Prepared Statement of The Honorable David S. C. Chu Under Secretary of Defense (Personnel and Readiness)

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Before the

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DOD-VA Cooperation & Collaboration

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Under Secretary of Defense for Personnel and Readiness
The Honorable David S. C. Chu

David S. C. Chu was sworn in as the Under Secretary of Defense for Personnel and Readiness on June 1, 2001. A Presidential appointee confirmed by the Senate, he is the Secretary's senior policy advisor on recruitment, career development, pay and benefits for 1.4 million active duty military personnel, 1.1 million Guard and Reserve personnel and 700,000 DoD civilians and is responsible for overseeing the state of military readiness.

The Under Secretary of Defense for Personnel and Readiness also oversees the $21 billion Defense Health Program, Defense Commissaries and Exchanges with $17 billion in annual sales, the Defense Education Activity which supports approximately 96,000 students, and the Defense Equal Opportunity Management Institute, the nation's largest equal opportunity training program.

Dr. Chu began his service to the nation in 1968 when he was commissioned in the Army and became an instructor at the U.S. Army Logistics Management Center, Fort Lee VA. He later served a tour of duty in the Republic of Vietnam, working in the Office of the Comptroller, Headquarters, 1st Logistical Command. He obtained the rank of captain and completed his service with the Army in 1970.

Dr. Chu earlier served in government as the Director and then Assistant Secretary of Defense (Program Analysis and Evaluation) from May 1981 to January 1993. In that capacity, he advised

the Secretary of Defense on the future size and structure of the armed forces, their equipment, and their preparation for crisis or conflict.

From 1978 to 1981, Dr. Chu served as the Assistant Director for National Security and International Affairs, Congressional Budget Office, providing advice to the Congress on the full range of national security and international economic issues.

Prior to rejoining the Department of Defense, Dr. Chu served in several senior executive positions with RAND, including Director of the Arroyo Center, the Army's federally funded research and development center for studies and analysis and Director of RAND's Washington Office.

Dr. Chu received a Bachelor of Arts Degree, magna cum laude, in Economics and Mathematics from Yale University in 1964 and a Doctorate in Economics, also from Yale, in 1972. He is a fellow of the National Academy of Public Administration and a recipient of its National Public Service Award. He holds the Department of Defense Medal for Distinguished Public service with silver palm.

Mr. Chairman and distinguished members of the committee, thank you for the opportunity to discuss a key element in the President's Management Agenda ?Department of Defense (DOD) and Department of Veterans Affairs (VA) collaboration. DOD sets a high priority on expanding existing efforts and identifying new opportunities for collaborative and cooperative activities with the VA. I am pleased to be here today to provide an overview and status update of many of these innovative programs and initiatives.

While the two departments have been working together in earnest for over two decades, the many professionals within both departments are bringing DOD and VA closer together at a pace greater than at anytime before, under the guidance of the VA/DOD Joint Executive Council (JEC). The JEC provides guidance and establishes policy for the full spectrum of collaborative activities and initiatives between the two departments. The JEC oversees and guides the activities of the VA/DOD Benefits Executive and Health Executive Councils (BEC and HEC, respectively), as well as their many working groups. The HEC is responsible for implementing a coordinated health care resource sharing program. The BEC is responsible for examining ways to expand and improve benefit information sharing, refining the process for records retrieval, and identifying procedures to improve the benefits claims process.

Program managers and directors from both departments have been working closely with one another to improve access, quality and efficiency. DOD believes that none of our efforts are more important than creating an uninterrupted continuum of care for severely injured and ill Service members and their families, whatever their individual needs may be, as they transition from military service to veteran status.

Tomorrow, VA Deputy Secretary Mansfield, and I are scheduled to sign our Annual Report on Resource Sharing. The report will present in considerable detail what I believe are our

accomplishments of the past fiscal year, and will offer a look into the future for our collaborative efforts as we endeavor to make transition between the two departments as seamless as possible.

An important appendix to the report contains the third update to the VA/DOD Joint Strategic Plan for Fiscal Years (FY) 2001-2009. This plan guides our joint activities and serves as the primary instrument by which we measure progress and success throughout each year. As a testament to the firm foundation that has been established, the guiding principles have remained unchanged since their inaugural release in 2004. However, the current plan reveals lessons learned in the areas of identifying opportunities for improvement, developing goals and strategies to achieve these improvements, and developing performance measures.

Accordingly, my statement today will address the many activities under way that reflect the shared commitment to delivering care and benefits across our departments.

