DEPARTMENT OF VETERANS AFFAIRS

VETERANS BENEFIT ADMINISTRATION (VBA)

VETERANS BENEFITS, COMPENSATION & PENSION SERVICE

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ADVISORY COMMITTEE ON DISABILITY COMPENSATION

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MEETING

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MONDAY
MARCH 21, 2016

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The Committee met in the 6th Floor Conference Room 645A, 1800 G Street, N.W., Washington, D.C., at 8:30 a.m., Joseph Kirk Martin, Jr., Chairman, presiding.

PRESENT

JOSEPH KIRK MARTIN, JR., Chairman
HAL K. BIRD*
DORIS BROWNE
GEORGE FAY
ELDER GRANGER
TIMOTHY J. LOWENBERG*
JONATHAN ROBERTS
ELIZABETH SAVOCA
MICHAEL SIMBERKOFF

***present via telephone**

ALSO PRESENT

IOULIA VVEDENSKAYA, MD, Designated Federal Officer

DESHANNA BROWN, LSU

ANNA CRENSHAW, BAS

ERIN GITTENS, BAS

ASHLEY HANAHAN, VHA

MATTHEW LABOZZETTA, American Legion

ZANETTA MIELL, BAS

JEFFREY MORAGNE, ACMO Director

JOCELYN MOSES, VBA

DIANE BOYD RAUBER, ESQ., NOVA

CARLA RIDDICK

C-O-N-T-E-N-T-S

P-R-O-C-E-E-D-I-N-G-S

(8:35 a.m.)

DR. VVEDENSKAYA: Welcome, everybody, to Washington, D.C. Thank you for coming. And today we have nine members for our meeting. Mr. Bird and Mr. Lowenberg are participating remotely. The rest of the members are here in person. Mr. Pamperin, and Mr. Maki, and Dr. Jones couldn't be here with us today. Other than that, we have a quorum and we are ready to start the meeting, Chairman Martin.

CHAIRMAN MARTIN: Good. Thank you very much. Welcome, everybody. I'm pleased that you can be with us today for the Advisory Committee on Disabilities and Compensation meeting. We have two members and what I'd like to do first is just kind of go around the table and let everybody capsule who they are and a little bit about their careers at this point just so we can get to know all the members.

We have two by phone, I won't forget you, hang on, but let's start with George Fay;

General Fay.

MEMBER FAY: Okay. My name is George Fay and I currently live in Juno Beach, Florida, but that's just recent. Moved there in January after retiring from the CNA Insurance Company, which is in Chicago, Illinois. We lived in Chicago, Illinois for nine years.

Prior to that I was employed by the Chubb Group of Insurance Companies for about 30 years. My business career was strictly property, casualty insurance claims. So I handled all types of property, casualty insurance claims for, first, Chubb, and then CNA.

My military career was in the Army for four years as an intel officer, and that was from 1970 to '74, then I went into the Army Reserve, and I was in the Army Reserve for the next 30-something years, until 9/11, and then I was mobilized on that same day, I happened to be on active duty that day, and was immediately mobilized.

Spent the next four years back on

active duty as an intel officer, and I served in a number of different places in those four years, including two years here at the Pentagon, and I was the Deputy Assistant Chief of Staff for Intelligence for the Army for two years.

Then I retired from the Army in 2008 and completed my career at CNA, and retired from them this past December.

CHAIRMAN MARTIN: Thank you. Welcome.

MEMBER FAY: Welcome.

CHAIRMAN MARTIN: General Granger?

MEMBER GRANGER: My name is Elder Granger. I'm retired from the military after 37 years. I started off as an enlisted medic in the Guard. Army paid for my education in college, medical school, I did all my training in Colorado as an internist, hematologist, oncologist at Fitzsimons Army Medical Center.

Served in Europe for a number of years, Fort Huachuca, was chief of medicine at Landstuhl Regional Medical Center during the first Gulf War, division surgeon, infantry

division, 4th Infantry Division, Fort Carson, from there, I went to the Army War College, from the Army War College I commanded at Fort Knox Hospital.

From Fort Knox, I commanded Landstuhl Hospital. From there, I went to work for the Surgeon General. I started 9/11, that was my first day at work, did that for a year, and went back to Europe to be the senior medical commander in Europe, as well as run the Military Health Insurance Program called TRICARE, did that for two years.

And after that, I deployed to Iraq as the senior medical commander, 2004, 2005, with the 18th Airborne Corps out of Fort Bragg. After that, I came back to D.C. again and I served under the Assistant Secretary of Defense for Health Affairs as the Deputy Director and Program Executive Officer for TRICARE management activity.

I did that for three and a half years until I retired in 1 July 2009. Since then, I've

been doing healthcare consulting, advisory, education, quality outcomes, and disease management working with some investment firms. I live in Centennial, Colorado, Denver, Colorado being the home of the Super Bowl champions, 2015, '16, don't get confused. Glad to be here.

CHAIRMAN MARTIN: Thank you.

DR. VVEDENSKAYA: Welcome.

CHAIRMAN MARTIN: It's good to have you here. Dr. Simberkoff.

MEMBER SIMBERKOFF: I'm Mike Simberkoff. I actually was in the Navy from 1964 to '66 at the Navy Medical Research Institute in Bethesda. That's the extent of my military career. I am trained in internal medicine and infectious disease. I joined the VA in 1970 in New York, have been there ever since.

I started off as a research associate, was planning to stay for two years. I'm actually going to be retiring at the end of this academic year, although I'd like to stay on this committee, actually, if that's possible.

DR. VVEDENSKAYA: Absolutely.

