's ability to reduce the claims backlog or improve hospital infrastructure that is already in rapid decline, potentially diminishing access and timeliness of care. Additionally, programs that have not been exempt from sequestration would have a direct impact on our Nation's veterans, such as services the Department of Labor-VETS provides for veterans seeking employment, as well as the number and size of housing grants that the Department of Housing and Urban Development would have available for homeless veterans.

*Blue Water Navy:* When asking my fellow Ohio veterans what issues are important to them, one that continued to come up is the frustration with continued inaction to provide Blue Water Navy veterans the benefits they deserve. The VFW strongly supports S. 422, the Blue Water Navy Vietnam Veterans Act of 2017, which would expand disability compensation benefits to veterans who were exposed to Agent Orange while serving in the territorial seas of the Republic of Vietnam in support of ground operations during the Vietnam War.

Currently, VA relies on what the Court of Appeals for Veterans Claims has called an "arbitrary and capricious" interpretation of inland waterways, which unjustly denies veterans who served aboard ships in the coastal waters of Vietnam the benefits they deserve. The VFW calls on Congress to swiftly pass the Blue Water Navy Vietnam Veterans Act of 2017. However, we recognize the position that Congress is in concerning the cost of this legislation. To help move this issue forward, the VFW has written a letter to President Trump asking him to change the regulations associated with Title 38 of the United States Code. Doing so would alleviate the need for congressional action or reduce the cost associated with the passage of S. 422. The VFW call on this Committee to move this important bill as soon as possible.

*Burn Pits:* The use of open air burn pits in combat zones has caused invisible but grave health complications for many servicemembers, past and present. Particulate matter, polycyclic aromatic hydrocarbons, volatile organic compounds and dioxins—the destructive compound found in Agent Orange—and other harmful materials are all present in burn pits, creating clouds of hazardous chemical compounds that are unavoidable to those in close proximity.

The VFW is glad to see that nearly 100,000 veterans have enrolled in VA's burn pit registry. The VFW is also anxiously awaiting the results of the National Academies of Science's study on the burn pit registry which will serve to determine whether veterans exposed to airborne hazards from burn pits experience certain pulmonary conditions. The VFW urges VA and Congress to act swiftly on recommendations from this important study.

VA must also take measures to improve the Airborne Hazards and Open Burn Pits Registry. For example, a similar registry operated by Burn Pit 360 allows the spouse or next of kin of registered veterans to report the cause of death for veterans. VA must add a similar feature to its registry to ensure VA is able to track trends. Other improvements include streamlining the registration process, updating duty locations, and eliminating technical glitches to ensure veterans are able to register.

While the VFW is glad to see VA has commissioned independent research on the burn pit registry, more independent research is necessary. That is why the VFW supports funding for research through the Congressional Directed Medical Research Program (CDMRP) specifically for burn pit related conditions. The CDMRP for Gulf War Illness has shown some progress in identifying causes, effective treatments and biomarkers for Gulf War Illness, and the VFW is confident that similar research for burn pits will help veterans finally determine whether their exposure to burn pits during combat is associated with their negative health care outcomes.

Senator BROWN. It is an honor to have the national Commander-in-Chief of VFW, and thank you especially for your comments about the stigma of mental health. That issue is so important, and women veterans, and veteran student debt. Thank you.

Next, we would like to hear from Melissa Twine.

Ms. Twine, thank you for joining us.

#### **STATEMENT OF MELISSA TWINE, VETERAN, BATAVIA, OH**

Ms. TWINE. First, I would like to thank Senator Brown for inviting me to participate in today's hearing, sharing my experiences

with the Veterans' departments here in Ohio, both in Cincinnati and in Dayton, where my husband is buried.

There is nothing more important than gaining insight from customers—in this case, the actual veterans. Having State or regional hearings to gain this valuable information can only lead to the betterment of the entire VA program, from educational services, health care access, and all entities in between. In addition, these hearings afford a collaborative bridge between the veterans and their lawmakers.

A little about myself: I was a military brat and brought up in the military way of life, as my father was retired Air Force and a Vietnam veteran. When I was 17, I entered the U.S. Air Force and served for 10 years. I separated from the Air Force in 1998 with the label of a disabled veteran with 40 percent service connection.

My husband, who was Active Duty Air Force, died at Langley Air Force Base in August 2002. I then gained a new label of a surviving spouse, a military widow, and a Gold Star wife. Our fourth child arrived 3 weeks later, and I moved myself and all four children home to Ohio to the Cincinnati area.

I have been an advocate in supporting the initiatives brought forth by Senator Brown and many others for increasing survivors benefits via the VA's Forever G.I. Bill in conjunction with the Fry Scholarship for surviving spouses, and I hope to go back to school to continue my education, which was halted when I became a widow raising four children alone.

Regarding access to the VA health care here in Ohio, I personally try to avoid the VA system at all costs. When I did try to utilize the VA system several years ago, over 12 years ago, I experienced only hassle and frustration. I quickly learned that using my survivors benefits for TRICARE was much easier and allowed for many more options, even though it came with a higher monetary cost to myself and family. Any attempt to see a VA medical provider was met with long wait times and a run-around when attempting to get medications for my diabetes, high blood pressure, and high cholesterol. When I did get an appointment, I waited a long time through a confusing process of lab testing and shuffling around through several hallways and departments.

Additionally, I have a very close friend that tried to get help for substance addiction last year, which is a huge issue here in Ohio, a former marine. He was put through a month-long process of three appointments to different departments and tons of paperwork only to be told he did not qualify in the VA program because his wife had insurance, so he would not qualify for VA help, something that could have been identified up front in the very first appointment and not have caused a delay in him obtaining treatment that he so desperately needed.

This only reiterated to me that avoiding the VA medical system was a no-brainer.

I will continue to assist in the fight for increased awareness in the VA medical system struggle, fairness for survivor benefits for all surviving family members, and increased availability to all veterans' benefits that we earned while serving our country.

Again, thank you for allowing me to appear here and testify today, and to achieve the previously mentioned topics.



Thank you, Senator Brown and Congresswoman Beatty, for inviting me to appear today; for all the work that you do and that your office does; for helping military families, military veterans, and surviving spouses.

[The prepared statement of Ms. Twine follows:]

PREPARED STATEMENT OF MELISSA M. TWINE, VETERAN, BATAVIA, OH

First, I would like to thank Sen. Brown for inviting me to participate in today's hearing by sharing my experiences with the VA departments here in Ohio, both in Cincinnati and in Dayton.

A little about myself: I was brought up in the military way of life, as my father retired from the USAF. When I was 17, I entered the USAF and served for 10 years. I separated from the AF in 1998 and am a Disabled Veteran of over 40% service related. My husband, who was ADAP died at Langley AFB, VA in Aug of 2002. I then gained a new title or label of a Surviving Spouse. Our 4th child arrived 3 weeks after his death. I moved myself and all 4 children home to Ohio.

Before separating from the AF, I gained an Associate's Degree in Allied Health Sciences. I then returned to school at the University of Cincinnati, where I earned my Undergraduate Degree in Biology, pre-med while taking care of 3 children; my husband was sent overseas without the family during this timeframe, also serving a tour with the United Nations in the Western Sahara. The VA helped me achieve this degree from UC via the VocRehab Program for DAVs.

I have been an advocate in supporting the initiatives brought forth by Sen. Brown and many others for increasing Survivor's Benefits in Education via the VA's Fry Scholarship Program and hope to go back to school to continue my education that was halted when I became a widow raising 4 children alone.

Regarding access to VA Healthcare in Ohio, I personally try to avoid the VA system at all costs. When I did try to utilize the VA system several years ago, I experienced only hassle and frustration. I quickly learned that using my Survivor's benefits for TRICARE was much easier and allowed for many more options, even though it came with a higher monetary cost to myself. Any attempt to see the VA medical provider was met with long wait times and a run-around when attempting to get medications for Diabetes, Hypertension, and high cholesterol. When I did get an appointment, I waited for a long time through a confusing process of lab testing and shuffling around through several hallways and departments ... all the while being handed donuts and coffee from a push cart by volunteers ... not exactly what Diabetics and patients with heart disease should be eating!

I have a very close friend that tried to get help for substance addiction last year; a former Marine. He was put through a month-long process of 3 appointments to different departments and tons of paperwork only to be told that because his wife had insurance, he did not qualify for VA help ... something that could have been identified up front and not have caused a delay in him obtaining treatment he so desperately needed. This reiterated to me that avoiding the VA Medical system is a no-brainer.

I will continue to assist in the fight for:

- increased awareness in the VA Medical System struggle
- fairness in Survivor Benefits for all Surviving Family Members
- and increased availability to all Veterans benefits that we earned while serving our country

Again, thank you for allowing me to appear and testify today to help achieve the previously mentioned topics. Thank you, Sen. Brown, for inviting me to appear today and for all of the work that you and your office does to help the military and their families.

Senator BROWN. Thank you, Ms. Twine. Thank you for your testimony. [Applause.]

Thank you for pointing out to us what happens with benefits expiring. It is ideas like that that come from veterans in places like Batavia that really help me do this job. Thank you so much for that.

Mr. Powers, welcome. We would love to hear your testimony.

**STATEMENT OF JAMES POWERS, VETERAN, MASSILLON, OH**

Mr. POWERS. Thank you, Senator. Let me begin by thanking yourself and this Committee for an invitation to testify regarding topics concerning veterans.

Of the over 850,000, of course, 8 percent of the State's population, the sixth most here nationally, veterans here in Ohio, and over 20 million nationally, this Committee has given me, of all people, the opportunity to give testimony regarding veteran issues.

I personally view this as a great honor but also a great responsibility to tell my story and to be a voice for veterans that need to be heard.

Senator BROWN. Take your time.

Mr. POWERS. My name is James Powers. I served in the U.S. Army and the Ohio Army National Guard for a combined 12 years. I deployed in support of Operation Iraqi Freedom in 2009 to 2010. During my career, I served as an infantryman, an instructor, and a recruiter. I achieved the rank of sergeant E-5. And I, like any good soldier, held our creeds, our oaths, our ethos sacred and served to the best of my abilities.

During my service, I, like over 3.8 million other veterans, became injured. The majority of my injuries I sustained over my military career, they are not easily visible, but one of them almost cost me my life, PTSD.

When I came home from Iraq in 2010, my transition, like many others, did not go well. My life for the next 4 years slowly spiraled out of control. It was like quicksand. The more I tried to fix it, the worse things got.

I let it consume everything, my livelihood, my military career, relationships, and my overall well-being. I turned to drugs and alcohol. I would do anything to numb what I still today trouble to describe until, finally, on a Tuesday morning in May 2014, when I had no other choice, I thought, put a pistol in my mouth and pulled the trigger. Click. A misfire occurred. I had improperly loaded a pistol that I had loaded and unloaded millions of times in my career because of how drunk I was.

Fortunately, for me in that moment, something else clicked in my mind and I said something is not right. This is not you. Three and a half years later, I sit here before this Committee.

It has been a bumpy road, to say the least. I completed an intensive 10-week residential treatment program. Had it not been for the PTSD substance use disorder residential treatment program at the Wade Park VA, I do not think I would be here to testify today. That program and the providers involved should serve as the standard of care for veterans with mental health issues, especially PTSD.

It is unfortunate that VA funding and availability for programs like this are next to none.

I have had to learn the art of finding a parking spot at overcrowded VA facilities. I have gotten used to going back and forth with the VA about trying to double collect on a debt. I got to experience the Integrated Disability Evaluation System. I spent 9 months at the Warrior Transition Unit in Fort Knox, Kentucky, for that. At least it seemed more efficient to me than the VA's traditional claim processing.

I finally got the torn ligament in my wrist repaired. It only took 5 years from when I originally presented with pain.

I continued to try things to ease the chronic pain in my left foot during that time, too. I drove 6 hours back home on the weekends, as my wife was expecting our now 2-year-old son.

Finally, in February 2016, my military career ended, and I was medically discharged retired. Since then, I keep to myself. I am Sergeant Powers turned Mr. Mom to my little man Connor and my soon-to-be-little dude Luke.

I strive to be a good husband to my wife, Shannon. She keeps me grounded and coolheaded. I only wish that the VA would do a better job with the caregiver program. At times, too, she has questioned the VA's shortcomings, which at least helps me feel validated my issues and not that I am just losing my mind.

She was even understanding and simply said, "Drive safe and call me when you get there," when I made the spur-of-the-moment decision and drove all the way to D.C. in July to see my elected officials about the congressional inquiry that the VA seemed to be stalling on. To my luck, Senator Brown and his staff were able to finally get answers about a grossly inaccurate \$11,000 VA overpayment debt. The VA's eventual response was that the debt was miscalculated due to a "manual processing system failing to properly communicate with an automated system." If you ask me, it sounds like a fancy way of saying human error.

I just keep my routines, and I try to stay mindful. I still struggle daily, but not nearly what I used to. For that, I am happy.

I surround myself with a small group of veterans, some that I have known since childhood, others that I have had the pleasure of meeting along the way in my life. Two of them, fortunately, join me here today. We look out for each other just like we did in the service, covering each other's six. I think I did this for them just as much as for myself.

I have been prescribed medications over the years, at times three-to-five medications, some requiring routine lab work, some that would be to counteract side effects of the other medications, which cause new side effects. I began to feel like the VA doctrine was increase the dosage or increase the number of medications, and that will fix any problem.

All of this became too much for me. I finally broke down and turned to medical marijuana. I figured that it cannot be any worse than all the pills. For the last 10 months, I have been using it. I only hope the Federal Government might change the law and see the medical benefits of marijuana, like the 29 States that have medical marijuana programs in place. I have no adverse side effects, and I feel the combination of therapy has been far greater managing my symptoms than the traditional medication regimens that the VA prescribes.

Some things that I and veterans all across this country would like for this Committee to think about: Tonight, when we go to sleep, around 40,000 veterans will go to bed homeless. Men and women this great Nation of ours hold in such high regard for the selfless service are being lost to suicide at a rate of 22 per day. That is 18.5 percent of all daily suicides. Thirty-plus day wait times are still happening for appointments. Female veterans, who

account for 10 percent, about 2 million, as has been said here today, of all veterans, still struggle to get access to women's health services. The VA is still unable to provide the same quality of care that is available in the private sector. Evening and weekend primary mental health care appointments, and access to the urgent, convenient, and emergency services, are next to nonexistent. Claims are still taking too long for initial processing, being improperly processed, and taking even longer to be reviewed in the appeals process. Automated phone systems and Web services are helpful, but still need improvement. How hard would it be to ensure all needed phone extensions are available online when you pull up a VA facility, or printing the extension on the appointment reminder when you need to reschedule? The Choice Program concept is great; however, implementation and execution of it were ill-conceived and lackluster. Disability claims and issues regarding burn pit exposure are beginning to seem just like Vietnam veterans who are still fighting about Agent Orange.

This list is far from inclusive, not to mention these things are far from anything new. These issues continue to be echoed by veterans of all generations.

If this Committee really wants to know about the issues that are facing veterans, it is not hard. Go back to your homestates, walk in the nearest VA facility, and ask the nearest veteran. Talk to 20 percent of your States law enforcement and first responders who are veterans. Walk into a VFW and American Legion or AMVETS post. Heck, talk amongst yourselves. Twenty percent of politicians are veterans. Get on social media. Listen to the veterans' organizations in D.C. who represent us.

Now, I know that only so much can come from my testimony here today. I know this will not be the turning point in the care of this Nation's veterans. Effective change and progress do not happen overnight. I more than anything hope this testimony and any results it produces helps even one veteran. This is my measure of success: that my words have not fallen on deaf ears and blind eyes, that this Committee has been reminded of how big of a responsibility they have in ensuring this country's veterans are not forgotten.

[The prepared statement of Mr. Powers follows:]

PREPARED STATEMENT OF JAMES POWERS, U.S. ARMY AND  
OHIO ARMY NATIONAL GUARD (RET.)

Let me begin by thanking both Senator Brown and this Committee for the invitation to testify regarding topics concerning veterans.

Of the over 850,000+ (8% of population 6th most nationally) veterans here in Ohio and over 20 million nationally, this Committee is giving ME the opportunity to give testimony regarding veteran issues. I personally view this as a great honor but an even greater responsibility. To tell my story and to be a voice of veterans that need to be heard.

My name is James Powers. I served in the U.S Army and Ohio Army National Guard for a combined 12 years. I deployed in support of Operation Iraqi Freedom in 2009-2010. During my career I served as an Infantryman, Instructor, and Recruiter. I achieved the rank of SGT/E5. I, like any good soldier, held our creeds, oaths, and ethos sacred and served to the best of my abilities. During my service I, like over 3.8 million other veterans, became injured.

The majority of my injuries I sustained over my military career are not easily visible. But one has almost cost me my life. PTSD. When I came home from Iraq in 2010 my transition back didn't go well. My life for the next 4 years slowly spiraled out of control. It was like quicksand. The more I tried to fix what was wrong the

worse I made things. I let it consume everything. My livelihood, military career, relationships, and my overall well-being. I turned to alcohol and drugs. I would do anything to numb what I still to this day find trouble describing. Until finally on a Tuesday morning in May 2014 when I felt I had no other choice but to put my pistol in my mouth and pull the trigger. CLICK! A misfire occurred, I had improperly loaded the pistol because of how drunk I was. Fortune for me in that moment something else "clicked" in my mind and said "something isn't right, this isn't you."

Three-½ years later and here I sit before this Committee. It has been a bumpy road to say the least. I completed an intensive 10 week residential treatment program. Had it not been for the PTSD/SUD residential treatment program at the Wade Park VA Medical Center I don't think I would be here to testify before you today. That program and the providers involved should serve as the standard of care for veterans with mental health problems especially PTSD. It is unfortunate that VA funding and availability for programs like this one are next to none. I have learned the art of finding a parking spot at crowded VA facilities. I have gotten used to going back and forth with the VA about them trying to double collect on a debt. Got to experience the Integrated Disability Evaluation System (IDES) process. Spent 9 months at the Warrior Transition unit in Fort Knox, KY for that. At least it seemed more efficient than traditional VA claim processing. I finally got the torn ligament in my wrist repaired. Only took 5 years from when I originally presented with pain. I continued to try things to ease the chronic pain in my left foot during that time too. I drove 6 hours back home on the weekends as my wife was expecting our now almost 2 year old son. But finally my military career ended when I was medically discharged/ retired in February 2016.