Resource Sharing Overview

Health care resource sharing is a broad term used to describe a wide spectrum of collaboration between DOD and VA. Within this spectrum lie many areas of sharing, including general and specialized patient care, education and training, research and development, and health care administrative support. The departments provide these services to one another under mostly local agreements that involve reimbursement or exchange of services. At the end of FY 2006, DOD military treatment facilities (MTFs) and Reserve units were involved in sharing agreements with 157 VA Medical Centers.

In addition to these local sharing agreements, which are the cornerstone of our collaborative relationship, there are a variety of systemic initiatives. Section 721 of the FY 2003 National Defense Authorization Act (NDAA) required VA and DOD to establish an account in the Treasury, referred to as the Joint Incentive Fund (JIF), and fund the account on an annual basis. The JIF is intended to eliminate budgetary constraints that deter sharing initiatives by providing funding to cover the start up costs associated with innovative and unique sharing agreements. JIF projects are selected using criteria that include improvements in access, return on investment, and overall contributions to the goals and objectives of the Joint Strategic Plan. Fiscal Year 2006 projects embraced a broad spectrum of health care programs: mental health counseling, web-based training for pharmacy technicians, cardio-thoracic surgery, neurosurgery, and increased physical therapy services for both DOD and VA beneficiaries. At the end of FY 2006, 47 JIF projects accounting for $88.8 million of the $90 million in the fund had been approved by the HEC from a total of over 200 proposals.

Section 722 of the FY 2003 NDAA mandated the DOD and VA to execute no less than three health care coordination demonstration projects over a five year period. There are seven sites currently testing initiatives such as the Bi-Directional Health Information Exchange, on which I will elaborate later, as well as a Laboratory Data Sharing Initiative and Joint Market Workload Data Analysis.

The DOD and VA also collaborate extensively in the area of education and training. There are 159 VA/DOD agreements involving education and training, including training for physicians and

nurses. In FY 2006, the HEC continued to monitor a pilot program for military physician residents placed at academically affiliated VA medical centers. The military residents rotate through VA facilities and provide care to VA patients under the supervision of university faculty.

Collaboration Results

While resource sharing is a fundamental part of our relationship with the VA, I am proud that this partnership has expanded further and now entails a significant number of programs within both the DOD personnel and health affairs communities. A particular focus is facilitating a coordinated transition, enabling Service members, veterans, and their families to navigate a complex benefits systems with relative ease ? a seamless transition. I will describe several of our ongoing efforts.

? One program under the purview of the BEC facilitated 130 Memoranda of Understanding between local DOD and VA facilities for a cooperative separation physical examination process. This program, called Benefits Delivery at Discharge (BDD), brings claims specialists from the Veterans Benefits Administration (VBA) to assist separating Service members in filing disability claims as soon as six months before they leave uniform. According to VA, BDD has reduced the average time for an adjudication decision to approximately 60 days.

? The Army Liaison/VA PolyTrauma Rehabilitation Center Collaboration program, a 'Boots on the Ground' program, stood up in March 2005. The intent of this collaborative effort is to ensure that severely injured Service members who are transferred directly from an MTF to one of the four VA PolyTrauma Centers in Richmond, Tampa, Minneapolis, and Palo Alto, are met by a familiar face in a uniform. DOD has a long-standing relationship with the VA, in which VA provides rehabilitative services for patients with traumatic brain injuries, amputations, and other serious injuries as soon after the incident as clinically possible. A staff officer or non-commissioned officer assigned to the Army Office of the Surgeon General is detailed to each of the four locations. The role of the Army liaison is primarily to provide support to the family through assistance and coordination with a broad array of issues, such as travel, housing, and military pay. The liaisons have also played a critical role in the rehabilitation process by promoting resiliency in Service members. The presence of a uniformed liaison reassures these Service members and their families that we appreciate their service and are committed to ensuring their needs are met by our sister agency.

? The Joint Seamless Transition Program, established by VA, in coordination with the Military Services, facilitates a more timely receipt of benefits for severely injured Service members while they are still on active duty. There are 12 VA social workers and counselors assigned at ten MTFs, including Walter Reed Army Medical Center and the National Naval Medical Center in Bethesda. They ensure the seamless transition of health care includes a comprehensive plan for treatment. VBA counselors visit all severely injured patients and inform them of the full range of VA services, including readjustment programs, and educational and housing benefits. As of December 15, 2006, VA social worker liaisons had processed 6,714 new patient transfers to Veterans Health Administration (VHA) at the participating military hospitals.

VA social workers work on-site at the MTFs to respond to referrals to coordinate inpatient care and outpatient appointments at a VA medical center near the patient's intended residence. They coordinate transfer of care and maintain follow-up with patients to verify success of the

discharge plan, and to ensure continuity of therapy and medications. Case managers also refer patients to Veterans benefits counselors and vocational rehabilitation counselors.

? The Department is committed to providing the assistance and support required to meet the challenges that confront our severely injured and wounded Service members and their families during the difficult time of transition. Each military Service has programs to serve their severely wounded from the war: the Army Wounded Warrior Program (AW2), the Navy SAFE HARBOR program, the Air Force Helping Airmen Recover Together (Palace HART) program, and Marine4Life Injured Support Program. DoD's Military OneSource Center is part of this effort to augment the support provided by the Services. It reaches beyond the DOD to other agencies, the nonprofit world and corporate America. What makes the Center unique is that it serves as a fusion point of four federal agencies ? DOD, the VA, the Department of Homeland Security's Transportation Security Administration, and the Department of Labor.

The BEC also monitors the implementation of Traumatic Injury Protection under Service Members' Group Life Insurance (TSGLI) program authorized by Public Law 109-80. The first payments under this authority were released on December 22, 2005, and as of the end of FY 2006, 2,607 claimants were paid a total of $170 million with the average payment at just over $65,000.

High Quality Health Care

Having the right programs in place is not enough. There must be an unyielding commitment to quality when it comes to providing world-class health care to our nation's Service members and veterans. Thus, in addition to the four VA Poly-Trauma Centers and VA social workers in place at select MTF's, VA and DOD have also begun or expanded collaborative programs in the areas of deployment health, evidenced-based clinical practice guidelines, and patient safety.

Deployment Health

DOD has been performing health assessments on Service members prior to and just after deployment for several years now. These assessments serve as a screen to identify any potential health concerns that might warrant further medical evaluation. This includes screening the mental well-being of all Soldiers, Sailors, Airmen and Marines in both the Active and Reserve Components.

Every year, members are screened for mental health problems when they complete a preventative health assessment. Now, they are again screened before they deploy. In addition, before returning home from deployment, members complete a post deployment health assessment, which contains questions aimed at identifying physical or mental health concerns; environmental exposure concerns; psychosocial concerns, such as acute post traumatic stress disorder, depression, anger, or inter-personal conflict; and potentially unexplained symptoms.

The Services are now implementing an additional health reassessment that is conducted 3-6 months after returning home ? the Post Deployment Health Re-Assessment. Our experience has

taught us that problems are not always apparent at the time Service members are immediately returning home, but they may surface a few weeks or months later. We want to assist in early identification of these concerns and facilitate ready access to care at the level most appropriate to the individual Service member.

Clinical Guidelines

DOD and VA have worked hard to develop joint evidenced-based clinical practice guidelines. The medical literature supports the premise that guidelines reduce variations in care, optimize patient outcomes, and improve the overall health of beneficiaries. There is a working group that works specifically on developing, updating, and promulgating these guidelines to clinicians in both health care systems.

Because of challenges faced by our forces, some Service members may develop chronic mental health symptoms. Mental health experts from the DOD and VA developed joint clinical practice guidelines for acute and post traumatic stress disorder, major depressive disorder, substance use disorders, medically unexplained symptoms, pain, and general post deployment health concerns. DOD uses all available resources, including local military or TRICARE providers (a benefit extended for up to 180 days post deactivation for Reservists), to provide treatment for affected Service members. VA is a partner in this process by providing health care and counseling services to Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans who are no longer on active duty.

Patient Safety

In addition to deployment health, the HEC is committed to ensuring that care is delivered with the absolute least risk to the patient. DOD and VA have highly-respected patient safety programs and work with other government agencies, such as the Centers for Disease Control and Prevention and the Food and Drug Administration, to prevent harm to patients while they are receiving care. As a prime example of working together to minimize risk of adverse events and to support the commitment to provide the best health care treatment outcomes, in FY 2006 DOD implemented a system for developing patient safety alerts that was modeled on the VA's system.

Efficiency of Operations

The JEC is committed to efficiency. Through the VA/DOD Acquisitions and Pharmacy Working Groups, the two departments have achieved substantial savings to the taxpayer, obtaining economies of scale through joint purchasing of capital equipment and pharmaceuticals.