Since then I keep to myself. I'm SGT Powers turned Mr. Mom to my little man Connor and soon to be little dude Luke who is expected to join us in February. I strive to be a good husband to my wife Shanon. She keeps me grounded and cool headed. I only wish that the VA would do a better job with the caregiver program. At times she too has questioned the VA shortcomings, which at least helps me feel valid in my issues and it not be me just losing my mind. She even was understanding simply saying "drive safe and call me when you get there" when I made the spur of the moment decision and drove all the way to D.C. in July to see my elected officials about a Congressional Inquiry that the VA seemed to be stalling on responding to. To my luck Senator Brown and his staff were able to help finally get answers about a grossly inaccurate \$11,000 VA overpayment debt. The VA's eventual response was that the debt was "miscalculated" due to a "manual processing system failing to properly communicate with an automated system." If you ask me it sounds like a fancy way to say human error. I keep routines so to help me stay mindful. I still struggle daily. But not nearly what I used to and for that I am happy.

I surround myself with a small group of veterans. Some that I have known since childhood and others I have had the pleasure to meet along the course of my life. We look out for each other. We know each other's signs and symptoms. Many times they are just like our own. Just like in the service we are covering each other's six o'clock. I think I agreed to this for them more than for myself.

I have been prescribed medication over the years. At times being on 3-5 medications. Some requiring routine lab work. Some that would be to counteract side effects of other medications while causing new side effects. It began to feel as if VA doctrine was increased dosage or increase number of medications that will fix any problem. All of this became too much for me. I ended up turning to medical marijuana. I figured it can't be any worse than all of the pills. For the last 10 months I have been using it. I only hope the Federal Government might change the law and see the medical benefits of marijuana like the 29 states that have medical marijuana programs. I have no adverse side effects and feel with in combination with therapy has been far better at managing my symptoms than with traditional medication regimens.

Some things that I and veterans all across this country would like for this Committee to think about:

- Tonight when we all go to sleep, around 40,000 veterans will go to bed homeless.
- Men and women this great nation of ours holds to such high regard for their selfless service are being lost to suicide at a rate of 22 a day (18.5% of all daily suicides). 30+ day wait times are still happening for appointments.
- Female veterans who account for 10 percent (about 10 million) of all veterans still struggle to get access to Women's Health services. The VA is still unable to provide the same quality of care that is available in the private sector.
- Evening and weekend primary or mental health care appointments, Access to urgent, convenience, and emergency services are next to nonexistent.

- Claims are still taking too long for initial processing, being improperly processed, and taking even longer to be reviewed in the appeals process. Automated phone systems and web services are helpful but still need improvement. Like how hard would it be to ensure all needed phone extensions are available online when you pull up a VA Facility. Or printing the extension on an Appointment reminder should we need to call and reschedule.

- The CHOICE program conception is great. However implementation and execution of it were ill conceived and lack luster.

- Disability claims/issues with Burn pit exposure are beginning to seem just like Vietnam veterans who are still fighting about Agent Orange.

This list is far from being all inclusive. Not to mention these things are far from anything new. These issues continue to be echoed by veterans.

If this Committee really wants to know about the issues that are facing veterans it's not hard. Go back to your home state's, walk into the nearest VA facility and ask the nearest veteran. Talk to the 20% of your state's law enforcement and first responders that are veterans. Walk into a VFW, American Legion, or AMVETS post. Heck talk amongst yourselves. 20% of politicians are veterans. Get on social media. Listen to the veterans organizations in DC who represent us.

Now I know that only so much can really come from my testimony here today. I know this won't be the turning point in the care of this Nation's veterans. Effective change and progress don't happen overnight. I more than anything hope this testimony and any results it produces helps even 1 veteran. That is my measure of success. That my words haven't fallen on deaf ears and blind eyes. That this Committee has been reminded of just how big of a responsibility they have in ensuring this country's veterans are never forgotten.

Senator BROWN. Thank you, Mr. Powers.

Thank you for talking about transition. Your survival has meant a better life for a lot of veterans and especially, obviously, for Shannon, Connor, and soon, I understand, for Luke.

Mr. POWERS. Super Bowl Sunday—I only hope that it is slightly before kickoff. [Laughter.]

Senator BROWN. I assume you do not expect the Browns or the Bengals to be in that game either. Just guessing. Just guessing.

Mr. POWERS. I am expecting to be at the—parade.

Senator BROWN. Yes, since where you come from, there is a tradition in your city, isn't there, in Massillon, OH?

Mr. POWERS. In Massillon, of course, football is everything down there. They are getting ready to play in the State semifinals against another team, but if they win, unfortunately, they will be losing to my alma mater—

Senator BROWN. Glad you pointed that out. Thank you.

Also, I want to recognize two people: Mike Dustman from Senator Portman's office and Luke Crumley from Congressman Tiberi's office. Thank you for joining us also.

I want to start with the two of you, Mr. Powers and Ms. Twine. I want to read you—we asked earlier, a couple weeks ago, in anticipation of this hearing, just for veterans to go on [Brown.Senate.gov](http://Brown.Senate.gov), go on my Web site and give us thoughts, ideas, and questions. I want to just read you a few kind of random thoughts from about a half dozen different veterans, and I would like you to listen to these statements. Then, starting with you, Ms. Twine, tell me what you think.

Just react in any way you want, in terms of: is the VA doing what it should? What about our obligation? Just any kind of thoughts you have on any of these statements. I will just read the half dozen of them.

“It was very hard to come from killing in a jungle to adjusting into life. The demons never go away.”

"It was a long time ago, but I remember it as being OK."

"Difficult. I was medically discharged, felt like I wasn't given enough guidance on what to do next, especially with the disability."

"I went from Active Duty to Reserves then civilian completely, so not too bad."

"Several employers told me I just wasted 8 years of my life due to PTSD. I had many altercations with strangers. I once hit my wife when she bent over me while I was sleeping. I still sleep with a spotlight and a gun."

"It sucked. While no one would come out and say it, no one would hire a vet or even someone that was on drill status. I was unemployed for a bit over 2 years because of this." And,

"I am still in transition in some ways. It will never leave you."

Ms. Twine, any thoughts about any of that?

Ms. TWINE. I think it is very representative of the veterans of today. What you just said speaks to 80 percent of veterans who were having issues and problems, not only transitioning but also with continued care, while 10 to 20 percent say, "I served my time. I'm OK. I don't need any other services." So, I think those are absolutely very representative of what we are seeing today.

Senator BROWN. If I could follow up, how many of those, you just said 20 percent who come back do not need to use services. I hear so many stories in part from what the two gentlemen here said of soldiers that come back: they do not know, Mr. Tansill, they do not know the veterans service organization, the veterans service office, the commissioners in Delaware or Newark or Circleville. They do not get in touch with anybody. Then their sister calls and says, "My brother is having problems." They came back without needing anything. How often do you hear that?

Ms. TWINE. I hear it all the time. I was just explaining to him earlier that I had never been approached by any of the veterans organizations except the Gold Star Wives organization.

Senator BROWN. Even though you are a veteran yourself.

Ms. TWINE. I am a veteran, and I live in Clermont County, which tends to be one of the highest counties in the State of Ohio for loss of veterans. I have not been approached by VFW, the VA, Disabled American Veterans, other than for a donation when I leave Sam's Club. I have not been approached by The American Legion, any of those organizations.

I absolutely agree that there is a huge disconnect in communication. In fact, it took them 1.5 years to find me to give me more benefits from the changing of life insurance for my husband after he died, and I go to Wright-Patterson all the time. But, because Langley could not connect with Wright-Patterson to know anything, I was in a hole.

I agree. When I separated from the service, I was a captain's wife. I went back to school. I did what I needed to do. I did not need any services from the VA at that point—until my husband died, until I got a letter from the VA saying you have a primary care provider. It may take you 6 months to see him, but here is your letter with who your PCP is.

I think it is a huge disconnect. There are veterans who are well-adjusted, do not need any services. But then, you have veterans that obviously need help and services and cannot get that access.

Senator BROWN. I would argue that Ohio is better served than many States because we have Mr. Tansill's previous job, we have a Franklin County Veteran Services office, and I believe half the States do not have that, more or less, something like that.

Mr. TANSILL. Senator, most States do not have a county-specific office. They may have people who work out in a county, but not a specific county office for every county.

Senator BROWN. Mr. Powers, those five or six statements I was reading, what comes to mind for you as you heard those?

Mr. POWERS. For me, those statements, I mean, they are nothing new. I have said them myself or have heard my friends say them.

Transition is rough. When it comes to the VA, I feel like you get the benefits book, which I call the VA bible. To try reading through that and understanding the programs and everything else, it is dry, it is bland, and if you can make it past 10 pages trying to find something in there, you are doing better than me.

You have that book, and that is about it. I mean, you try asking about programs from the VA, and it is, "Fill out a form," not information about the program or anything.

My wife did try doing the caregiver program, and it almost felt like they were more concerned with eliminating her for a caregiver's stipend, which we were not interested in, as opposed to really providing her with the support that she realistically needs to deal with my symptoms. I am not always the most pleasant person. Prior to today, in grocery shopping, the last time I went out and did something for myself was probably about a month ago.

I keep to myself. I have a small circle, which shouldn't be the case. Organizations, myself, personally, when I came home from Iraq, I was telling Colonel Tansill before this that I took my DD-214 and ran to the VFW like I was Charlie and I got the golden ticket to go to the chocolate factory. That is what the VFW was for me. That is what I thought it was going to be.

For the year that I was a quartermaster of a post up in Sandusky, it was an extension of being in the military, the brotherhood, the tribe, so to speak. There needs to be a continuity of that when you move from the service back into the civilian world, because if you spend even 3 years away from what you called home for the first 18 years of your life, you come home and everybody has changed, but you still feel like the same person. I mean, kids get older, you lose friends, friends move away. What was once your life is not anymore, and now you are trying to jump right back into it.

We need to ensure that the availability is there for us to connect. Some of the veterans' service organizations, they do fantastic work both in their communities and nationally, but their active ranks, they are aging and declining, unfortunately. The younger generations are not coming in.

I get it, to some extent. I mean, reaching out to a whole different generation of veterans, it is different every time. It was different for World War II veterans who were welcomed home with parades, and different for Vietnam veterans who were welcomed home to



protest. We have to find a way, both as veterans and veterans' organizations, of how to stay connected to the guy to the right and the guy to the left, and look out for each other.

Also, Congress and this country needs to step up and have real-world solutions for looking out for us, because I know when I served, and everyone that I have known, that I have had the pleasure of knowing, who has served, we served this country no questions asked. We took oaths that still to this day I can recite it verbatim, and most still probably can, too. It is time for this country to be reminded that we are here, and we are equals, and sometimes we need help.

Some of us do not. Some of us always land on her feet. But, even when you land on your feet enough, you are liable to break a leg. It happens.

It is time for the transition to be eased.

Senator BROWN. Thank you, Mr. Powers.

Mr. Tansill, Mr. Powers mentioned one of the challenges is employment, obviously. Employment is difficult for a whole lot of reasons, coming back, obviously, in civilian life. Talk to us about your role now, what you see now and what you saw when you were in Franklin County. Talk about the specific challenges that veterans face, particularly newly returned veterans, about employment.

Maybe give us a short, little scenario of what a veteran faces when looking for a job coming home, especially maybe if they were a medic in Iraq; they come back and they could maybe get certified a little quicker if they had done it right—we still have not done it quite right—to be a first responder, and those that do not have sort of a specific skill that translates, other than serving their country really well and being a good soldier.

Talk that through, if you would.

Mr. TANSILL. A couple of things, Senator.

First, the transition is the most difficult for a veteran when they come home, the first 120 days, typically, especially if they have a family, because they are assimilating back into what they had as a civilian life prior to that. That is a very critical time, the biggest transition. Just like if you move from one country to another, the first few months is a very difficult time.

The issue is no one knows they are coming back until they are here. They are actually home 3 months to 4 months before we actually know that they are home, so there is 3 or 4 months that they have not had any contact to get jobs because they do not know where to go.

Right now, we receive the DD-214s from DOD when they come home. The problem is the average length of time to receive those is 120 days. That means they have been home 120 days. That is the struggle they have to find out where they need to go for jobs.

One of the biggest problems—

Senator BROWN. What do they do for money in those 120 days?

Mr. TANSILL. Many of them have some terminal leave, so they have built up some leave and they are using it. For the most part, they go on unemployment, and DOD is paying them unemployment.

Senator BROWN. Unemployment, I assume, is never contested by the government, I hope?

Mr. TANSILL. I do not know the answer to that. I have not heard of anyone complaining.

Senator BROWN. Let me ask it this way. Do you know of men and women who have had trouble getting unemployment?

Mr. TANSILL. I personally do not. I personally do not.

Senator BROWN. OK. If any of you in the audience know, particularly those in veterans' service organizations like VFW, if you hear of those stories, you should always contact Congresswoman Beatty or me or Senator Portman. We will go to bat on that. That should never happen.

Go ahead. I am sorry.

Mr. TANSILL. There are many vets who come home and do not know what they want to do. They have served their country in whatever capacity, an infantryman or whether they were a medic. Many veterans come home and do not want to use those same skills. They want to get a different skill.

One of the things that has been really advantageous to veterans coming home to Ohio is our apprenticeship programs.

They come home. They do not want to be a medic anymore. They want to be a carpenter. The problem is they do not know about those programs until they are here a year because they have no visibility of those things while they are still on Active Duty transitioning back.

Senator BROWN. Are the union apprenticeship programs, if you decide you want to be a carpenter, you want to be a union carpenter, or you want to be a union electrician, and you go through the apprenticeship program being paid a decent wage while you are going through it—it is a several years' prospect, but you make a living doing it—newly returned veterans, how do they find out about those?

Mr. TANSILL. In the cases that I know of, they have heard it from a friend or a family member who is part of a union and tells them to go to that apprenticeship program.

Senator BROWN. Nothing more formal than that?

Mr. TANSILL. Nothing more formal than that.

Senator BROWN. There is a program Helmets to Hardhats.

Mr. TANSILL. There is a program.

Senator BROWN. But, that does not reach far enough that enough people know about it, I assume?

Mr. TANSILL. It does not. It is very difficult, again, when a veteran comes home, they are here for 120 days before most people know that they are here. That is a real challenge.

If the availability to reach them before they leave, let's say, Fort Sill, Oklahoma, to say, "Hey, we know you are coming home in 6 months. Here are all the educational opportunities. Here are all the job opportunities. If you go to Ohio, it means veterans jobs"——

Senator BROWN. Why are we not doing that?

Mr. TANSILL. We have no way of knowing that they are coming home, at this point.

Senator BROWN. Who is responsible? Is the DOD the problem? The local veterans' service commission, could they play a role? Why is this not happening?

Mr. TANSILL. Senator, we can all play a role. Right now, the communication needs to be greatly improved between the Department

of Defense, the branches of the military, and the States that these folks are returning to.

My counterparts and I across the country are looking for ways to reach out to the servicemember before they become our veteran, so we can help them understand what is available to them.

One of the common problems that we have is a veteran will come home, and most veterans go where? Back to mom and dad's or the same town that mom and dad lived in. Well, there may not be a lot of great jobs in the hometown. Yet, they have a skill set that they could have moved three towns over and utilized that skill set to get a job. But, they did not know that until they moved home, and now they are out of money, and now they are trying to figure out how to get a job.

Getting information to these folks before they come back to Ohio's borders is the best way to help them transition into their civilian life, not after they have been here 3 months to 4 months.

Senator BROWN. Thank you.

Commander Harman, Mr. Powers said, rightly, that veterans, soldiers, air men, sailors, and Marines coming home now may see a parade, while your era of veteran too often saw a protest.

Talk to us, if you would, about Agent Orange exposure, everything from Navy veterans to burn pit exposure in Iraq and Afghanistan, too, for that matter.

What steps should this Committee, this Congress, and the Administration take to improve the lives of veterans suffering from exposure to toxic materials?

Mr. HARMAN. Any veteran exposed to any type of toxin, whether it is burn pits, Agent Orange, radiation, or whatever, during their time of service must be given the benefits and care that they have earned. To deny those individuals that care and medical benefits forces them to incur sometimes insurmountable amounts of medical expenses to treat those illnesses and injuries.

We have heard reports of many veterans dying because they have been denied that particular benefit, again, which just amounts to a huge amount of huge expense incurred by that family when it should have been the government's responsibility to pay them for that disability or award them a disability rating due to that exposure to any toxin.

Senator BROWN. You have been an advocate. You would not be the national commander if you had not been an advocate for pretty much your whole life for veterans. You went through a period where government, because Congress did not respond quickly enough, where soldiers that developed cancer from Agent Orange in Vietnam in the 1990s were seeing that become more and more common. They had to go to the VA and prove it was connected to Agent Orange. Congress then responded, in the right way, and put those illnesses on a presumptive eligibility list, right?

Mr. HARMAN. Correct.

Senator BROWN. Is that list, I think most people here know that, but there is a list of, how many? Sixteen or 18, something like that, illnesses that are connected that are believed to have been contributed to or caused by Agent Orange, are now eligibilities for any soldier, sailor, air man, or Marine who put a foot on the ground that were on a ship that docked in Saigon or whatever.

That list, we have added some illnesses to it over time.

Mr. HARMAN. Correct.

Senator BROWN. Is that list up-to-date? First question.

Second question, does that list reflect Iraq and Afghanistan? Or is that list really just too reflective of Vietnam and not more recent history?

Mr. HARMAN. I think, for the most part, it is pretty much reflective of Vietnam and exposure to Agent Orange. There are some presumptive conditions as a result of burn pit exposure, and I know that Secretary Shulkin is looking at some potential new presumptive conditions due to exposure to Agent Orange and toxic exposure.

Senator BROWN. I would ask you, with your prestige and reach around the country, to update us as much as you can, and really you too, Mr. Tansill, and the two of you also, Ms. Twine and Mr. Powers. I mean, I think we are always looking to perfect this.

Mr. HARMAN. Sure.

Senator BROWN. We have not done that. But, when medical science connects an illness to an environmental condition like burn pits or Agent Orange, that Congress needs to know it and move quickly. Anything you know that you feed to us is really important.