These working groups recently reported there are currently 46 shared contracts for medical and surgical equipment contracts: the Defense Supply Center Philadelphia reported sales in FY 2006 from these contracts in excess of $170 million and VA reported another $201.5 million. The Pharmacy Working Group reported 77 Joint National Contracts that resulted in a combined cost avoidance of $423 million for pharmaceutical purchases in the first three quarters of FY 2006.

Information Sharing

The programs and benefits earned by Service members could not be delivered without complete cooperation between the DOD and the VA in the area of information sharing. Indeed,

information sharing is critical to an effective and transparent transition process, and that is why so much attention is paid to information management and information technology in the Joint Strategic Plan.

Important to health care related information sharing is the requirement to comply with the Health Insurance Portability and Accountability Act (HIPAA). DOD and VA signed a Memorandum of Agreement governing the sharing of Protected Health Information (PHI) and other individually identifiable information in June 2005.

The Federal Health Information Exchange (FHIE) supports the monthly electronic transfer of health information from DOD to VA at the time of the Service member's separation. The data contained in this transfer include: pharmacy and allergy data; laboratory and radiology results; consult reports; discharge summaries; admission, disposition and transfer information; and patient demographic information. Health care providers within VHA, and benefits counselors within VBA, access this information via the Computerized Patient Record System and Compensation and Pension Records Interchange, respectively. As of the end of FY 2006, DOD had transmitted health data on over 3.6 million patients. DOD uses FHIE to transmit data to the VA regarding VA patients receiving care within an MTF, and has sent over 1.8 million individual transmissions.
FHIE is also being used as a platform from which DOD transmits pre- and post deployment assessment information for separated Service members and demobilized Reservists and Guardsmen. Over 1.5 million assessments on more than 623,000 individuals have been electronically transmitted to VA.

Building from the FHIE, which is a one-way flow of information, DOD and VA have developed and begun deployment of the Bi-Directional Health Information Exchange (BHIE). This exchange enables near real-time sharing of allergy, outpatient prescription, inpatient and outpatient laboratory and radiology results, and demographic data between DOD and VA for patients treated by both departments. BHIE is operational at all VA medical centers and at 14 DOD medical centers, 19 hospitals, and over 170 outlying clinics.

With an eye toward the future, the VA/DOD Health Information Technology Sharing Working Group began in FY 2006 to establish an interface between BHIE and the DOD Clinical Health Data Repository in order to accelerate progress in sharing appropriate health information. This interface will ensure that all VA sites and all DOD sites worldwide will have the ability to view data from the other department for shared patients. We are also focusing on increasing the amount of inpatient data exchanged. Most recently, BHIE began to exchange inpatient and emergency department discharge summaries. Other inpatient documentation, such as operative reports and inpatient consultations, are planned for the future.

DOD is aware of the concerns regarding the time it has taken to establish the desired level of interoperability. With the full deployment of DOD's electronic health record (EHR) ? AHLTA ?

across the Military Health System accomplished, we are poised to continue building on our significant achievements in sharing critical health information across department lines. The ultimate desired end-state will be a completely electronic health care record that is accessible and useable to the provider regardless of which health care system they are operating within.

In pursuit of that goal, DOD and VA are developing an assessment of the clinical workflow and health information for the care of inpatients. Management of inpatient care is a future capability planned for AHLTA. VistA, the VA EHR, supports ambulatory care plus a segmentable but integrated inpatient care capability. VA is planning to modernize VistA, including its inpatient module. We believe that this is an opportunity to explore a 'born seamless' approach for a joint inpatient EHR.

I want to discuss two additional information sharing programs that provide VA with essential data in order to expedite the benefits delivery process. First, DOD is providing contact information for Service members when they separate. DOD began routinely providing VA rosters on recently separated OEF and OIF veterans ? Active Duty and Reserve Components ? in September 2003. VA uses these lists to send letters to veterans containing information on VA benefits related to service in a combat theater. Over 580,000 letters have been mailed. Second, DOD is transmitting to VA's Office of Seamless Transition a monthly list of key demographic and contact information about Service members for whom a Medical Evaluation Board has referred them to a Physical Evaluation Board. This list enables VA case managers to make contact with Service members at the earliest time possible, while they are still in uniform. By the end of FY 2006, DOD had provided VA with contact information for 13,622 individuals.