Mr. HARMAN. I will have our Washington office be in touch with you.

Senator BROWN. Thank you, Commander.

Congresswoman Beatty for questions.

Ms. BEATTY. Thank you, Senator.

Let me say thank you to all our witnesses for your powerful testimony.

As I was sitting here, I had a list of questions, Senator, but I want to go to one that just came to me as I listened to the testimony. I guess it becomes a question that it seems like we are hearing a lot about the lack of access when there is a need, first, just maneuvering through getting access and then the timeliness of access.

Certainly, for all of us, whether you are a veteran or served in the military, when you are in crises, you need quick intervention. I guess the question becomes, maybe Mr. Tansill, or even to us, are there exit plans? Are there counseling sessions, exit plans?

I am thinking about the biggest thing young folks do today if they are not going into the military, let's say they are going to college. In addition to having their commanders who are their professors and who are their lab tech folks, they have counselors. You know, people change their majors. They get ready to graduate. They find out a month before graduation or the quarter before that they have to take another class.

Should we in Congress be looking at what is there along the way. Whether I am here or in the district, I hear this constantly. "I could not get access to my X, Y, Z. I was in depression," or, "My wife couldn't," or my spouse couldn't. We know this; this is not new. I am hearing powerful stories that I have heard before.

What is it that we need to put in place that helps us to have quicker and better access for those who have served who are coming back? What should I be looking at as a Member of Congress for getting that access? Is it more of something? Is it simplifying

something? We know eventually somebody is going to leave. If they are here for 120 days, even if someone has a medical crisis and they are injured, they are in the hospital, they cannot get released—let me give you a good one.

If you are home, I had a relative who went to the hospital the other day, and the outcome was not good, but they would not release them until I went out and found a rehab center. They would not release them to go home. We had to have a rehab center for them to go to, so they would not be in crisis at home.

It seems like we could have some plan that says Jane and John Doe are going to be released whether it is for medical reasons, whether it is they have served their time, that there is some type of 30-day, 120-day exit plan.

If I knew that I was going to mom's but I could go 60 miles up the street and get in a program, why didn't somebody know that to tell me that?

Mr. TANSILL. Congresswoman, the military does out-process the folks. It is called Transition Assistance Program. TAP is the acronym for it. It is typically done within the last 12 months of their service that they start going through this process.

The process is more about getting them to understand that they are going to need to look for a job. They need to get connected to the VA. They need to do different programs like that.

I will circle back to the best way to help a veteran coming home is to get them information before they get here.

DOD installations do a pretty good job of out-processing them, but it ends at the front gate. We need to make sure we get to them before they leave whatever installation under DOD they are stationed at to ask them: Are you coming back to whatever State? What are you going to do? Are you going to college? If you are going to look for a job; what are you interested in? If you are looking for an apprenticeship program, here is where you can go to find out all the apprenticeship programs in all of the cities.

Finding out at the 120-day mark that someone has returned to Ohio has put them at an extreme disadvantage to get their life jump-started back as a civilian. Being able to reach them prior to their exit from the military, to allow them to understand all the things that are available to them back in whatever State they are going to—by the way, we want every veteran to come to Ohio even if they are not from Ohio. They need to know what is available.

Most people coming out of the military getting ready to go to college, they already know that. They know what college they want to go to. They have already done most of the work online. But, it is the jobs and the apprenticeship programs and those folks that have not figured out yet what they are going to do.

A lot of people leave the military and say, "I need time to figure out what I want to do." If we are able to frontload them with all the available opportunities for them, it sure might make their decision a little easier when they get home.

Ms. BEATTY. Thank you.

Senator BROWN. Thank you very much.

Ms. BEATTY. Let me just say thank you for allowing me to participate. We will follow up, our staff with your staff.

Senator BROWN. Good.

Ms. BEATTY. Thank you for being here.

Senator BROWN. Thank you, Congresswoman. [Applause.]

Thank you for changing your day around to join us. I really appreciate it.

I would add, I was just informed there are 14 illnesses, 14 diseases, that are presumptive eligibility with Agent Orange. Secretary Shulkin is making a decision on three more, so there will likely be up to 17 illnesses that are connected, that someone is automatically eligible for benefits if diagnosed with that illness.

One more question for this panel, and for you specifically, Ms. Twine. I know you do not speak for all women veterans. I understand that you do not speak for all Gold Star wives, but I want to ask you two things.

One is, talk about, if you would, how the VA can improve services and health care outcomes for veterans, for female veterans. About 10 percent of Ohio veterans now, slightly under 10, are female. That percentage, obviously, is going up because among young veterans, the percentages are obviously higher. Talk about that.

Talk about, if you would, if you have thoughts on what we should do to reduce sexual violence in the military, if you feel comfortable answering that. You have been out for a while, I understand.

Ms. TWINE. That is huge, open-ended—

Senator BROWN. Yes, I know those are two really broad questions.

Ms. TWINE. Personally, I did not experience sexual violence as a veteran, and as an Active Duty military person, so I cannot speak for those people. However, being a woman in the military and also in the medical field, even today, there is always a good old boys club. Unfortunately, that has been the accepted norm for many, many and thousands of years. So, overcoming that—

Senator BROWN. It is not just the military, is it?

Ms. TWINE. No, it is everywhere. You turn the TV on and all you are going to hear, every update on your iPhone is going to be some new person coming out because they were kissed hard. It is going to be a huge issue.

Unfortunately, the lack of communication and the lack of holding those accountable has created an environment that allows for that type of behavior to be considered the norm.

I do not have a good answer to that other than people need to step up and do what is right. They also not only need to step up and do what is right, they need to speak up.

That is a huge problem with women and men, is speaking up when there is a problem. We are seeing now, you turn the TV on, "Twelve years ago, I had a problem." "Thirty years ago, I had a problem." "Forty years ago, I had a problem." But, nobody spoke up.

Now we are looking at this issue that was an issue 30, 40 years ago. It is a huge problem.

It creates a huge problem in the mental health field for women who have PTSD because of those issues. I can only assume that that is another area of major concern for women.

Personally, the issues that I have heard about from patients that I treat or from people that I know personally is that the VA has very little tolerance for women's health issues, such as annual Pap

smears or birth control or the need for different surgeries for birth control or for hysterectomies and different type of programs. And, getting access to those from the VA is difficult.

Senator BROWN. We will hear from the VA in a moment.

Ms. TWINE. My understanding, my experience with the VA, like I said, I have avoided it like the plague, and I will go civilian. But, then again, in the civilian world, it is not always easy either, if you go to a Catholic hospital versus a regular hospital.

I cannot really answer to a lot of those questions, unfortunately.

Senator BROWN. Thank you.

Did you want to add something?

Mr. POWERS. Yes, Senator Brown.

As a member of the IAVA, our major bill initiative, your cosponsor on it, I believe. I think it is S. 681. That would be the Deborah Sampson Act. It is common-sense legislation to get the VA priority funding for peer-to-peer-women's programs for the mental health care, for the primary care.

There is a common-sense bill in Congress right now, both in the House and in the Senate. Fortunately, there are 21 cosigners to it, I believe, right now. I am wondering, I mean, what is it going to take to get the rest to do this? This should be common-sense legislation, getting 10 percent of our veterans the care that they need.

Unfortunately, short of you guys holding a hearing on it over 6 months ago, it almost feels as if it has stalled. I mean, common-sense legislation for appropriations for veterans should be a no-brainer, as long as it is going to be effective.

Given the fact of the scarcity of the resources to female veterans for their care, I could not see any more of an urgency for a bill like that to get passed.

The solutions are out there, and the VA has the programs, depending on where you live, to help address this for veterans, like the 10-week program I spoke of in my opening statement. That program in Cleveland helps 50 veterans a year. That is it, 50 veterans. There is another one, I believe, in San Diego. The other one recently closed in Baltimore.

That is all they can help. They have an 80 percent reduction in symptoms for PTSD and substance abuse. They have the military sexual trauma group and individual programs that are there, but most of them tend to be pilot programs. There are 3-, 5-, 6-, and 10-year pilot programs. If it is effective after a year, we have front-line issues with PTSD, with military sexual trauma, with substance abuse, if the treatments seem effective, it would only make sense to get them out there further to where you have a larger veteran population being treated so we can find out for sure that it is going to work, to where we can get the help that is needed for whatever our veterans issue is.

It should not be so hard for us to access care, especially female veterans. I mean, my own sister, my own little sister, she was a medic in the National Guard. She hurt herself during her initial training with her hip, and I know that she still has problems with fighting with the VA for treatment on a host of things related to women's health.

I personally can say that I have been affected by it, and it did not even pass my mind sitting here. I mean, it is affecting every-

body, and it needs addressing. That is why we are here right now having this hearing.

Senator BROWN. All right.

Ms. Twine, thank you for serving, and thank you for your activism, and thank you for testifying. Mr. Tansill, thank you. Commander Harman, you make us proud—over near the Indiana border. Thanks to all four of you.

I will call up the next panel. Thank you. [Applause.]

It is my honor to resume the Senate Veterans' Affairs Committee. Thank you all again for joining us in the audience.

I asked the others if they wanted to stay. I know Mr. Powers is staying. Thank you all for all of that.

The second panel, only Mr. Burke will speak, but I will have questions of all four of the panelists. We will start with Ronald Burke, who is Assistant Deputy Under Secretary for field operations with the Veteran Benefits Administration, Department of Veterans Affairs. Welcome to Columbus.

He is accompanied by Robert Worley, who is the director of education service, Veterans Benefits Administration, Department of Veterans Affairs. Mr. Worley, welcome to Ohio.

Robert McDivitt, who is director of Veterans Integrated Service Network 10, Veterans Health Administration, Department of Veterans Affairs, I see Mr. McDivitt pretty often. Welcome.

Dr. Kameron Matthews, deputy executive director, provider relations and services with Veterans Health Administration, Department of Veterans Affairs. Welcome to Ohio to you, too.

Mr. Burke, give us your statement, and then I will begin the question period of all of you. Thank you.

**STATEMENT OF RONALD BURKE, ASSISTANT DEPUTY UNDER SECRETARY FOR FIELD OPERATIONS, VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS, ACCOMPANIED BY ROBERT WORLEY, DIRECTOR OF EDUCATION SERVICE, VETERANS BENEFITS, ADMINISTRATION; ROBERT MCDIVITT, DIRECTOR OF VETERANS INTEGRATED SERVICE NETWORK 10, VETERANS HEALTH ADMINISTRATION; AND KAMERON MATTHEWS, M.D., DEPUTY EXECUTIVE DIRECTOR, PROVIDER RELATIONS AND SERVICES, VETERANS HEALTH ADMINISTRATION**

Mr. BURKE. Good afternoon, Senator Brown. Thank you for inviting the VA to this important hearing to discuss topics that affect veterans nationwide and here in Ohio.

My colleagues have already been introduced. We are here today and happy to discuss the topics included in your invitation.

As you know, on August 16, 2017, the President signed the Harry W. Colmery Veterans Educational Assistance Act of 2017, commonly referred to as the Forever G.I. Bill, which made numerous changes to the post-9/11 G.I. bill. This new law enhances or expands education benefits for veterans, servicemembers, families, and survivors.

This law will, however, require a significant IT effort. Rough estimates place this number up to \$40 million in addition to the authorized \$30 million, bringing the IT costs to \$70 million.



The implementation of the Forever G.I. Bill will require approximately 200 additional claims examiners at the regional processing offices. The VA has begun the process of bringing those full-time equivalents on-board in the form of temporary employees. All employees are expected to be on-board by May 30, 2018.

With regard to overpayments, VA makes every attempt to timely and accurately process payments to veterans and their family members based on benefits to which they are entitled to receive under the law. However, in certain instances where an individual is not entitled to a benefit payment, such as changes in life events or dual payments for multiple agencies, the VA is required by law to recoup these payments.

VA's policy for recovering these types of overpayments includes notifying veterans and beneficiaries about the reasons for and amounts of overpayment, along with the steps they must take to make repayment. The VA also take steps to minimize the overpayment amounts and has established recoupment policies that allow veterans to request repayment plans or waivers of these amounts.

VBA is also committed to providing veterans with the care and services they have earned and deserve. For the eighth consecutive year, VBA has completed over 1 million disability claims and anticipates completing a record number of claims in 2018. As of October 28, 2017, VBA had 321,208 compensation and pension claims pending, with an average age of 93.8 days; 22.4 percent of that inventory has been pending for over 125 days. For Ohio veterans, the average age of a pending claim for compensation was 97.5 days, with 22 percent pending over 125 days.

VA's modernization efforts focus on improving its performance to better serve veterans, their families, caregivers, and survivors, while being good stewards of taxpayer dollars. As such, VBA has initiated several process improvements, leveraged operational tools such as its National Work Queue, and implemented new employee performance standards to improve claims processing timeliness and quality.

Another way that VBA is striving to improve the veteran's overall experience is through realignment of its appeals policy and operations under its appeals management office and its work with the Board of Veterans Appeals, veterans' service organizations, and other stakeholders to design a modern appeals process for veterans.

The current VA appeals process, which is set in law, is broken and is providing veterans a frustrating experience. In the current process, appeals have no defined endpoint and require continuance evidence-gathering and re-adjudication. Veterans wait much too long for final resolution of their appeals.

With the current legal framework, the average processing time for all appeals resolved in fiscal year 2017 was 3 years. For those appeals that reach the Board of Veterans Appeals, on average, veterans waited 7 years from the date they filed their notices of disagreement for a decision, which means that many are waiting much longer.

We appreciate the Committee's work on this issue, which was enacted as the Veterans Appeals Improvement and Modernization Act of 2017, and signed into law by the President on August 23, 2017.

Although the appeals modernization act ensures that veterans who disagree with the VA's benefit decisions after February 2019 will have all of the benefits of the new modern review process, the VA is also committed to addressing the 470,000 appeals that are currently pending in the legacy process.

On November 1, 2017, VBA initiated its Rapid Appeals Modernization Program, otherwise known as RAMP, for veterans with pending appeals. This program allows participants the option to have their decisions reviewed in the higher level review or supplemental claim lanes outlined in the new law. Participation in RAMP is voluntary. However, veterans can expect to receive a review of VA's initial decision on their claim much faster in RAMP than if they were to remain in the legacy appeals process.

The program will continue through monthly invitation mailings to eligible veterans until February 2019, when VA expects to fully implement the appeals modernization act.

Now to the health-related issues that face VA. Recent research suggests that 20 veterans die by suicide every day, putting veterans at even greater risk than the general public. The VA is committed to ensuring the safety of our veterans, especially when they are in crisis. Losing a veteran to suicide shatters their family, loved ones, and caregivers. Veterans who are at-risk or reach out for help must receive assistance when and where they need it in the terms that they value. Our commitment is to do everything possible to prevent suicide among the veterans who we serve.

The VA has developed the largest integrated suicide prevention program in the country. We have more than 1,100 dedicated and passionate employees, including suicide prevention coordinators, mental health providers, veterans crisis line staff, epidemiologists, and researchers who spend each and every day working on suicide prevention efforts and care for our veterans.

Every veterans suicide is a tragic outcome. Regardless of the number or rates, one veterans suicide is too many.

We continue to spread the word throughout VA that suicide prevention is everyone's business. The ultimate goal is to eliminate suicide among veterans via strategic community partnerships, identification of risks, training, treatment engagement, effective treatment, lethal means education, research, and data science.

Although we understand why some veterans may be at increased risk, we continue to investigate and take proactive steps to understand all risk factors for all veterans.

The VA is also committed to providing timely access to high-quality, evidence-based mental health care that anticipates and responds to veterans' needs and supports the reintegration of returning servicemembers into their communities.

While focusing on suicide prevention, we know that preventing suicide for the population we serve does not begin with an intervention as someone is about to take an action that could end his or her life. Just as we work to prevent fatal heart attacks, we must similarly focus on prevention, which includes addressing many factors that contribute to someone feeling suicidal.

We are aware that access to mental health care is one significant part of preventing suicide. VA is determined to address systemic

problems with access to care, in general, and to mental health care, in particular.

VA has recommitted to a culture that puts the veteran first. Making it easier for veterans to receive care from mental health providers has allowed more veterans to receive care. Furthermore, VA is leveraging telehealth by establishing 11 regional tele-mental health hubs across the VA's health care system.

The VA remains focused on providing the highest quality care our veterans have earned and deserve, and which our Nation trusts us to provide.

The VA appreciates the support of Congress, and we look forward to responding to any questions that you may have. Thank you.

[The prepared statement of Mr. Burke follows:]

PREPARED STATEMENT OF RONALD BURKE, ASSISTANT DEPUTY UNDER SECRETARY  
FOR FIELD OPERATIONS, U.S. DEPARTMENT OF VETERANS AFFAIRS

GOOD AFTERNOON, SENATOR BROWN, AND DISTINGUISHED MEMBERS OF THE COMMITTEE. Thank you for inviting us to discuss Veterans health care, educational, and disability benefits. I am accompanied today by Robert Worley, Director of Education Services, Mr. Robert McDivitt, Network Director for the Veterans Integrated Service Network (VISN) 10, and Dr. Kameron Matthews, Deputy Executive Director, Provider Relations and Services. We have provided a brief background and important context for all of the topics that this hearing will cover since there are a wide range of issues.

POST-9/11 GI BILL

The Post-9/11 GI Bill (Chapter 33) provides eligible Veterans, Servicemembers, dependents, and survivors with educational assistance, generally in the form of tuition and fees, monthly housing allowance, and a stipend for books-and-supplies all to assist these men and women in reaching their educational or vocational goals. This program also assists in the Veteran's readjustment to civilian life, supports the armed services recruitment and retention efforts, and enhances the Nation's competitiveness through the development of a more highly educated and productive workforce.

Since inception of this benefit in August 2009, VA has issued over \$80 billion in benefit payments on behalf of approximately 1.8 million individuals. In fiscal year (FY) 2017 alone, all of VA's education programs (chapters 30, 32, 33, 35, 1606 and 1607) provided 1 million beneficiaries with educational assistance. Of those, 21,000 direct beneficiaries received education benefits in the state of Ohio. Further, VA provided Post-9/11 GI Bill benefits to approximately 790,000 Veterans, Servicemembers and dependents in this same period; of those, approximately 15,000 were in Ohio. Since FY 2013, VA has processed an average of 4 million education claims per year. In fiscal year 2017, the average time to process all education claims was approximately 25 days for original claims and nine days for enrollment certifications.