To support streamlined benefits processing and reduce operating costs, VA and DOD continue to develop and implement military personnel data sharing initiatives under the auspices of the BEC. Movement towards a single bi-directional data feed between VA and DOD is achieved by incorporating necessary data sets into a data sharing schema and then eliminating legacy feeds. Specific data sets incorporated into the VA/DOD data sharing schema in FY 2006 include Reserve and Guard activation and mobilization data, deployment data and combat pay indicators on all Service members and veterans, education eligibility data enhancements which support the Montgomery GI Bill and Montgomery GI Bill Selected Reserve programs, and medical eligibility for combat injuries. Additionally, DOD also made the Defense Personnel Records Information Retrieval System available to VA on-line to enhance VA employees' access to the Official Military Personnel File. In FY 2006, the number of separate data exchanges flowing from DOD to VA were reduced from 31 to 20. From VA to DOD, the number of separate data exchanges dropped from 11 to 8.

Outreach

Arguably the most important link in the value chain is the level of awareness and understanding among our beneficiaries and employees regarding the myriad benefits, their disparate eligibility criteria, and the processes for obtaining those benefits. Education and outreach must occur at multiple intervals throughout a Service member's career, beginning at accession into the military.

The BEC has overseen the establishment and expansion of such programs. In November 2004, VA began distributing a pamphlet entitled A Summary of VA Benefits to all Service inductees at the Military Entrance Processing Stations. This year, distribution of this pamphlet was expanded to the Military Service Academies for graduates about to receive their commissions.

There has also been an increased emphasis on training our employees and familiarizing them with their VA counterparts. While we often talk about coordinated transition in terms of programs and initiatives, a smooth transition requires personnel to understand the other department. It also means developing working relationships at the point of care or service. DOD has dedicated a series of presentations to this important topic within the annual Military Health System Conference, which is attended by leadership and professional staff from DOD sites across the globe. We also presented VA/DOD Collaboration and Coordinated Transition as a plenary session at the annual TRICARE Beneficiary Counselors and Debt Collection Assistants Conference, attended by approximately 500 front-line staff who daily assist Service members, retirees and veterans in understanding their benefits.

DOD Transition Assistance Program

Returning to private life after serving in the military can be a very complex undertaking. The DOD, VA, and the Department of Labor (DOL) are working together to provide Service members with the tools and information they need to fashion individual solutions to the challenges they face.

The Montgomery GI Bill (MGIB) is vital to recruiting efforts ? money for college ranks among the major reasons young men and women enlist. However, education is also an important transition tool, attractive to both Service members and their families. GI Bill enrollments increased from only 50% in its first year (in 1985) to nearly 97 % starting in the early 1990s and continuing at that level to this day. A total of 2.8 million men and women, from an eligible pool of 3.8 million, have taken advantage of the MGIB. Eligibility requires the Active, Guard, or Reserve member to serve at least two consecutive years on active duty. While a Service member who has met the requirement may use the GI Bill while still serving on active duty, it is primarily a veteran's benefit, thus, the program is administered by the Department of Veterans Affairs.

The Transitional Assistance Management Program (TAMP) offers transitional TRICARE coverage to certain separating active duty members and their eligible family members. Under the FY 2005 NDAA, TRICARE eligibility under the TAMP was permanently extended from 60 or 120 days to 180 days. After the TAMP eligibility expires, members and eligible family members may choose to enroll in the Continued Health Care Benefit Program (CHCBP). CHCBP provides a conversion health plan similar to TRICARE Standard for a specific time (18 months) to all former Service members and their families who pay quarterly premiums.
DOD has improved access to the Verification of Military Experience and Training (VMET) document (DD Form 2586) by making it available to eligible members through a VMET internet site. This document provides descriptive summaries of the Service members' military work experience, training history, and language proficiencies. The VMET document also includes recommended college credits to be awarded based on an individual's military experience and

training, as determined by the American Council on Education, and related civilian equivalent job titles, when such information is available. The VMET web site, https://www.dmdc.osd.mil/vmet, is available 365 days a year, and provides VMET documents on-demand. Since January 2003, over 1 million documents have been provided to current and former Service members.

Since 1999, a DOL platform has been providing employment-related information for Service members and veterans. DOL established the DOD Job Search web site (www.dod.jobsearch.org). This web site provides employers with a link to transitioning Service members' resumes and provides transitioning Service members with access to job opportunity listings with military-friendly employers.