*Colmery Act*

On August 16, 2017, the President signed the Harry W. Colmery Veterans Educational Assistance Act of 2017, also referred to as the "Forever GI Bill." This law made numerous changes to the Post-9/11 GI Bill. The Harry W. Colmery Veterans Educational Assistance Act of 2017 contains 34 new provisions, the vast majority of which will enhance or expand education benefits for Veterans, Servicemembers, Families and Survivors. Most notably, the new law eliminates the 15-year time limit on the use of Post-9/11 GI Bill benefits for Veterans who transitioned out of the military on or after January 1, 2013. This law also restores benefits to Veterans impacted by school closures since 2015, expands benefits for certain Reservists, surviving dependents, Purple Heart recipients, and provides many other enhancements to education benefits. 13 of the 34 provisions were effective on the date of enactment, while the remaining provisions have future effective dates ranging from January 1, 2018, to August 1, 2022.

VA is utilizing social media to inform individuals about these changes. In addition, VA has launched a multifaceted campaign (social media, website, targeted emails, and traditional media) to highlight the Colmery Act. The campaign will heavily focus on restoration of entitlement, Reserve Educational Assistance Program

(REAP), work-study permanent authorization, and expansion of independent study to career and technical education schools.

The implementation of the Forever GI Bill will require additional claims examiners at regional processing offices. VA has begun the process of bringing those full time equivalents on board in the form of temporary employees. All employees are expected to be on board by May 30, 2018.

To manage the overall process for implementing this legislation, VA Education Service established a program executive office comprised of business-line managers, management analysts, individuals with program and project management experience, and contract support. This office is responsible for monitoring and coordinating all Forever GI Bill implementation activities. In addition, we will need to make targeted investments in our IT infrastructure to support the expanded access to education benefits the new law provides. We look forward to working with the Administration and the Congress to ensure these initiatives are properly resourced.

#### OVERPAYMENT/DEBT ISSUES

VA makes every attempt to timely and accurately process benefit payments to Veterans and their family members, based on benefits to which they are entitled to receive under the law. However, in certain instances where the Veteran is not entitled to receive payments, such as those resulting from life events or dual payments from multiple agencies, VA is required by law to recoup payments in excess of what is allowable. VA's policy for recouping such overpayments includes notifying Veterans and beneficiaries regarding the reason(s) for and amounts of overpayment, along with the steps they must take to make repayment. VA also takes steps to minimize overpayments and has established policy regarding the recoupment processes by which Veterans can arrange repayment or waivers.

##### *Reasons for Overpayments*

In general, VA identifies an overpayment when it finds a Veteran or other beneficiary has received monetary payment for benefits to which he or she was not entitled. Overpayments are considered improper payments under the Improper Payments Elimination and Recovery Act of 2010. VA is required by law to retroactively recover overpayments to the extent the Veteran or beneficiary was not entitled to them. Title 38 of the U.S. Code § 5112, and Title 38 of the Code of Federal Regulations § 3.500, directs the effective dates of reduction or discontinuance of an award.

Overpayments may occur when Veterans or beneficiaries, receiving disability compensation or pension benefits, fail to timely notify VA of certain circumstances or life events such as divorce, incarceration, return to active duty, or other loss of dependent status. They may also occur when Veterans or beneficiaries advise VA of changes but VA is untimely in processing the claim. It is important to note VA does not require repayment when VA employees make claims processing errors. Such cases are resolved as administrative errors and are not required to be recouped.

##### *Process of Notifying Beneficiaries of Overpayments*

Before a debt can be established, VA is required by law to provide due process notice to the Veteran or beneficiary, advising him or her of the proposed adjustment to his or her benefits. The beneficiary then has 60 days to submit evidence regarding why VA should not make the proposed adjustment to the award. Veterans or beneficiaries may also request a predetermination hearing to provide information pertaining to this proposed action. After the due process period expires, VA reviews all evidence submitted and makes the final decision to create a debt or to adjust the proposed action based on the evidence received. VA notifies the Veteran or beneficiary of the decision or date of benefit termination, and provides applicable appeal rights. If VA determines there has been an overpayment, the beneficiary also receives a letter explaining the debt owed and repayment options.

##### *Steps VA is Taking to Prevent Overpayments*

VA employs a number of measures to minimize overpayments. First, the Veterans Benefits Administration (VBA) includes important reminders in benefit decision notification letters about the need for Veterans and beneficiaries to inform VA immediately of issues or life events that could impact monthly payment amounts.

Second, VA has data matching agreements with the Social Security Administration, Federal Bureau of Prisons, and other Federal agencies to minimize individuals receiving benefits that are not statutorily permissible. VA also works with these agencies to ensure critical data feeds, such as information for dates of death, dates of incarceration, etc., are transmitted to VA as timely and efficiently as possible.

Third, VBA is deploying technological solutions and leveraging automation to reduce overpayments. For example, drill pay from the Department of Defense (DOD)

has been a major contributor to VA overpayments. By law, Servicemembers are not entitled to receive both drill pay and VA disability compensation for the same periods of time. In 2016, VA automated the notification process required when Guardsmen and Reservists receiving VA compensation actively drill and receive pay. The new process, with DOD collaboration, has improved VA's management of drill pay adjustments. Prior to the new process, drill pay claims took a monthly average of 308 days (May 2016) to complete compared to a current monthly average of 97 days (August 2017) to complete. This progress results in Veterans receiving more timely adjustments.

*VA's Policy Regarding Recouping Overpayments and Potential Waivers*

VA's Debt Management Center (DMC) provides the collection guidelines and practices for recouping overpayments that have been established against a beneficiary. VA navigates recoupment of the overpayment (or debt collection process) in a manner that provides the best care to our Veterans and beneficiaries and complies with Federal debt collection statutes and policy. The DMC services beneficiary debts through a centralized debt collection program while offering all Federal collection tools provided by the Department of the Treasury. Most importantly, DMC counselor's work with Veterans and beneficiaries individually to resolve debts through extended payment plans, benefit offsets, waivers, compromises, dispute resolution and hardship refunds.

A Veteran can request a waiver of his/her debt within 180 days of receiving the debt notice. If the Veteran requests a waiver outside of the 180 day timeframe, the debtor receives appeal rights. If received timely, the waiver request goes to the VBA Committee on Waivers and Compromises (COWC) at the Regional Offices in St. Paul, MN, or Milwaukee, WI. Once the COWC receives a waiver request, elements such as fault, unjust enrichment, and financial hardship are considered when deciding to grant, partially grant, or deny the request following the principles of equity and good conscience. VA will not demand payment when it would be unfair, unconscionable, or unjust. However, the COWC will automatically deny a waiver if there is any indication of fraud, misrepresentation, or bad faith. If the waiver is not approved, the debtor receives applicable appeal rights. Completed waiver decisions are returned to DMC for processing. If denied, the debt collection process resumes. If the waiver is granted, collection action is terminated, and any collections received are refunded, if required.

A separate process also enables Veterans and/or beneficiaries to submit a compromise offer for acceptance of a partial payment in settlement and full satisfaction of the offeror's indebtedness.

DISABILITY CLAIMS BACKLOG

VBA is committed to providing Veterans with the care and services they have earned and deserve. For the eighth consecutive year, VBA has completed over a million disability compensation claims and anticipates sustaining this effort in FY 2017. As of October 28, 2017, the average age of pending compensation and pension (C&P) claims was 93.8 days. For Ohio Veterans, the average age of pending C&P was 97.5 days. 321,208 C&P claims were pending nationally, with 23.1 percent pending over 125 days. In Ohio, there are 8,945 compensation claims pending, with 22.4 percent pending over 125 days.<sup>1</sup>

VA's claims modernization efforts focus on improving its performance to better serve Veterans, their families, caregivers, and Survivors while being good stewards of taxpayer dollars. As such, VA has initiated several claims process improvements and leveraged operational levers to improve claims timeliness.

*Overtime*

Mandatory overtime was re-instituted at all VBA regional offices effective March 7, 2017, in a strategic effort aimed at reducing the number of claims pending longer than 125 days. Overtime requirements are assessed every 30 days and guidance provided to the regional offices based on workload management needs.

VA executed \$114.6M in Compensation and Pension overtime nationally in FY 2017, while executing \$2.6M at the Cleveland Regional Office.

Through October 28, 2017, VA has executed nearly \$10M in C&P overtime nationally in FY 2018, while executing \$208.SK at the Cleveland Regional Office.

<sup>1</sup> Source: 30 October 2017—Monday Morning Workload Report—WHCO: Please provide a full citation and a link.

### *National Work Queue*

In 2016, VBA transitioned to the National Work Queue (NWQ), which nationally prioritizes and distributes rating claims to VBA's network of stations, matching their capacity with resources available, and minimizing the time to adjudicate a claim. Implementation of NWQ has improved timeliness for several phases of the claim processing process. Average time for initial development of a claim has improved from 25 days in January 2016 to 8 days in September 2017. In the rating phase, average time for rating decisions on claims has improved from 29 days in January 2016 to 3 days in September 2017. In award and authorization, NWQ has improved timeliness by 2.9 days, down to 5.9 days. Combined, these improvements result in more timely service for Veterans and move VBA closer to the goal of processing 90 percent of claims within 125 days.

These administrative adjustments are part of VBA's non-rating workload. During FY 2017, VBA made several changes to allow for a more balanced approach to the overall workload. VBA appreciates Congress' support in providing resources to staff specific teams across the Nation dedicated to the non-rating workload, and we have prudently used these additional resources to lower the non-rating claims inventory. As of April 2017, NWQ is distributing non-rating claims, which allows this work to be moved efficiently based on capacity. Additionally, VBA has adapted a strategic approach to how we use our overtime resources. We now target specific claims and steps within the claims process to ensure we direct our overtime expenditures on where we receive the most benefit. These enhancements have led to improvements in performance. Overall non-rating inventory dropped by 23 percent with a 19 percent decrease in the average number of days pending for these claims. The inventory of Dependency claims decreased by 26 percent with a 50 percent improvement in timeliness, and the inventory of Drill pay claims dropped by 58 percent. We still have work to do and will remain focused on continuing our work on appropriate preventative measures.

### *Decision Ready Claims*

Beginning in May 2017, VBA initiated a pilot program in the St. Paul Regional Office (RO) called Decision Ready Claims (DRC), an expedited claims submission option available to Veterans who have elected accredited Veterans Service Organizations (VSOs) to assist them with preparing and submitting their supplemental disability claims. National implementation of this program was completed in September 1, 2017.

Under the DRC Program, VSOs work with Veterans to ensure all supporting evidence for a claim is included at the time of submission. This program will also enhance partnerships with VSOs by improving access and capabilities to assist with gathering all required evidence and information to accelerate claims decisions. Claims submitted in the DRC Program will result in a supplemental claims decision within 30 days of submission to VA.

### *Centralized Mail*

VBA completed deployment of the Centralized Mail Program to all ROs in 2015, and to the Pension Management Centers in FY 2016. Since deployment, VBA has gained proficiency in electronic mail processing and is now able to provide assistance with virtual mail processing, as needed across ROs. In FY 2017, VBA focused on File Bank Extraction (FBE), an effort to rapidly extract all inactive paper claims from ROs on a national level while having the Office of Business Process Integration and its Veterans Claims Intake Program assume logistical tracking control at the point of origin. FBE is a continuation of VBA's transformation and transition from paper-based to electronic claims processing. The benefits of FBE are it ensures claim materials are in the Veterans Benefits Management System (VBMS) on day 1 of future claims, as well as reduces the overall amount of space dedicated to storage and directly supports VBA's strategic transformation goal to become completely paperless.

## APPEALS MODERNIZATION

VBA is striving to improve its appeals processing, support appeals modernization, and provide relief for Veterans with pending appeals particularly in light of recently enacted legislation. The system is complex, inefficient, ineffective, confusing, and splits jurisdiction of appeals processing between VBA and the Board of Veterans' Appeals (Board). Veterans wait much too long for final resolution of an appeal. Within the current legal framework, the average processing time for all appeals resolved in FY 2017 was 3 years. For those appeals that reach the Board, on average, Veterans are waiting at least 7 years from the date that they filed their notice of disagreement for a decision, which means that many are waiting much longer. In

an effort to maximize its appeals resources, effective January 4, 2017, VBA realigned its appeals policy and operational control under a single responsible office, the Appeals Management Office (AMO). This realignment provides direct control of appeals policy activities, field staffing and resource allocation, the appeals budget, and program performance by AMO. Critical to VBA's success in transforming its administration of appeals is the ability to quickly and directly influence operational staffing and resource allocation, and accountability for policy implementation, program performance, and Veterans' and stakeholders' satisfaction with the program. By the end of FY 2017, VBA had processed 272,986 appeal actions and resolved 124,666 appeals, which was 24 percent above its appeals production in FY 2016. Moreover, despite receiving approximately 160,000 new appeals in 2016, VBA reduced its total appeals inventory by 10 percent.

The Cleveland VA RO, which serves approximately 800,000 Ohio Veterans and their families, has shown significant progress in its appeals processing metrics since the realignment. Consistent with the AMO's guidance of processing the oldest appeals first, the RO has decreased its appeals inventory in each appeal stage, to include a 62 percent decrease in its inventory of Veterans waiting for certification of their appeal to the Board and a reduction of remands by 29 percent.

VA was aware that increased oversight and accountability alone would not resolve the pending legacy appeals inventory. Accordingly, VA also sought legislation to replace the current VA appeals process with a new legislative framework that makes sense for Veterans, their advocates, VA and other stakeholders. On August 23, 2017, President Trump signed into law, the Veterans Appeals Improvement and Modernization Act of 2017 (Appeals Modernization Act), creating a new claims and appeals process for disagreements with VA's decisions on benefit claims. The new process provides streamlined choices for claimants seeking review of a VA decision. The framework for the new process features three lanes: a higher-level review lane, which consists of an entirely new review of the claim by a senior adjudicator, a supplemental claim lane, which provides an opportunity to submit additional evidence, and an appeal lane that provides an opportunity to appeal directly to the Board. VA's goals in this new process are an average of 125 days in the supplemental claim and higher-level review lanes and 1 year in the Board's appeal lane for those Veterans who do not seek a hearing or wish to submit additional evidence.

In an effort to provide some of the benefits of the new law's streamlined process, VA has initiated the Rapid Appeals Modernization Program (RAMP) for Veterans with pending appeals. This program allows participants the option to have their decisions reviewed in the higher-level or supplemental claim lanes outlined in the new law. Participation in RAMP is voluntary; however, Veterans can expect to receive a review of VA's initial decision on their claim much faster in RAMP than if they were to remain in the legacy appeals process. The program began on November 1, 2017, and will continue through monthly invitation mailings to eligible Veterans until February 2019 when VA expects to fully implement the Appeals Modernization Act.

#### SUICIDE PREVENTION

Recent research suggests that 20 Veterans die by suicide each day, putting Veterans at even greater risk than the general public. After adjusting for age and sex, the risk for suicide is 22% higher among Veterans than among non-Veterans. (The National suicide rate is 17.0 suicides per 100,000 and the Ohio Veteran suicide rate is 32.1 suicides per 100,000). VA is committed to ensuring the safety of our Veterans, especially when they are in crisis. Losing a Veteran to suicide shatters their family, loved ones and caregivers. Veterans who are at risk or reach out for help must receive assistance when and where they need it in terms that they value. Our commitment is to do everything possible to prevent suicide among the Veterans we serve and to reach all Veterans. To accomplish this objective, VA is instituting public health approach to reach all Veterans, whether or not they are enrolled in VA care, through partnerships and collaboration.

VA has developed the largest integrated suicide prevention program in the country. We have over 1,100 dedicated employees, including Suicide Prevention Coordinators, Mental Health providers, Veterans Crisis Line staff, epidemiologists and researchers, who spend each and every day working on suicide prevention efforts and care for our Veterans. Screening and assessment processes have been set up throughout the system to assist in the identification of patients at risk for suicide. VA also has developed a chart "flagging" system to ensure continuity of care and provide awareness among providers about Veterans with known high risk of suicide. Patients who have been identified as being at high risk receive an enhanced level

of care, including missed appointment follow ups, safety planning, weekly follow-up visits and care plans that directly address their suicidality.

We also have two centers devoted to research, education, and clinical practice in the area of suicide prevention. VA's Veterans Integrated Service Network (VISN) 2 Center of Excellence in Canandaigua, New York, develops and tests clinical and public health intervention strategies for suicide prevention. VA's VISN 19 Mental Illness Research Education and Clinical Center in Denver, Colorado, focuses on: (1) clinical conditions and neurobiological underpinnings that can lead to increased suicide risk; (2) the implementation of interventions aimed at decreasing negative outcomes; and (3) training future leaders in the area of VA suicide prevention.

Every Veteran suicide is a tragic outcome, regardless of the numbers or rates; one Veteran suicide is too many. We continue to spread the word throughout VA that "Suicide Prevention Is Everyone's Business." The ultimate goal is to eliminate suicide among Veterans via public health strategies, which include initiatives focusing on strategic community partnerships, identification of risk, training, treatment engagement, effective treatment, safe storage of lethal means (such as medications and firearms), research, and data science. Although we understand why some Veterans may be at increased risk, we continue to investigate and take proactive steps to understand all risk factors for all Veterans. VA's strategy for suicide prevention addresses suicide prevention as a public health issue for all Veterans. This requires programs designed to help individuals and families problem solve effectively, and to engage in care when needed, with ready access to high-quality mental health services.

Suicide prevention is VA's highest clinical priority. As part of VA's commitment to make resources, services, and technology available to reduce Veteran suicide, VA initiated Recovery Engagement and Coordination for Health Veterans Enhanced Treatment (REACH VET) in November 2016, and fully implemented it by February 2017. REACH VET uses a new predictive model to analyze existing data from Veterans' health records to identify those who are at a statistically elevated risk for suicide, hospitalization, illnesses, and other adverse outcomes. Once a Veteran is identified, his or her mental health or primary care provider reviews the Veteran's treatment plan and current condition(s) to determine if any enhanced care options are indicated. The provider will then reach out to Veterans to check on their well-being and inform them that they have been identified as a patient who may benefit from enhanced care. This allows the Veteran to participate in a collaborative discussion about his or her health care, including specific clinical interventions to help reduce suicidal risk.

DOD and VA have a new joint effort to institute a public health approach to suicide prevention, intervention, and post intervention using a range of medical and non-medical resources through data and surveillance, messaging and outreach, evidence-based practices, workforce development, and Federal and non-government organization partnerships. We know that 14 of the 20 Veterans who die by suicide on average each day did not receive care within VA in the past two years. We need to find a way to provide care or assistance to all of these individuals. Therefore, VA is expanding access to emergent mental health care for former Servicemembers with other than honorable (OTH) administrative discharges. This initiative specifically focuses on expanding access to assist former Servicemembers with OTH administrative discharges who are in mental health distress and may be at risk for suicide or other adverse behaviors. It is estimated that there are a little more than 500,000 former Servicemembers with OTH administrative discharges.

VA has authority to furnish care for service-connected conditions for former Servicemembers with OTH administrative discharges if those individuals are not subject to a statutory bar to benefits. Individuals with OTH discharges may access the system for emergency mental health services by visiting a VA emergency room, outpatient clinic, Vet Center or by calling the Veterans Crisis Line. Services may include assessment, medication management/pharmacotherapy, lab work, case management, psycho-education, and psychotherapy. We may also provide services via telehealth.

VA, we have the opportunity and the responsibility, to anticipate the needs of returning Veterans. As they reintegrate into their communities, we must ensure that all Veterans have access to quality mental health care. To serve the growing number of Veterans seeking mental health care, VA has deployed significant resources and increased its staff for mental health services. The number of Veterans receiving specialized mental health treatment from VA has risen each year, from over 900,000 in FY 2006, to more than 1.65 million in FY 2016 Executive Leadership Board with- in VISN 10 founded a time-limited workgroup entitled: Suicide Prevention—Overdose Prevention (SPODP). The workgroup was designed to enhance regional VA capabilities and collaboration among State and community partners to improve out-



comes for Veterans at high risk of death from suicide or accidental opioid overdose. Several strong practices have been identified and shared throughout the VISN via this group. For example, efforts are underway to spread practices such as: Community based outreach workers carrying naloxone kits, Community Police training on Veteran issues, and public displays focused on suicide prevention (e.g. <https://www.facebook.com/CincinnatiVAMC/photos/pcb.1440977745941595/> 1440975605941809/?type=3&theater). Furthermore, all facilities are participating in "REACH Vet" which is designed to identify, and escalate care, for the most vulnerable Veterans we serve.

#### MENTAL HEALTH

VA is committed to providing timely access to high-quality; recovery-oriented, evidence-based mental health care that anticipates and responds to Veterans' needs and supports the reintegration of returning Servicemembers into their communities.

While focusing on suicide prevention, we know that preventing suicide for the population we serve does not begin with an intervention as someone is about to take an action that could end his or her life. Just as we work to prevent fatal heart attacks, we must similarly focus on prevention, which includes addressing many factors that contribute to someone feeling suicidal. We are aware that access to mental health care is one significant part of preventing suicide. VA is determined to address systemic problems with access to care in general and to mental health care in particular. VA has recommitted to a culture that puts the Veteran first. To serve the growing number of Veterans seeking mental health care, VA has deployed significant resources and increased staff in mental health services. Between 2005 and 2016, the number of Veterans who received mental health care from VA grew by more than 80 percent. This rate of increase is more than three times that seen in the overall number of VA users. This reflects VA's concerted efforts to engage Veterans who are new to our system and stimulate better access to mental health services for Veterans within our system. In addition, this reflects VA's efforts to eliminate barriers to receiving mental health care, including reducing the stigma associated with receiving mental health care.

Making it easier for Veterans to receive care from mental health providers also has allowed more Veterans to receive care. VA is leveraging telemental health care by establishing eleven regional telemental health hubs across the VA health care system.

Hubs are located in Seattle, WA; Long Beach, CA; Salt Lake City, UT; Harlingen, TX; Charleston, SC; Sioux Falls, SD; Battle Creek, MI; Pittsburgh, PA; Brooklyn, NY; West Haven, CT; and Honolulu, HI. VA telemental health provided more than 427,000 encounters to over 133,500 Veterans in 2016.

Telemental health reaches Veterans where and when they are best served. VA is a leader across the United States and internationally in these efforts. VA's [www.MaketheConnection.net](http://www.MaketheConnection.net), Suicide Prevention campaigns, and the PTSD mobile app (which has been downloaded over 280,000 times) contribute to increasing mental health access and utilization. VA has also created a suite of award-winning tools that can be utilized as self-help resources or as an adjunct to active mental health services.

Additionally, in 2007, VA began national implementation of integrated mental health services in primary care clinics. Primary Care-Mental Health Integration (PC-MHI) services include co-located collaborative functions and evidence-based care management, as well as a telephone-based modality of care. By co-locating mental health providers within primary care clinics, VA is able to introduce Veterans on the same day to their primary care team and a mental health provider in the clinic, thereby reducing wait times and no show rates for mental health services. Additionally, integration of mental health providers within primary care has been shown to improve the identification of mental health disorders and increase the rates of treatment. Several studies of the program have also shown that treatment within PC-MHI increases the likelihood of attending future mental health appointments and engaging in specialty mental health treatment. Finally, the integration of primary care and mental health has shown consistent improvement of quality of care and outcomes, including patient satisfaction. The PC-MHI program continues to expand, and through May 2017, VA has provided over 7.2 million PC-MHI clinic encounters, serving over 1.6 million individuals since October 1, 2007.

VA recognizes the importance of the Veterans Crisis Line (VCL) as a life-saving resource for our Nation's Veterans who find themselves at risk of suicide. Of all the Veterans we serve, we most want those in crisis to know that dedicated, expert VA staff, many of whom are Veterans themselves, will be there when they are needed. The primary mission of VCL is to provide 24/7, world class, suicide prevention and

crisis intervention services to Veterans, Servicemembers, and their family members. However, any person concerned for a Veteran's or Servicemember's safety or crisis status may call VCL.

VCL is the strongest it has been since its inception in 2007. VCL staff has forwarded over 504,000 referrals to local Suicide Prevention Coordinators on behalf of Veterans to ensure continuity of care with their local VA providers. Initially housed in 2007 at the Canandaigua VA Medical Center (VAMC) in New York, it began with 14 responders and two health care technicians answering four phone lines. Since 2007, VCL has answered over 3 million calls and dispatched emergency services to callers in crisis more than 84,000 times. Consistent with our mission, we have implemented a series of initiatives to provide the best customer service for every caller, making notable advances to improve access and the quality of crisis care available to our Veterans, such as:

- Launching "Veterans Chat" in 2009, an online, one-to-one chat service for Veterans who prefer reaching out for assistance using the Internet. Since its inception, we have answered nearly 359,000 requests for chat.
- Expanding modalities to our Veteran population by adding text services in November 2011, resulting in nearly 78,000 requests for text services.
- Opening a second VCL site in Atlanta in October 2016, with over 250 crisis responders and support staff.
- Hiring a permanent VCL Director in July 2017, psychologist, Dr. Matthew Miller.

Prior to the opening of our new Atlanta call center in October 2016, VCL had a call rollover rate to back-up call centers of more than 30 percent. Currently, the average rate is 1.24 percent, with calls being answered by the VCL within an average of 8 seconds. Overall, VCL performance is above the National Emergency Number Association service level standard of answering greater than 95 percent of calls in less than 20 seconds; specifically, the VCL's average service level exceeds 98 percent.

VCL continues to exceed these metrics, despite overall call volume continuing to rise. Overall call volume has increased 12 percent since April 2017, and increased 15 percent over the course of the 2 weeks marked by notable adverse weather events earlier this month.

Today, the combined VCL facilities employ more than 500 professionals, and VA is hiring more to handle the growing volume of calls. VA will also be opening a third VCL site in Topeka, Kansas, which will give VCL the additional capacity needed as we expand the 'automatic transfer' function, Press 7, to all of its community-based outpatient clinics (CBOC) and Vet Centers. Despite all of these accomplishments and plans, there still is more that we can do.

The No Veterans Crisis Line Call Should Go Unanswered Act (Public Law 114-247) directed VA to develop a quality assurance document to use in carrying out VCL. It also required VA to develop a plan to ensure that each telephone call, text message, and other communication received by VCL, including at a backup call center, is answered in a timely manner by a person. This is consistent with the guidance established by the American Association of Suicidology. In addition to adhering to the requirements of the law, VCL has enhanced the workforce with qualified responders to eliminate routine rollover of calls to the contracted backup center. VA also implemented a quality management system, to monitor the effectiveness of the services provided by VCL. This will enable VA to identify opportunities for continued improvement. As required by law, VA submitted a report containing this document and the required plan to the House and Senate Veterans' Affairs Committees on May 23, 2017. The Veterans Crisis line can be reached by dialing 1-800-273-8255, Press 1.

VA's Office of Readjustment Counseling Service (RCS) operates VA Vet Centers ([www.vetcenter.va.gov](http://www.vetcenter.va.gov)), which are welcoming community-based counseling centers situated apart from larger VA medical facilities and placed in convenient, easily accessible locations. Based on the Veteran peer model, clinical staff at these Centers provide confidential professional mental health services and psychosocial counseling services as needed to help assist Veterans and active duty Servicemembers (ADSM) (including members of the National Guard and Reserve components) who served in a combat-theater or area of hostilities achieve a successful readjustment to civilian life. Readjustment counseling services and other services (e.g., consultation, counseling, training, and mental health services) are available to their family members if essential to the effective treatment and readjustment of the Veteran or ADSM. Readjustment counseling services include, but are not limited to, individual counseling, group counseling, marital and family counseling for military-related readjustment issues. Use of non-professional Veteran peer counselors at the Vet Centers

also helps contribute to the RCS mission. Readjustment counseling services are provided through 300 Vet Centers, 80 Mobile Vet Centers, and the Vet Center Call Center. In FY 2016, Vet Centers provided over 258,000 Veterans, ADSMs, and their families with 1,797,000 visits.

In addition, Vet Center staff facilitates community outreach and the brokering of services with community agencies that link Veterans and ADSMs with other VA and non-VA services that can help with their successful readjustment to civilian life. One of the Vet Center core values is reducing barriers to access to readjustment counseling services. To this end, all Vet Centers offer services during non-traditional times such as early mornings, evenings, and weekends. Barriers to access based on distance (i.e., communities distant from the 300 “brick and mortar” Vet Centers) are ameliorated by having Vet Center staff regularly deliver readjustment counseling services in Vet Center Community Access Points (CAP). Generally speaking, CAPs are established when community partners, pursuant to a no-cost arrangement, permit Vet Center counselors to provide readjustment counseling services on their premises on a regular recurring schedule (ranging from service provision once a month to several times a week). CAPs allow Vet Center clinicians to provide services at a level that is in line with the fluid readjustment demands and needs of that community. Currently, Vet Center staff operates over 820 CAPs. In FY 2016, Vet Center CAPs provided 236, 435 readjustment counseling visits, a 6% increase over FY 2015.

RCS leadership is also working in close collaboration with the Veterans Health Administration’s Office of Mental Health and Suicide Prevention to implement improved collaboration to better improve coordination and referral between Vet Centers and VA medical facilities. A memorandum of understanding was signed in August 2017 to formalize this relationship and outline improved communication processes, training, collaboration, and access to important suicide predictive data to help decrease suicide within the Veteran population. Vet Center counselors are trained, as part of assessment, to identify Veterans or ADSMs who are at high risk of harm or suicide. They refer these clients to their treating mental health providers (or for emergency services, if appropriate). And if a Veteran client is getting his/her care through VA, Vet Center staff refers the shared Veteran client to the local VAMC and the Vet Center counselor also contacts the facility’s Suicide Prevention Coordinator to ensure that enhanced care delivery procedures for suicide prevention are in effect.

In 2017, VISN 10, whose average was 2.62 percent, exceeded national averages of 1.9 percent in the provision of Evidence-Based Psychotherapy to Veterans suffering from PTSD, Depression, and Serious Mental Illness.

#### COMMUNITY CARE

VA is extremely grateful the House and Senate Committees on Veterans’ Affairs are actively working on legislation concerning the future of VA’s community care program. We appreciate the Committees willingness to meet with VA and discuss the various proposals, including the Department’s Veteran CARE Act, and look forward to seeing the swift enactment of legislation to this effect. While progress has been made, there is still more work to be done to serve our Nation’s Veterans. VA needs a different approach to ensure we can fully care for Veterans. We believe that a redesigned community care program will not only improve access and provider greater convenience for Veterans, but will also transform how VA delivers care within our facilities.

This redesigned program must have several key elements. First, we need to move from a system where eligibility for community care is based on wait times and geography to one focused on clinical need and quality of care. This will give Veterans real choice in getting the care they need and ensure it is of the highest quality. At a minimum, where VA does not offer a service, Veterans will have the choice to receive care in their communities. Second, we need to make it easier for Veterans to access convenient care services when they need it. This will ensure that Veterans will always have a choice and pathway to get more immediate needs addressed. Third, the new program must maintain a high performing integrated network that includes VA, Federal partners, academic affiliates, and community providers. We need to ensure that VA is partnering with the best providers across the country to take care of our Nation’s Veterans. Fourth, it must assist in coordination of care for Veterans served by multiple providers. Finally, we must apply industry standards for quality, patient satisfaction, payment models, health care outcomes, and exchange of health information. By doing so, Veterans can make informed decisions about their care and VA can have the tools to better compete within communities.

We believe redesigning community care will result in a strong VA that can meet the special needs of our Veteran population. Where VA excels, we want to make sure that the tools exist to continue performing well in those areas. Veterans need the VA and for that reason, community care access must be guided by principles based on clinical need and quality. VA needs the support of Congress to level the playing field with industry by making it easier to modernize our infrastructure, leverage IT technologies, hire the best talent, and operate more like the private sector. A good example is management of our real property and infrastructure portfolio, where numerous barriers prevent VA from being agile in response to Veterans health care needs in different geographic areas. We want to work with Congress to discuss the best ways to bring common sense to this area.

VA also needs tools to improve our recruitment, hiring and retention of the best professionals to serve our Veterans. These tools could include improvements to hiring and pay authorities to better address vacancies in our medical center and VISN director positions, to help at least in part address disparities with the private sector. As a final example, there is Federal law that requires VA facilities to have a smoking area. We all know the impact on health from smoking, and smoking cessation is the most immediate and dramatic step a Veteran, or anyone, can take to improve their health. VA strongly supports H.R. 1662 which would repeal this requirement. Action in these areas will make VA more modern, and be an enabler for our dedicated workforce to be more effective in their service to Veterans.

VA is committed to moving care into the community where it makes sense for the Veteran. Finally, I want to make sure that everyone understands that making better use of community care must be done in a fiscally responsible way. We cannot continue to grow our funding in the same way we have done over this past decade. And, I want to be clear that I am committed to strengthening the VA system and will not support efforts to privatize this much needed and essential system. The ultimate judge of our success will be our Veterans. With your help, VA can continue to improve Veteran's care, in both VA and the community.

VA continued to maintain exceptional management in the area of Community Care throughout the fiscal year despite many program challenges and system wide changes to program model. These challenges coupled with re-work challenges due to contractor inefficiencies; have had great impact on expediency of care coordination for Veterans.

Despite these challenges, VISN 10 has performed well; specifically leveraging our internally created network of community providers through our robust use of provider agreements. VA is able to quickly coordinate care through this network when our contractor support fails to make the Veteran's appointment. In FY 2017, VISN 10 coordinated the care of over 34,000 Veterans using our robust community provider network of over 1,600 providers in the VISN; second in the Nation in terms of volume and third in use.

In addition, VA has formed a robust partnership with our DOD sharing partner, Wright Patterson Air Force Base; establishing a consortium designed and developed to standardize business processes to increase the quality of care for Veterans, reduce the overall cost of care, expedite Veteran access to care, and support Air Force combat preparedness. VISN 10 has successfully referred over 4,600 Veterans to Wright Patterson over the last 2 years from VA facilities in Cincinnati, Dayton, Chillicothe and Columbus. VA has realized substantial cost avoidance using VA/DOD partnership over traditional NVCC -Saving realized over \$3M through July 2017.

There are also weekly community care huddles to share strong practices, implement changes and provide VISN level support to each VISN 10 facility to support our Veterans. VISN 10 strongly supports learning, sharing, and growing together to support Veterans in the delivery of their care needs.

In 2017 the VA Central Office made a change in the distribution and participation in the formulation of policies, memorandums and handbooks which have greatly enhanced field staff ownership and accountability. These documents are distributed for field input and subsequently finalized and distributed. VISN program leads share and discuss the direction and subsequently cascade it down to the field for implementation.

#### CONCLUSION

VA remains focused on providing the highest quality care our Veterans have earned and deserve and which our Nation trusts us to provide. VA appreciates the support of Congress and look forward to responding to any questions you may have.

Senator BROWN. Thank you, Mr. Burke.

You said in your testimony Ohio averages 97 days to decide a claim. Twenty-two percent of Ohioans wait at least 125 days. Walk through the claims process. It is pretty hard to understand why we cannot do better.

A veteran walks in and what happens?

Mr. BURKE. There are actually five distinct points in our claims process, Senator, that transpire.

The first is actually putting the veteran's claim under control and initiating the first phase of development. This is where we start to go out to private treatment facilities, obtain records, or even in some cases request a VA examination.

The second step in our process is the largest part of our overall inventory. It is also the most time-consuming. About 85 percent of our 125-day window takes place in step two. This is where we continue to develop evidence. We go out to obtain every piece of information, whether it is private records, VA exam results, clarification of medical opinions, et cetera, before we make a claim what we call ready for decision.

Once a claim gets to step three out of five, that is the ready for decision, we can actually move those claims from start to finish in less than 30 days.

To that end, VA just kicked off a campaign we call decision-ready claims. That decision-ready claim initiative is designed to bypass the first two steps in the claims process.

We are celebrating progress. We have not celebrated completion because 97 days, we are not content with that.

Senator BROWN. How long should it take?