During the preseparation counseling phase of the Transition Assistance Program (TAP), Service members learn where and how to access information relating to licensure, certification and apprenticeship. The Army created "Credentialing Opportunities On-Line "or Army COOL. This robust web site helps soldiers find civilian credentialing programs related to their military occupational specialty. It also helps them understand what it takes to obtain a credential and it identifies resources available to pay credentialing fees. In 2006, the Navy followed with Navy COOL.

The preseparation counseling phase also includes a discussion of DOL's web site, "America's Career Info Net." One of the tools on this web site is the Credentials Center, which a Service member can use to locate the examinations that test or enhance knowledge, experience or skills in an occupation or profession. Finally, DOD and DOL have established a "Credentialing Working Group' to develop appropriate goals, objectives, and outcomes that will help remove credentialing barriers that some veterans and transitioning Service members face.

I want to point out that DOL established the Recovery and Employment Assistance Lifelines (REALifelines) as a joint initiative among the DOL, the Bethesda Naval Medical Center, and the Walter Reed Army Medical Center. REALifelines is designed to create a seamless, personalized assistance network to ensure that seriously wounded and injured Service members who cannot return to active duty are trained for rewarding new careers in the private sector. REALifelines staff provide employment assistance to severely injured and wounded Service members as they transition back into the civilian community to fulfill their employment potential and dreams. Today, REALifelines has expanded from its initial two locations to five additional military medical treatment facilities (Fort Carson, Brook Army Medical Center, Balboa, Madigan, and Tripler).

Approximately 300,000 Service members have returned to the private sector every year since 2001. Of this number, 90,000 per year are from the Guard and Reserve. When TAP was initially developed in 1990, it was not designed with the needs of the National Guard and Reserve Components in mind. Their mission has changed dramatically since September 11, 2001, and therefore some TAP requirements warrant a fresh look.

To better meet the needs of the Guard and Reserve, DOD, with the assistance of DOL and VA, is designing a new, dynamic, interactive, automated, web-based system for delivery of transition assistance and related information. This portal architecture will become the backbone of the updated TAP processes. Usability, flexibility, adaptability, and individual customization are key to successful implementation of this new technology-enabled process. The portal will emphasize and augment the personal service provided by our transition counselors, while providing Service members access to crucial transition-related information anytime, anywhere. The goal for this new system is to increase Service member accessibility, participation and satisfaction.

All three partners are excited about the possibilities for this new portal. Its intent is to automate TAP services; standardize TAP information; create an external communication link between TAP customers and providers, whether DOD, VA, or DOL; and enhance the military-to-civilian experience.

We are also updating our current pre-separation guide for active duty personnel, and creating a new transition assistance guide specifically for the Guard and Reserve. This effort should be completed by the end of February. Both guides will include traditional TAP subject matter, as well as links to a wide variety of other transition-related web sites. As with the new portal, the Department is heavily engaged with all stakeholders, especially our partners at VA and DOL, to ensure the information in these guides is up-to-date.

Next Steps

The JEC will step up its efforts in monitoring the coordinated transition process and joint health care facility operations in the short term. The newly established Coordinated Transition Work Group will concentrate efforts to improve the transition process. This group is responsible for ensuring continuity of the service and benefits delivery value chain, which, as I've previously mentioned, must be characterized by an improved understanding of and access to the full continuum of health care and benefits available to Service members, veterans, and their families.

The JEC will also be more involved in assisting local initiatives that feature joint operations. The newly created Joint Health Care Facility Operations Steering Group is a lesson learned from our experience with the collaboration between the North Chicago VA Medical Center and the Naval Health Clinic Great Lakes. The steering group is responsible for providing support to local leadership, identifying impediments to collaboration, resolving legal issues, and clarifying statutory interpretation.

The TAP Steering Committee, with representatives from DOD, the Military Services, VA, DOL, and the Department of Homeland Security (Coast Guard) meets quarterly to discuss and address issues and challenges that fall under the transition umbrella. The committee works to find solutions to problems, conduct pilots, and look for new initiatives that will enhance and improve our current transition program and the overall quality of life of all members of the Armed Forces.

DOD and VA will continue to build on past successes as we move forward in FY 2007, and beyond. I am proud of the hard work and dedication to duty that the professionals within both

departments display daily as they intensify efforts to increase beneficiary and employee awareness, improve existing data exchanges, promote world-class health care and benefits delivery, and increase the value of the Transition Assistance Program to all stakeholders.

Mr. Chairman, this concludes my statement. I look forward to working with the committee in this new Congress to uphold our traditional outstanding support of American heroes ? our Nation's Servicemen and women, veterans, and their families.