Mr. BURKE. There are some claims, Senator, that we would disadvantage a veteran if we rushed to a decision in less than 125 days. There are some complex claims. There are those that we need verification from other agencies, other entities, that do require longer than 125 days.

Senator BROWN. Is there anything like an ordinary, routine claim? I guess nothing fits exactly if it is you, right? But, how long should it take in a case like that?

Mr. BURKE. If we can change the dynamics of claim filing to where the claim comes into VA fully developed with all the evidence there at that third step, our guarantee on decision-ready claims is that we will render that start to finish in less than 30 days.

Senator BROWN. How long should it take for an appeal?

Mr. BURKE. Our goal under the new appeals framework, if you take the higher level review path or the supplemental claim path, is to have that done on an average of 125 days, and for claims going to the Board of Veterans Appeals in under a year.

Senator BROWN. Your comments about suicide are troubling, as all comments about veteran suicide are troubling. My understanding is that a veteran in Ohio is twice as likely to commit suicide as a nonveteran. Ohio's numbers are slightly better maybe than the national average, but every suicide, as you say, is a tragedy.

What can this Committee do to help?

Mr. BURKE. I think I would like to engage my partners from VHA, as they are the experts in VA's efforts on suicide prevention.

So, if anyone from VHA would like to chime in, that would be great.

Mr. MCDIVITT. Sure. Thank you, Mr. Worley and Senator.

The tragedy of veteran suicide, as you know, is one of Secretary Shulkin's five priorities. His only clinical priority is to prevent veteran suicide.

There are a lot of initiatives going on in the State of Ohio, as you indicated. For those of us in the Veterans Health Administration, we are part of the #BeThere initiative to make sure that both our staff, our community members, our partners are aware of the symptoms of suicide, are aware of what to look for, are aware of the questions that they should be asking veterans.

We do save training of all our staff and of community partners. We utilize the REACH-VET tool to identify veterans at high-risk and provide special support to them.

We have the veterans' crisis line, 1-800-273-TALK, where we encourage any veteran in crisis, family members, or others to call. The next day after the crisis is resolved, they are connected with a suicide prevention coordinator at one of our VA medical centers.

We have initiated a program—

Senator BROWN. Let me interrupt.

Mr. MCDIVITT. Yes. Go ahead, Senator.

Senator BROWN. I appreciate that litany, and that is important.

Mr. MCDIVITT. Sure.

Senator BROWN. When Mr. Powers talked about his attempted suicide, would anybody at the VA have known that that happened? I do not mean him personally, but if someone attempts suicide, something like his situation happened, there is a good chance the VA would not know that happened, I assume? I am not pointing fingers here.

Mr. MCDIVITT. Yes, it is certainly possible. It depends. As I said, we have veterans who are on the suicide watch list. We have veterans who are part of the REACH program. We try to connect—

Senator BROWN. He might have been on the watchlist? It is possible?

Mr. MCDIVITT. I do not know that.

Senator BROWN. He might have been.

One thing that really stood out as I prepared for this hearing, and just what I have learned being on this Committee for a decade, is that my understanding is that most of the suicides that happen, when veterans commit suicide, most of them have not had contact with the VA in a couple years. Correct?

Mr. MCDIVITT. Of the 20 veterans who commit suicide a day, only six are part of the Veterans Health Administration.

Senator BROWN. So, isn't the most important thing for all of you is to find those 14?

Mr. MCDIVITT. Right. That is a key part of our initiative. We have a pilot program in this vision, which rolled out in the Toledo area to connect with churches. We are working with over 100 churches in Northwest Ohio to, again, make members of the church aware of what they should be looking for in terms of veteran suicide, aware of VA resources that are available, and to make those connections.

We are doing it across-the-board, whether it be working with Mr. Tansill and the Ohio Department of Veteran Services, with the service organizations who are represented here, with many, many community health care partners. We do mental health forums at our all our facilities and oftentimes have 100 partners come, and at every one of those, we talk about suicide prevention and how we can better connect with the community.

Senator BROWN. Dr. Matthews, obviously, you know this country well and you know the VA from the inside well. You probably know that Ohio has more opioid deaths than any State in the country. We are not the highest per capita, but we are pretty damn high, and we literally had the most 2 years in a row. I assume that means we have some of the highest opioid addiction among veterans.

Can you teach sort of civilian Ohio what works? When you answer the question of what is unique or interesting or particularly successful things that the VA is doing on opioid addiction, understanding the State Legislature has pretty much been absent on scaling up opioid treatments in this State, understanding Congress makes good speeches but does not really fund scaling up opioid treatment programs.

Right now, in Ohio, literally in Ohio, 200,000 Ohioans right now are getting opioid treatment because they have insurance from the Affordable Care Act. I understand that component.

What can you tell me the VA is doing well? What are your plans in the future? And, how can civilian Ohio learn from what you are doing in the VA?

Dr. MATTHEWS. Sure. Thank you so much, Senator. It is an excellent question.

I am actually a primary care physician as well who actually does opioid treatment. I am very familiar with this, even during my time prior to the VA.

I can definitely say up front that no State has this right yet, but one thing that I am quite proud of within the VA is that we have jumped leaps and bounds ahead of a lot of larger health systems in the private industry with our opioid safety initiative. We have really added processes and performance metrics to what is otherwise becoming the standard of care within health care, which is based on the CDC guidelines for approaching opioid prescribing.

We are monitoring our veterans. We are monitoring the prescribing practices of our providers. We are approaching it from a clinical perspective, as far as history-taking and actually dealing with pain as a larger concept, as opposed to just throwing a medication at it, but dealing with causes of it, looking at non-pharmacological approaches to actually treating pain.

We are actually quite advanced and actually do have a lower rate of prescription for opioid than most of the private industry. What we are now trying to do—

Senator BROWN. Is that long term? There is a book that I recommend to anybody here. It is much about Ohio, unfortunately, from Portsmouth to Columbus especially, called *Dreamland*. Much of the opioid addiction in this country sort of began—the writer really does kind of tag Portsmouth, OH—I do not think that is entirely fair—as the beginning over 30 years, 20 years, I guess.

Is that a long-term thing that? Clearly, the drug companies are guilty as hell in this in how they peddled these drugs, saying they were not addictive, OxyContin, oxycodone, Vicodin, other drugs, Percocet and all. Doctors overprescribe. We can point fingers. We are all guilty, I guess.

Have you sort of set examples, in terms of prescribing, in terms of this?

Dr. MATTHEWS. Yes.

Senator BROWN. Tell me how that has worked.

Dr. MATTHEWS. It has actually worked quite well. One of our expectations for VA prescribers and soon-to-be, hopefully, in our community network as we work with other States, is the checking of State prescription drug monitoring programs. This is for all controlled substances typically, so more than even just opioids, are actually in a State-level registry, so that providers can look to see when the last time prescriptions were written in a specific veteran's name, can have information so that they know that perhaps there might be potential for any overprescription or just acknowledgment that treatment is already in place, perhaps with another provider, so that a new prescription is not necessary.

Our pharmacy records now feed into these State programs, so that even outside providers can see that the VA prescribers now have opioid prescriptions in a specific veteran's name.

Senator BROWN. Is there a uniform policy on not overprescribing?

Dr. MATTHEWS. Yes.

Senator BROWN. It would be every bit as good in Ann Arbor, or it would be pretty similar in Ann Arbor to Chillicothe to Dayton to Cincinnati?

Dr. MATTHEWS. We have a national clinical guideline on opioid treatment that is expected across the Nation. It is really equivalent to a lot of the standards of care that other health systems—in fact, in Ann Arbor, the University of Michigan has a similar set of pain policies that other private health systems adopt as well.

Yes, our expectation is that VA providers are following those guidelines, that our pharmacy records are looking into any prescriptions that are coming in from community providers that may be seeing our veterans, so that we can attack the issue proactively.

Senator BROWN. Thank you for that, Dr. Matthews.

Mr. McDivitt, talk about VA hiring and how you anticipate staffing shortages. One of the things that this Committee has taught me is to stay in touch closely not just with directors in Chillicothe or Dayton or Cincinnati or Wade Park, or even the community-based clinics in Springfield and Mansfield and Zanesville and all, but also to stay in touch with the work staff, the medical personnel and the personnel that are not as well-paid and perhaps not as highly skilled as Dr. Matthews.

One of the things we see is medical staff shortages sometimes are not filled quickly enough. What you do in Cleveland or what you do in Dayton to anticipate medical staff shortages so the wait times for people coming into the VA do not get longer because there are not enough medical personnel? How do you anticipate that? How do you fill those jobs more quickly?

Mr. MCDIVITT. Sure. Absolutely. Thank you, Senator.

Senator BROWN. I know it is a huge system, and it is difficult.



Mr. MCDIVITT. In our VISN, the three-State area, we have around 30,000 employees. Yet, I think as you said, it really goes to the frontline. We hire directors, and we have three of our directors here, Ms. Hepker from Columbus, Mr. Murdoch from Chillicothe, and Ms. Hudson from Cincinnati.

We hire directors who do not spend all their time in the board room. They spend a lot of time out in the clinic or on the frontlines talking to staff, as you do when you do town halls, seeing where the pressure points are in the organization.

We do have an overall human resource strategy. We have professions that are challenging to recruit. We try to make sure that we are ahead of the game on that, whether it be ICU nurses, some medical specialty areas.

In the last year, I am pleased to report, that in the State of Ohio, we added over 380 full-time equivalent employees from the beginning of fiscal year 2017 to the end, and pretty much across-the-board. Here in Columbus, Cleveland, Cincinnati, and Dayton.

We try not to be a market-leader in our hiring process, but we try to be competitive across-the-board.

I would also say, with Dr. Matthews here, on occasions when we have short-term vacancies, and we had a short-term vacancy for orthopedic surgeons here in Columbus, we can turn to community care now. Community care can fill a gap while we are recruiting in the VA.

Senator BROWN. Pay, I assume, the same job at every VA I assume does not pay the most. Dayton's cost-of-living is less than San Francisco's. Do they get paid more for those jobs in San Francisco because the cost-of-living is higher?

Mr. MCDIVITT. There are geographic adjustments for larger markets in places like New York City and San Francisco and so on. However, our physician pay package has two components. One is a base pay, and the second is a market pay, knowing that the salaries for certain physicians—it may be more challenging to recruit someone in Toledo as opposed to Columbus or Chillicothe. We try to make adjustments, so we can compete in that market.

Senator BROWN. This is not typical in a congressional hearing, but would you introduce the directors you mentioned so people can see them?

Mr. MCDIVITT. Of course. Wendy Hepker, Vivian Hudson, and Mark Murdoch are directors here representing the VAs in Ohio. [Applause.]

Both Mark and Vivian are military retirees. Mark retired from the Air Force. Vivian just retired last year from the U.S. Army.

Senator BROWN. Thank you. Two of you, thank you for welcoming both me and my staff to your hospitals and for the work you do.

We have seen major progress in all three of those hospitals. It is always a challenge. Thank you for your service.

Thanks for taking that question.

Let me shift to something very different, Mr. Worley. This will be mostly for you, but may be Mr. Burke, too.

I am concerned that the VA was seeking blanket waivers to conflict-of-interest rules that would allow VA employees to benefit financially from for-profit colleges and universities. I was glad that

Secretary Shulkin listened to veterans and VSOs and educators and policymakers who opposed this decision.

Why was VA interested in waiving this requirement?

Mr. WORLEY. Senator, I think as was stated in the Federal Register notice originally, we believe that the statute had unintended and illogical consequences in its full application, meaning someone who had a job at a hospital that had entirely nothing to do with educational benefits going to a for-profit school would have to be fired, or waived under this provision, for attending a for-profit school where the G.I. Bill was being used.

I think it was in that context. That I think was a large part of the motivation.

Senator BROWN. Did this waiver request come out of the White House?

Mr. WORLEY. I cannot speak to that, Senator. I don't know.

Senator BROWN. You do not know or you cannot speak to it?

Mr. WORLEY. I do not know.

Senator BROWN. Mr. Burke, do you know?

Mr. WORLEY. This was handled primarily out of our—

Mr. BURKE. I do not know, sir.

Senator BROWN. There has been, as more and more veterans have been cheated by some of these for-profit colleges and universities—and “cheated” is the right word, not just veterans but lots and lots of people have been cheated. These for-profit schools spend lots of money recruiting, lots of money helping you find financial aid. Then they spend almost no money helping you find a job.

When these for-profit colleges go out of business, or even if they do not go out of business, people rack up huge student debt, and the diploma is not worth as much.

There is some political movement in this country to and in Washington to protect these for-profit colleges and to protect their profits. I am just always concerned, as concerned as I am about the VAs.

You begin to hear more and more on the news that some people inside the government want to privatize the VA. I do not know exactly what direction that is and what that means, but you always hear those warning bells come from my office and from a lot of us in Congress, and I hope in both parties.

Thank you for that answer.

I want to talk about the 90/10 loophole used to crack down on for-profit colleges and universities that use abusive, deceptive practices to recruit veterans, servicemembers, and their families. As you know, veterans especially, they have gamed the loophole to count veterans in that number, which I find pretty despicable. That is why I have reintroduced the Military and Veterans Education Protection Act.

My question to both of you, are there other improvements in the G.I. Bill not included in the Forever G.I. that would help the VA better serve veterans pursuing higher education?

Mr. Worley?

Mr. WORLEY. First of all, I would thank you and the Committee for all the incredible improvements that have been made just in my time in this job, which has been about 5 years. We have seen the educational provisions out of the Choice Act of 2014, the

Blumenthal-Miller Benefits Improvement Act had 15 provisions, and, of course, the Forever G.I. Bill. These are huge improvements to so many of our beneficiaries and have really addressed numerous of VA's legislative proposals as well as, of course, numerous VSOs.

I think there are a few things left to do, as I think you are no doubt aware. I think it is called the Valor Act that was recently passed, which will help us with apprenticeships.

Off the top my head, I would have to go back to our 2018 budget proposal where we had various legislative proposals. But, there are fewer of those out there because the Forever G.I. Bill covered so many of them.

Senator BROWN. Thanks.

Do you want to add anything, Mr. Burke?

Mr. BURKE. No, sir. Nothing else to add. I think Mr. Worley is the expert with the G.I. bill.

I would like to echo the appreciation for the support in getting the large overhaul done that Rob mentioned. Thank you.

Senator BROWN. My last question of the hearing, and if any of you want to add anything else, I am certainly open to that. One of the real successes—I think hearings like this and reading newspapers and going online, we hear only about the problems and the waiting lists and the people who fell through the cracks, or when government does not do a good job.

Well, some years ago, the VA—I believe it was Secretary Shinseki; it may have been Principi, I am not sure—set a goal on homelessness to eliminate homelessness among vets, understanding actually getting it to zero was virtually impossible.

Since 2010, we have reduced veterans' homelessness by 47 percent. The HUD-VASH voucher program has been instrumental in making this progress. It helps veterans. We know, as I said before, and Shinseki actually told me this when he was Secretary of the VA, that Chillicothe may be the single best homelessness program center of any of the VA hospitals anywhere.

Unfortunately, in September, the VA decided to take dedicated HUD-VASH supported services funds and combine them with other funding needs in general purpose funds, which meant housing and veterans' service organizations in our State—I think our directors could probably speak to that—and across the country are concerned that this decision will undermine the success of the HUD-VASH program and set back our efforts as we have made measurable, significant progress in reducing the homeless veteran population since 2010.

Is there any chance, Mr. Burke, the VA would reconsider this decision? If not, how do you plan to ensure that they are going to remain steady to support the struggling veterans across Ohio that are on the edge of homelessness?

Mr. BURKE. Sir, that is a great question. I am going to ask my colleagues from VHA to chime in as well.

I will say, we have not given up the fight on trying to eradicate veterans' homelessness. In fact, we are using tools and technology, such as our National Work Queue, to move those veterans with pending claims that we know are homeless kind of to the front of the line to expedite decisions on that.

Mr. McDivitt, if you want to add anything?

Mr. MCDIVITT. Sure. Thank you, Mr. Burke.

This is a very important issue to us, Senator, as you know. The decision you talked about is actually on hold right now. I think the Committee had asked that it be reconsidered, so it is on hold.

Regardless of how it plays out—

Senator BROWN. The decision to move the funds out of the VA—

Mr. MCDIVITT. The decision to move the money from special-purpose into the general purpose fund.

Regardless of how—

Senator BROWN. I am sorry to interrupt. How do we get that from putting it on hold to putting it in the trash, for want of a better term? You said that decision is on hold to make the move. How do we get that decision to be permanently on hold?

Mr. MCDIVITT. There is an active debate with the CFO in the Veterans Health Administration about that. My network director colleagues and I had a chance to talk with him last week.

I would say, ultimately, whether the money comes as special purpose or it comes as part of the overall appropriation, it will come here to Ohio, and it will be part of our overall homeless program. Dr. Jessie Burgard, our mental health lead for the division, oversees those programs. We have a coordinator for the State of Ohio, Jim Kennelly. We have homeless veteran coordinators at all our facilities.

The HUD-VASH funding will continue to come here. It may not come as what we call special-purpose dollars, but it would come as part of the overall general appropriation. The commitment to homeless veterans continues to be very strong here in Ohio.

Senator BROWN. I think about two things that have been brought up here. Congresswoman Beatty in her opening statement said something very passionately, that it is our duty to serve those who served us. I do not know if that is a slogan at the VA, but it should be.

I know that all four of you have dedicated a big part of your lives to serving veterans. I know on our previous panel that every witness had served this country and was now serving veterans either in a voluntary or a paid capacity.

When you think of two things, in particular, to measure us as a Nation, when you think of the veteran suicide rate and the veteran homelessness rate, it really has to be more than a goal of our country to eradicate homelessness, of course, for everybody, and to eradicate suicide for everybody, but especially when we fall short so that the number among veterans is higher, it is something that we always need to work to ameliorate.

Thank you for the work that the four of you are doing.

Thank you all for joining us today. Anybody that has comments, certainly, outside the process of this Committee, come to [Brown.Senate.gov](http://Brown.Senate.gov) and give any comments you have, any questions, any of you as veterans. Those of you who represent other veterans, if you are from the local DAV or Polish American Veterans or VFW or American Legion or any other veterans group, or if you are in a Veterans Services commission office in a county, certainly feed any information directly to Jonathan or Anna in my office, or

Amber in the back, or directly to me. That is my job to represent you in that way.

I so appreciate all of you who came. The three directors, thank you for joining us. The four of you up here, thank you so much.

The Committee is adjourned.

[Whereupon, at 3:20 p.m., the hearing was adjourned.]

[Responses to posthearing questions follow:]

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. SHERROD BROWN TO RONALD BURKE, ASSISTANT DEPUTY UNDER SECRETARY FOR FIELD OPERATIONS, VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Despite progress in recent years, the suicides among veterans remain a critical issue. In the testimony, you note that the suicide rate among Ohio veterans specifically is nearly double that national rate. I hear from the families of Ohio veterans who have committed suicide far too often.

Their heartbreaking stories vary but each is tragic. You note that a majority of the 20 veterans on average that we lose to suicide each day have not received care from VA in at least two years.

This is evidence that VA care contributes to a decreased risk of suicide and I commend the employees—often veterans themselves—who are on the front lines working every day to support veterans in crisis. However, there have to be ways for the Department to do better.

Mr. Burke, you've highlighted improvements VA has made in its approach to suicide prevention.

*Question 1.* What specific weaknesses remain and what steps are being taken to mitigate those shortfalls?

*Department of Veterans Affairs (VA) Response:* Approximately 70 percent of Veteran suicides are among Veterans who have not been recently engaged in our healthcare system. The Veterans Health Administration (VHA) provides excellent care to Veterans at risk for suicide through enhanced care from facility Suicide Prevention Coordinators, and predictive risk programs like REACH VET; however, Veterans who do not receive care at VA cannot avail themselves of these programs. We are committed to building a national network of partnerships to ensure that all Veterans have the care and support they have earned, whether or not they are enrolled in VA healthcare. Solving Veteran suicide will take a community based approach across the Nation. One example of that approach is VA's work with the Substance Abuse and Mental Health Services Administration (SAMHSA) on a Mayor's Challenge in 7 communities, in order to enable that each of these communities to identify unique local solutions to Veteran suicide. That is the type of approach we think is necessary to reduce suicide rates for all Veterans.

*Question 2.* How can this Committee help?

*Response.* We ask for Senate Veteran Affairs' Committee support in engaging communities to address Veteran suicide through expansion of the Mayor's Challenge program to include grant making authority.

*Question 3.* Mr. Burke, the first panel of witnesses discussed the barriers veterans and their families face transitioning to civilian life and accessing the benefits they earned and deserve.

What are your goals for VBA's distribution of education benefits and how will you measure success?

*Response.* The Department is working to exceed our timeliness goals of 28 days for original claims and 14 days for supplemental claims, and to automate original claims as part of the Colmery Act implementation. Veterans Benefits Administration (VBA) works to ensure beneficiaries make informed decisions concerning their education and training benefits, and to protect GI Bill beneficiaries in other ways. VBA's Education Service is collaborating with the Veterans Experience Office to utilize a new Customer Experience Management System to collect Veteran feedback via surveys and electronic comment cards, and to use the latest data to identify emerging patterns to improve value to Veterans. This will help VBA modernize, prioritize, and focus on issues impacting Veterans' experience. Additionally, our academic progress measures are being developed and will report on a more complete picture of an individual's use of the GI Bill and their outcome (in line with Public Law 114-315, Section 404-7). These, combined efforts will allow VBA's Education

Service to make data-driven decisions to achieve program and policy successes, while providing avenues for stakeholder engagement.

*Question 4.* From a veterans and military family education and work-readiness perspective, how can this Committee work with the Department to meet the needs of those who served and their loved ones?

Response. Recent legislation introduced by the Committee and signed into law by the President significantly improves educational and work-readiness opportunities for Veterans and their loved ones. Specifically, on August 16, 2017, the President signed the Harry W. Colmery Veterans Educational Assistance Act of 2017, also referred to as the “Forever GI Bill.” This law contains 34 new provisions, the vast majority of which will enhance or expand education benefits for Veterans, Servicemembers, Families and Survivors. On November 21, 2017, the President signed H.R. 3949, the Veterans Apprenticeship and Labor Opportunity Reform Act (VALOR Act), into law. This law will make it easier for multi-state companies and organizations (that operate apprenticeship programs) to provide veteran apprentices with access to their earned GI bill benefits. VA is working hard to successfully implement both laws and remains committed to working closely with the Committee as we deliver the accurate and timely educational benefits our Veterans have earned.

*Question 5.* Mr. Burke, I have heard from many veterans who are ineligible for VA-provided healthcare because their income is considered too high. Additionally, former reserve component members whose service did not involve combat deployments and did not retire, medically or otherwise, have noted their ineligibility because their service does not meet VA’s stated criteria for Veteran status.

Please take a moment to explain how VA considers eligibility and how it relates to income, time in service, and deployments. And, how will veteran status relate to eligibility for the Department’s eventual roll-out of a veteran’s ID card program?

Response. For the purposes of VA health benefits and services, a person who served in the active military service and was discharged or released under conditions other than dishonorable is considered a Veteran and may qualify for VA health care benefits. Current and former members of the Reserves or National Guard who were called to active duty by a Federal order and completed the full period for which they were called or ordered to active duty may be eligible for VA health benefits as well. Reserves or National Guard members with active duty for training purposes only do not meet the basic eligibility requirements.

NOTE: Most Veterans who enlisted after September 7, 1980, or entered active duty after October 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty in order to be eligible. This minimum duty requirement may not apply to Veterans who were discharged for a disability incurred or aggravated in the line of duty, for a hardship or “early out,” or those who served prior to September 7, 1980. Since there are a number of other exceptions to the minimum duty requirements, VA encourages all Veterans to apply so that we may determine their enrollment eligibility.

Veterans who do not have a VA-rated service-connected disability and who do not receive a VA pension payment or have a special eligibility, such as a recently discharged Combat Veteran or a Purple Heart recipient, may also receive VA health care if their income is below VA’s National Income or Geographical-Adjusted Thresholds. To see if they qualify, Veterans must provide their gross household income (which includes spouse/partner and dependent children, if applicable) for the previous year when applying for enrollment for VA health care. This part of the application process is called an “income assessment or financial assessment” (also formerly called a means test) and is used to determine if these Veterans are eligible for enrollment and whether or not they have to pay copays for their health care or prescription medication. Additional information regarding healthcare eligibility is available online at: <https://www.va.gov/HEALTHBENEFITS/index.asp>.

For the Veteran ID card, only those Veterans with honorable service will be able to apply. The Veteran ID card provides proof of military service, and may be accepted by retailers in lieu of the standard military discharge documents (DD214) to obtain promotional discounts and other services.

*Question 6.* Mr. Burke, you heard from the previous panel about their experience with VA regarding debt collection. I have heard from many Ohio veterans about this, and subsequently sent a letter to Secretary Shulkin. Can you answer the following questions for me:

How does VA ensure that veterans are receiving an accurate determination of benefits, and what processes and safeguards are in place to mitigate the risk of overpayment and subsequent debt collection?

Response. VA makes every attempt to accurately and expeditiously process benefit payments to Veterans and their Survivors. VA authorization experts review all mon-

etary awards before approving decisions. National quality experts routinely assess the accuracy of regional office (RO) actions while local quality experts review the actions of individual adjudicators. Regular enforcements, such as mandatory training, consistency studies, and Systematic Analyses of Operations by management, also help ensure timeliness and accuracy of decisions. VA has also deployed the National Work Queue to manage workload nationally and take full advantage of RO capacity.

*Question 7.* Has VA identified any circumstances or sources that account for the sharp increase in the rate of overpayment notices in the last few years?

Response. Department of Defense (DOD) drill pay to Veterans has substantially contributed to the number of VA overpayments in VA's disability compensation program. By law, Veterans may not receive both drill pay and disability or the same periods. Prior to February 25, 2016, when VBA processed drill pay adjustments, the adjustments were applied to future disability payments. This caused the Veteran's future payments to be reduced or stopped for a period of time and may have caused financial hardship to the Veteran. Accomplishing drill pay adjustments from this perspective, only allowed the Veteran to request relief from the repayment by requesting a hardship waiver. Effective February 25, 2016, VBA changed its policies and began processing drill pay adjustments retroactively verses prospectively. This process created a debt in VA systems but allowed Veterans additional options to repay the overpayment based on their financial situation. Veterans with overpayments related to drill pay adjustments are automatically placed on a 12-month repayment plan. Other options available once overpayments are established, include:

- Request a waiver for the overpayment due to financial hardship;
- Request a payment plan for the overpayment;
- Request a compromise of the overpayment due to financial hardship;
- Have the amount repaid with future disability payments; or
- Pay the full amount of the overpayment and continue receiving their disability payments.

The success of the Rules-Based Processing System, which automatically processes dependency claims without user intervention, as well as increased automation of drill-pay adjustments, have helped increase overpayments because VA is completing these types of claims, which can generate overpayments, in greater numbers.

Additionally, VBA is working collaboratively with DOD to receive drill pay information monthly so we can process these drill pay adjustments more frequently resulting in Veterans receiving this information in a timelier manner. Currently, VBA receives this data annually through an electronic data sharing agreement with the DOD. However, VBA's ability to process these monthly adjustments is dependent upon a regulation change that would allow an upfront issuance of due process for military payment adjustments. The regulation change is currently undergoing legal review as part of VA's internal concurrence process. We do not have an anticipated date of publication at this time.

*Question 8.* What is VA doing to ensure that veterans know their responsibilities in reporting a change to their status, especially in complicated circumstance when benefits overlap with other departments, such as DOD?

Response. A number of measures alert Veterans to report circumstances that may affect their VA benefits. Benefit decision letters include paragraphs about the need for beneficiaries to immediately inform VA of specific situations that could impact their monthly payments. In December 2017, VA clarified these conditions that may affect Veterans' rights to continued payment. VA also informs Veterans of conditions impacting benefits using such forms as VA Form 8764, Disability Compensation Award Attachment Important Information, and cost-of-living adjustment letters.

In addition, VA has data matching agreements with the Social Security Administration, Federal Bureau of Prisons, and other Federal agencies to reduce both the number of individuals receiving dual benefits contrary to law and the time during which they receive such benefits. VA also works with these agencies to ensure VA receives critical data, such as dates of death, dates of incarceration, etc., as timely and efficiently as possible.

Finally, VA is deploying technological solutions and leveraging automation to reduce overpayments. For example, in 2016 VA worked with DOD to automate notifications required when Guardsmen and Reservists receive both VA compensation and DOD drill pay. This new automation process improves VA's management of drill pay adjustments.

*Question 9.* Mr. Burke, The HUD-VASH voucher program helps veterans escape homelessness through a combination of HUD-funded housing vouchers and VA supportive services and case management. Since 2010, we have reduced veterans' homelessness by 47 percent and HUD-VASH has been instrumental in that progress. In

September, the VA decided to take dedicated HUD-VASH supportive services funds and combine them with other funding needs in a General Purpose Fund. Housing and veterans' services organizations in Ohio and across the country are concerned that this administrative decision will undermine the success of the coordinated HUD-VASH model and set back our efforts to end veteran homelessness.

Will the VA reconsider this decision? How do you plan to ensure that VA will remain ready to support struggling veterans across Ohio?

Response. As of December 7, 2017, the decision to move Special Purpose Funds to the General Purpose budget is on hold for this fiscal year (FY). All Special Purpose funding will go through the Veterans Integrated Services Network (VISN) as previously allocated. VISN 10's commitment to homeless Veterans in Ohio, and in the other states we serve will remain strong.

*Question 10.* Mr. Burke, the Department of Veterans Affairs recently released its first "WARNO" or "warning order" jointly with the Consumer Financial Protection Bureau to notify veterans about VA mortgage refinance scams. Illegal and misleading advertising for these products includes claims of lower interest rates or thousands of dollars in cash back. In reality, borrowers have received much less cash than they were promised, or the overall balance of their loan has gone up. According to the CFPB, mortgage refinances accounts for as much as 14 percent of the complaints submitted to the Bureau by servicemembers and veterans.

Why is it common for predatory financial firms like these to target veterans and servicemembers?

Response. Based upon our knowledge concerning advertisements referred to us by Veterans and Veteran employees, VA believes the number of lenders engaging in questionable or misleading advertising practices is small, relative to the total number of lenders approved to make VA loans. This small group of lenders may view the recent boom in VA-guaranteed home loans as an opportunity to expand their refinance lending businesses through solicitation of Veteran borrowers with print ads. Consequently, these lenders may have targeted Veterans with mortgages without clear and transparent terms.

VA plans to address churning practices by issuing a proposed rulemaking. In determining what policy actions to take, VA is evaluating a range of possible measures—such as net tangible benefit tests, seasoning requirements, recoupment requirements, and others—and the effects that the measures might have on Servicemembers' or Veterans' access to their earned benefits, as well as, the impact on lenders, servicers, and mortgage investors.

In addition to longer-term measures like regulatory action, VA has also focused attention on policy changes that can be implemented rather quickly. On October 12, 2017, Government National Mortgage Association (GNMA) and VA released a joint statement that addresses lenders whose patterns of behavior are potentially harming Veterans and/or increasing risks and costs to our programs. VA and GNMA meet regularly to discuss areas of concern and potential next steps. GNMA issued additional guidance on December 7, 2017, to strengthen the seasoning requirements for GNMA pool mortgage-back securities. In addition, on February 1, 2018, VA issued policy guidance regarding initial and closing disclosures for IRRRLs to provide Veteran advance notification of the terms of the refinance. On February 8, 2018, GNMA issued a statement and worked with VA to release letters to nine lenders who are outliers among market participants regarding prepayment speeds, and are seeking corrective action plans from those lenders. (<https://www.ginniemae.gov/newsroom/Pages/PressReleaseDispPage.aspx?ParamID=129>).

*Question 11.* While this is the first "WARNO," has the VA worked with the CFPB to provide other consumer education and assistance to veterans?

Response. VA's Loan Guaranty Service (LGY) partners with stakeholders both inside government and in the private sector to ensure that Veterans are getting access to the benefits they have earned through their service to our country. VA's LGY and the Consumer Financial Protection Bureau (CFPB) collaborate frequently to ensure Veterans are well-served when shopping for or obtaining a home loan. Examples of that collaboration is the sharing of data on complaints received. VA and CFPB are looking at additional messaging through social media and through their websites.

*Question 12.* Does the VA work with the CFPB to make sure Ohio veterans get responses from their banks or lenders if they believe they've been harmed in some way?

Response. VA does provide information, such as misleading advertisements, to the CFPB Office of Enforcement and encourages VA Loan Specialists to refer Veterans to the CFPB complaint line and/or website. VA works with CFPB on a wide range of issues important to borrowers using their VA home loan benefit. VA has met with CFPB officials to discuss topics such as refinancing, lender refinancing marketing



policies and laws, and tools available through CFPB to help Veteran borrowers determine their financial health and ability to take out a loan for a home.

*Question 13.* How does the VA ensure that important consumer education resources like this are made available to veterans in Ohio? Have you worked with the Office of Servicemember Affairs directly?

Response. VA has a forward facing website which contains information about the VA Home Loan Guaranty program. As with the recent warning order (WARNO), in addition to the CFPB distribution, VA distributed this document to 1.8 million Servicemembers and Veterans through a listserv e-mail distribution. VA has 8 Regional Loan Centers and Loan Guaranty personnel in Honolulu, Hawaii to provide Veterans and Servicemembers with verbal and written correspondence on how to obtain, retain, and adapt a home through VA's Home Loan program.

VA collaborated with the Division of Servicemember Affairs on the CFPB WARNO message. In 2012, VA established a relationship with the CFPB Division of Servicemember Affairs, which resulted in consistent communication between the agencies. In 2017, a new Director was appointed for Servicemembers Affairs and VA renewed its engagement with the Division and presently meets on a monthly basis.

*Question 14.* Does the VA have the capacity to make sure veterans have access to financial education and that their consumer rights are being protected, or do you think it has been helpful to have the CFPB dedicated to that task?

Response. VA currently relies on entities such as the CFPB and the Department of Housing and Urban Development to deliver financial education and protect consumer rights regarding homeownership. It has been a tremendous help to have CFPB dedicated to this task with regards to our Veteran borrowers. The CFPB "Know Before You Owe" campaign is beneficial to all potential homeowners, including Veterans.

*Question 15.* Mr. Burke, your testimony mentions a social media campaign to inform individuals of the changes in the Forever GI [sic].

What kind of communication has VA had with defrauded veterans who attended ITT Tech and Corinthian Colleges regarding the restoration of benefits since the Forever GI Bill passed?

Response. VA notified approximately 8,000 individuals regarding their potential eligibility for entitlement restoration, of which, nearly 6,000 were ITT Tech or Corinthian students. The notification included an application form to seek restoration of entitlement. As of December 16, 2017, approximately 400 applications for restoration have been received, of which 209 have been approved for a total of 1,800 months. In circumstances where VA does not have a beneficiary's email or an email is undeliverable, VA is sending notifications through direct mail.

VA created a dedicated webpage (<https://benefits.va.gov/gibill/fgib/restoration.asp>) that speaks specifically to Restoration of Entitlement. It includes the form that beneficiaries can use to apply for benefit restoration, and VA is using social media including Facebook and Twitter to let beneficiaries know that VA can now restore entitlement and encourage those potentially eligible to apply.

*Question 16.* Has that included direct email and mail in addition to social media?

Response. In circumstances, where VA does not have a beneficiary's email or an email is undeliverable, VA sends notifications through direct mail.

*Question 17.* What is the projected timeline for future communication regarding restoration and when can these veterans expect to have their GI Bill benefits restored?

Response. This communication effort will remain ongoing as VA is committed to restoring entitlement to all eligible beneficiaries. VA will continue to leverage social media platforms and its website to encourage and instruct those potentially eligible to apply.

*Question 18.* Dr. Matthews, I have heard from several veterans about the onerous referral and authorization process for the Veterans Choice Program. Some veterans saying that it take weeks or months to receive authorization for an appointment.

Can you walk me through why it might take this long?

Response. After a Veteran has been referred for community care under the Veterans Choice Program (VCP), the VA staff must ensure the Veteran understands the process. VA staff members discuss VCP with the Veteran and offer the option for the Veteran to Opt In. Once a Veteran has opted in, the referral and supporting medical documentation is uploaded to the contractor's portal electronically. The contracting partner then contacts the Veteran to discuss scheduling with the Veteran, after they have accepted the referral which can take up to two days after the referral has been uploaded. The contracting partner will then work with a network provider to obtain an appointment. In certain circumstances the provider will request

to review supporting medical documentation before an appointment can be given. After an appointment has been given, the Veteran is notified. This process takes on average 27.2 days from consult to authorization, which is below the 30-day target.

*Question 19.* What is VA doing to ensure that the TPAs- Healthnet in Ohio- don't become a bottleneck in the process?

Response. VHA has taken additional steps to show how the Veteran experience has improved through streamlined processes. VHA has implemented 22 total processes and procedures since FY 2015. These have significantly streamlined or otherwise improved processes, and reduced the burden on Veterans when requesting, scheduling, and receiving care. VHA links the improvements to the five fundamentals supporting VA care: Eligibility, Referral and Authorizations, Care Coordination, Community Care Network, and Provider Payment.

VA nationally deployed a new Operating Model on October 17, 2017. The model is a key component to the delivery of VA's goal for community care. It is a standardized model for how resources (people, process, technology, and data) should be organized within local VA Community Care departments to enable access and the future state community care vision. The model clarifies eligibility requirements, builds on existing infrastructure to develop a high-performing network, streamlines clinical and administrative processes, and implements a continuum of care coordination services. The Operating Model is comprised of the foundational elements of clear roles and responsibilities, consistent processes, active partnerships, standardized care coordination, and responsive customer service.

*Question 20.* Dr. Matthews, Southern Ohio is ground zero in the opioid epidemic.

How does VA currently educate community providers about VA policy regarding opioid prescribing and documentation? I have a fear that with veterans using both VA and community providers there could be a lack of consistency and accountability in how our veterans are treated within the system and beyond.

Response. The VA Office of Community Care has developed a training module for community providers in an online educational system that provides evidence-based guidelines for prescribing opioids as outlined in the VA Opioid Safety Initiative (OSI). The module and additional information are being distributed by the VA's third party administrators (TPA) as well as to providers who have contracted directly with a VA Medical Center (e.g., sharing agreements, affiliate agreements, and direct contracts). VHA Office of Community Care will also ensure availability of evidence-based guidelines as outlined in the Opioid Safety Initiative through online access.

*Question 21.* Dr. Matthews, building on that last question,

Are there things that you think the VA has done particularly well in addressing the opioid epidemic that we could replicate across other programs to address the epidemic more broadly?

Response. OSI by the Department of Veterans Affairs (VA) aims to reduce over-reliance on opioid analgesics for pain management and to promote safe and effective use of opioid therapy when clinically indicated.

OSI was implemented nationwide in August 2013, and is producing the intended results. The basis for the OSI is to make the totality of opioid use visible at all levels in the organization. The OSI includes key clinical indicators such as the number of VA pharmacy users dispensed an opioid, the number of VA pharmacy users receiving long-term opioids who also receive a urine drug screen, the number of VA pharmacy users receiving an opioid and a benzodiazepine (which puts them at a higher risk of adverse events) and the average morphine equivalent daily dose (MEDD) of opioids. Overall, VA has seen a 41 percent reduction in the number of Veterans who have received opioids for greater than or equal to 90 days.

In order to assist community providers in replicating our successes through OSI, VA has released a STOP PAIN tool kit described below.

STOP PAIN stands for:

- *Stepped Care Model*—Adapted from the National Institutes of Health, this model encourages a continuum of care with effective monitoring and management of the condition from onset through treatment. It incorporates self-management through participation in such groups as Narcotics or Alcoholics Anonymous; counseling; treatment programs; involvement of primary care; and other medical specialists.
- *Treatment alternatives/complementary care*—Complementary and Integrative health expands the availability of provider options beyond the use of standard care in the treatment of chronic pain. Complementary Health may include such evidence-based treatments as acupuncture, yoga, and progressive relaxation.

- Ongoing monitoring of usage, which relies on multiple tools for tracking and monitoring individual usage of and risk of opioid therapy.

- *Practice Guidelines*—Key Clinical Practice Guidelines updated and utilized in VA for combating the opioid epidemic include both the VA/DOD Clinical Practice Guidelines for Management of Substance Use Disorder (SUD) and the VA/DOD Clinical Practical Guidelines for Management of Opioid Therapy for Chronic Pain. These guidelines provide clear and comprehensive evidence-based recommendations for practitioners to minimize harm and increase patient safety in patients requiring SUD treatment and opioid therapy. They can be found online at <https://www.healthquality.va.gov/guidelines/MH/sud/> and <https://www.healthquality.va.gov/guidelines/Pain/cot/>. Prescription monitoring—VA has a number of data sources to allow it to monitor opioid use to target specific education in real time. The practice patterns of providers differ, along with the case mixes, so a provider with relatively high opioid prescribing may have an appropriate practice, or be someone who could benefit from education. These tools allow the VA to drill down to the patient level to evaluate use. Other tools can evaluate the treatment of patient panels and the Veterans risk of potential abuse. Together, these allow identification of potential problems, educational targeting, and tracking of progress.

- *Academic Detailing*—The academic detailing program is a one-to-one peer education program targeted to front line providers. It gives specific information on practice alternative and resources, opioid safety, and can compare the practice of the provider to that of their peers. Veterans have improved pain control as a result of it. Information about this may be found at: <https://www.pbm.va.gov/PBM/academicdetailingservicehome.asp> and [https://www.pbm.va.gov/PBM/academicdetailingservice/Pain and Opioid Safety.asp](https://www.pbm.va.gov/PBM/academicdetailingservice/Pain%20and%20Opioid%20Safety.asp).

- *Informed consent for patients*—VA requires an informed consent process prior to long-term opioid therapy. This process includes the risks of opioid therapy, discusses opioid interactions with other medicines, and reviews safe prescribing practices such as urine drug screens.

- *Naloxone distribution*—The Opioid Overdose Education & Naloxone Distribution, has focused on education of providers on Naloxone distribution to Veterans on long-term opioid therapy.

*Question 22.* Does VA need any additional authority from Congress to play a larger role to address this epidemic among veterans?

Response. VA is in constant collaboration with public and private health care entities to explore and investigate all opportunities to improve our practices and where applicable apply them to our own programs. A key example of this is our work on Clinical Practice Guidelines. VHA, in collaborations with DOD and other leading professional organizations, has been developing clinical practice guidelines since the early 1990s. In 2010, the Institute of Medicine identified VA/DOD as leaders in clinical practice guideline development.

Implementation of evidence-based clinical practice guidelines is one strategy VHA has embraced to improve care by reducing variation in practice and systematizing “best practices.” Guidelines address patient cohorts, serve to reduce errors, and provide consistent quality of care and utilization of resources throughout and between the VA and DOD health care systems. Guidelines are also cornerstones for accountability and facilitate learning and the conduct of research.

*Question 23.* Mr. McDivitt, a common issue I hear from veterans is the inconsistent information and quality of care they receive from different VA medical facilities.

How do you ensure consistent, quality care and services across VSN 10 facilities?

Response. As a healthcare enterprise, we work from all points of patient care and services to the VISN office to ensure the delivery of the highest quality care to Veterans. Components include, but are not limited to the following:

- Quality Management Systems and Internal Controls
- Continuous improvement, redesign, systems engineering and efficiency management
- Patient Safety
- Internal and External Reviews
- Utilization Management
- Risk Management
- Performance Measurement and Evaluation
- Veteran and family engagement, activation, satisfaction and transparency
- Credentialing and Privileging
- Environment of Care Safety and Engineering

Each of these components is operationalized at the facility and VISN levels to maximize outcomes for Veterans. As a VA health care system, “VA hospitals had

better outcomes than non-VA hospitals for 6 of 9 patient safety indicators. There were no significant differences for the other three indicators. In addition, VA hospitals had better outcomes for all mortality and readmission metrics.” (Atkins, David, Clancy, Carolyn, Advancing High Performance in Veterans Affairs Health Care. JAMA, Nov 2017. Volume 318, Number 19, 1927, 1928P). VISN 10 has a robust system of continuous improvement efforts monitored locally, regionally and nationally.

We are considered a 5 Star VISN (on a 5 Star system called SAIL, a compendium of patient outcome measures) which is the highest rating obtainable. We excel in the following outcomes: patient safety (low rate of complications), standardized mortality rate, mental health population coverage. The Joint Commission performance outcomes, Registered Nurse turnover and call responsiveness. We work at all levels of the organization to ensure consistency; compliance and excellence; and have robust systems in place to monitor and support staff to achieve the best outcomes for Veterans. We seek Veteran input and use it to improve quality of care and Veteran outcomes throughout the VISN. VISN 10 has a Veteran representative on the Executive Leadership Board who is active, engaged and passionate about improving outcomes to Veterans.

*Question 24.* What is your process for identifying and expanding best practices from one facility to others?

Response. Fortunately, the VISN 10 network has a strong, well-established system of sharing and spreading strong practices. We sponsor workgroups where outstanding outcomes are highlighted and shared openly, as well as committees that spread strong practices throughout the system. We openly share best practices at the Executive Leadership Board that are subsequently spread throughout the system. A recent example of shared strong practices includes our medication reconciliation process. Additionally, we have a strong mentoring process that allows leaders to openly share their experiences with newer facility leaders

*Question 25.* Mr. McDivitt, veterans have brought to me their concerns over VA hiring practices, specifically the medical staff shortages.

What methods do you use to anticipate employee shortages?

Response. Each facility has a resource management forum that includes executive leadership and service chiefs. All resources are discussed in the context of immediate critical, clinical needs, future vacancies, and supply and demand for resources, new development, retention and attrition. Critical, clinical needs are highly prioritized and strategies to recruit and retain these positions are developed and executed. We have had some issues in rural areas of the VISN, as well as some medical sub-specialty areas, and as such have aggressively implemented telehealth strategies throughout the network. Additionally, when the demand for services exceeds our capacity we have coordinated care in the community for Veterans in need. Methods to recruit and retain staff include, but are not limited to, recruitment and retention bonuses, education payback and incentives, active, engaged workforce and environment and a shared governance model. Our dedicated staff is passionate and committed to the mission, often attracting and recruiting their peers and colleagues from outside of the VA health care system.

*Question 26.* Have these strategies proven to be accurate when forecasting vacancies for critical positions across the VISN?

Response. The process is generally accurate for forecasting vacancies, but does not resolve the issues related to the scarcity of providers, specifically certain specialties in some areas of the VISN. Operating as a large network with telehealth capacities has helped with the supply and demand issues raised by a scarcity of candidates. The VA is not allowed to be the highest payor, but offers a highly competitive salary and benefits package which can be enticing to potential candidates.

*Question 27.* How do you ensure that VA remains a competitive work environment that retains talented medical professionals? The last thing we want to do for our veterans is to push bright, accomplished workers out of the agency meant to help vets the most.

Response. Retention is critical to the maintenance of a dedicated, passionate workforce. Numerous mechanisms are in place to foster retention including retention incentives, repayment of educational debts, and an engaged workforce using a shared governance model.

In the event an employee chooses to leave VA, we conduct a comprehensive exit interview. These interviews track and trend reasons for employees leaving and help us strengthen our resources and commitment to each and every employee.

There are many educational and advancement opportunities within the VA. Many leaders within the VA started at entry-level positions and through education and experiences have become service, facility, and network level leaders.

*Question 28.* How many Ohio vets will have their GI Bill benefits restored as a result of the Forever GI bill? Please provide my office with updated numbers, disaggregated by institution, of veterans and their families from Ohio who will be eligible for GI Bill benefits restoration in light of the Forever GI bill.

Response. For the Special Application provision VA has identified three Ohio schools where students are eligible for restoration as follows:

Name of School	Number of students
Brown Mackie College-North Canton .....	12
Miami-Jacobs Career College-Sharonville .....	1
Sanford Brown College .....	3

This number does not include beneficiaries who may have resided in Ohio, and attended a school that closed out of state or online.

*Question 29.* Mr. Worley, Forever GI Bill will allow the restoration of Post-9/11 GI Bill benefits to veterans who were impacted by schools that closed from 2015 until the date of enactment.

What will happen to veterans' GI Bill benefits if vets are using their benefits and their school closes suddenly in the future?

Response. The Forever GI Bill provisions in Section 109 allow restoration of entitlement for VA students if a school closes from date of enactment (August 16, 2017) and continues into the future. This means that VA will not make a charge against a student's entitlement for the portion of the period that the student did not receive credit toward a program (or lost training time toward the completion of a program). For example, if a student was enrolled in a semester full-time, and the school closed 60 days after the semester started, the student would have used two months of their entitlement. VA will restore those two months allowing the student to use them at another time.

Additionally, for school closings on or after August 16, 2017, VA may continue the housing allowance for Post-9/11 GI Bill students beyond the date of closure up to the end of the term, quarter or semester, not to exceed 120 days. The law requires VA begin making housing allowance payments on August 1, 2018. No charge to a student's entitlement will be made for the extended period of eligibility for housing allowance.

*Question 30.* Are they currently eligible for benefits restoration?

Response. Yes, the restoration of entitlement provisions in the Forever GI Bill took effect 90 days after the date of the enactment (August 16, 2017), and apply retroactively to school closures on or after January 1, 2015.

*Question 31.* Mr. Worley, the Forever GI Bill allows for additional funding for State Approving Agencies and instructs SAAs to include risk-based surveys in their oversight tasks.

How can strong oversight from SAAs protect veterans pursuing their education?

Response. Strong oversight by the State Approving Agencies (SAAs) helps protect Veterans in several ways. First, oversight ensures approved programs meet all statutory approval criteria in 38 U.S.C. chapter 36, as well as any individual state requirements the SAAs used in their assessment to initially approve a course for Veteran's training.

Second, SAAs are familiar with the responsibilities of School Certifying Officials (SCO's). SCOs certify students' enrollments to VA to ensure proper payment of benefits. Through oversight, SAAs can identify out of line situations that require additional training that VA or SAAs can provide, ensuring VA students are certified properly for payment, are in courses necessary for completion of their program, and that appropriate credit has been granted for their prior training. In that oversight review, the SAA may identify violations that could result in disapproved programs.

Finally, using information VA obtains from students through VA's GI Bill complaint system, SAAs can conduct an immediate risk-based unscheduled school visit to resolve issues, or assess potential violations that may require program disapproval or suspension of VA student enrollment. The following are areas of focus in the complaint system:

Recruiting/Marketing Practices	Quality of Education
Accreditation .....	Grade Policy
Financial Issues (e.g. Tuition/Fee charges) .....	Release of transcripts
Student Loans .....	Transfer of Credits

Recruiting/Marketing Practices	Quality of Education
Post-Job Opportunities .....	Other (as identified by student)

The SAAs assisting in oversight visits for approval compliance, reviews of SCO reporting, and conducting risk based surveys helps ensure VA students are in proper programs for their educational objective, and receive proper payment. The SAAs strong oversight also assists by identifying and resolving issues. The VA's GI Bill complaint system is an important tool for early detection of potential problems.

*Question 32.* Mr. Worley, I know I would like to see the 90/10 loophole closed to crack down on for-profit colleges and universities using abusive and deceptive practices to recruit veterans, servicemembers, and their families. That is why I reintroduced the Military and Veterans Education Protection Act this year.

Are there other improvements to the GI Bill, not included in the Forever GI that would help VA better serve veterans pursuing higher education?

Response. While VA defers to the Department of Education on the 90/10 rule, the FY 2019 President's Budget contains two proposals that would help VA better serve Veterans pursuing higher education. The first proposal would amend title 38 U.S.C. section 3313(c) and add a new section (j) to impose tuition and fee payment caps at institutions of higher learning offering flight training programs and establish a maximum allowable fee structure for all VA-funded flight programs. Savings for this proposal are estimated to be \$43 million in 2019, \$230 million over five years, and \$540 million over ten years. The second proposal would amend 38 U.S.C. section 3002(3)(B), to add a preparatory course for a test that is required to enter into, maintain, or advance in a given vocation or profession. Costs are estimated to be \$1 million in 2019, \$7 million over five years, and \$16 million over 10 years.

*Question 33.* What kind of oversight efforts has VA anticipated needing to ensure that new offerings from Forever GI, including the STEM Scholarship and the High Tech pilot program, are actually serving veterans?

Response. The Department is actively reviewing, planning, and preparing for implementation of these two Colmery Act sections in 2019. This includes hiring additional temporary full-time employees to support standing these initiatives up, processing related claims, and providing the necessary oversight to ensure statutory requirements are met.

## A P P E N D I X

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PREPARED STATEMENT OF BENJAMIN FITZGERALD, VETERAN, WESTLAKE, OH

I truly appreciate Senator Brown for inviting me to talk on behalf of veterans, like myself, about topics of discussion concerning Veteran Affairs.

Today I want to highlight some of the questions and concerns that I have heard while working as a VA Work/Study at Cuyahoga Community College, and through Team RWB Cleveland, Akron, and Columbus Chapters.

One of the biggest concerns is the transition from military to civilian lifestyle. When processing out there is so much on your mind, and there are only a few hours that you have learning about benefits, and addressing concerns, during this transition. It can become quite confusing, stressful, and exciting all at the same time. Knowing this, when we return home, you forget what was available to you...and it happens very easily. I will say however, that Team RWB, a nonprofit veterans organization, whose mission is to enrich the lives of Veterans through Exercise, Volunteer work, and social interaction, has been the greatest thing I have the pleasure to be a part of since coming out of service 9 years ago.

I joined the Cleveland Team about a year and a half ago now, and I've never felt more at home. The Team greeted me with open arms, and as fellow veterans, that comradery and sense of understanding made me feel at home. What's even better, is the team consist of civilian members as well, and with their help, we are able to bridge that gap between those who serve, have served, and the civilian population. The problem is, I didn't even know about Team RWB until 7.5 years after I had already got out. In fact, other than the GI Bill, which we appreciate Senator Brown making the Forever GI Bill, I had no idea so much was available for veterans and their families.

Next, and quickly, I want to see if there is a solution where our medical records aren't taking up to a year to get from our perspective Regional Center's?

Though there are more questions and concerns, which I hope will be brought up, I truly appreciate your time, and allowing me to speak on behalf of my brothers, sisters, and myself. Thank you!