MEMBER SIMBERKOFF: For the last 19 years, I've been the chief of staff, first at the New York VA, and then when we integrated with Brooklyn, what became known as VA New York Harbor. That's since 1999, so it's the largest VA in the country and we have close to 4000 employees.

I'm the chief medical officer. My interest has always been in infectious diseases and vaccines. I'm part of the group that brought singles vaccine to the world and I continue to be working on vaccines. Actually, what I'm working on now is, VHA is actually mandating influenza vaccination for all of its employees and I'm part of the group that's actually breaking out all the details of that so that it can be implemented for the start of the next flu season, but that's me.

CHAIRMAN MARTIN: Thank you.

MEMBER SIMBERKOFF: Part of my responsibility, by the way, is overseeing comp and pen exams for VA New York Harbor.

CHAIRMAN MARTIN: Thank you. Dr. Roberts.

MEMBER ROBERTS: Well, my military career started as a result of being an ROTC cadet in undergrad in school. Following that experience, was a bright 2nd Lieutenant who had his first assignment in Korea at the 125th Evacuation Hospital near Seoul, and spent a total of seven years in the Army as an Army officer.

And I switched over from the Army Medical Service Corps to the Commissioned Corps in the United States Public Health Service. And prior to that experience, I, of course, went to graduate school and earned a doctoral degree in public health at Tulane in New Orleans.

And I had the privilege of serving as Deputy Director of the National Hansen's Disease Center for ten years. As most of you know, Hansen's Disease is a fancier word for leprosy. And that was a great experience because so many people have great ideas about what Hansen's Disease is, and most of it's been erroneously

gotten from the Bible itself.

As part of my tenure experience, I became the CEO of the LSU hospital system and I had the honor of directing the famed Charity Hospital in New Orleans for seven years, which was quite an experience. And following that experience, I also directed the Earl K. Long Medical Center in Baton Rouge, Louisiana, and became the Chief Academic Officer for the Healthcare Services Division at LSU.

And just before retiring, I spent a great deal of time writing a book documenting the history of the Charity Hospital system in Louisiana. As you probably know, the Charity Hospital has a very famed reputation all over the world, and much of it had never been captured in any kind of history, so I'm happy to say our book has been very popular.

Following that, I retired some years back and spent a lot of time doing some consulting work and helping my son, who's a board-certified internist in his private

practice, and so it's an honor to be a part of this committee, and I'm learned a lot so far, and I'm still learning, and I hope to be able to contribute something.

CHAIRMAN MARTIN: Thank you. Dr. Browne.

MEMBER BROWNE: Good morning. Well, I have started my military career by receiving a fellowship in the public health service being one of the global health fellows. And this in '72, yes, '72, '73, worked on -- my plan was to work on HMOs, which was the new thing at the time, and looking at it from a local standpoint, and regional standpoint, and a national standpoint.

The global health fellowship was part of the old HHS area and so I was in Los Angeles and worked with the Watts Health Center in developing its HMO, and then went to Region 9's office in San Francisco, and then from there, to Parklawn. And I had a degree in public health and so that was my, sort of, foray.

Then went to medical school at

Georgetown on a health professional scholarship program. The Public Health Service didn't have the application ready so I switched to Army, and that's where my career blossomed. I did my training at Walter Reed and following training, was sent to El Paso, Texas, unfortunately, for a couple years as the Assistant Chief of Hematology/Oncology there.

And then from, let's see, oh, yes, from El Paso, I came back to Washington at the Armed Forces Radiobiologic Research Institute, and ran the medical effects of nuclear weapons, or we call it ionizing radiation now, a course that we trained people all over the world.

From that assignment, I also created the Medical Emergency Response Team for Radiation Accidents, it was called the MRAD, and of course, we were involved in Chernobyl, and Brazil in the Goiania, and all of the other radiation accidents that had occurred.

And from that, did a couple of consensus conferences on medical management of

radiation accidents. From there, I was assigned to the Pentagon where we were then beginning to look at women in the military and the impact of all of that, so we had a -- headed the medical of the women's component in looking at women's health in all aspects, reporting to Congress, or being the representative to DACOWITS.

From there, I went to Fort Detrick and became the Deputy for Medical Research and Development, running all of their research programs for the military, Air Force, Navy, all of them, because human research was actually done out of Fort Detrick, the infectious diseases, you name it, all of those things, in addition to having a large, probably, $350 million Congressional set aside program to do breast cancer, ovarian cancer, prostate cancer, rheumatosis, et cetera, and so that has blossomed into all kinds of programs.

That was a long trek driving up to Fort Detrick every day, so I retired in 2000, and thought I would kick my heels up and enjoy

myself, incorporated into a small business that I was going to run, and was recruited to go to the National Cancer Institute, and spent the next nine and a half years at the National Cancer Institute, and then thought I really should focus on doing my business, which I'm still trying to focus on.

At the Cancer Institute, I ran the breast cancer portfolio, looking at cancer prevention agents as well as other programs there. And in-between all of that I was still seeing patients in oncology and internal medicine when I was allowed to have a half a day.

And now I'm just devoting my time to my small woman-owned services and veteran-owned small business looking for contracts, primarily focused on education, disease prevention, health promotion, where we're looking at the chronic diseases as well as HIV/AIDS. And in-between all of that I've done a lot of international things, mostly volunteering and working with organizations in Africa.

I should say I was the principle investigator for one HIV/AIDS under the PEPFAR program for Swaziland for three years.

CHAIRMAN MARTIN: Thank you.

MEMBER BROWNE: That's me and I've been on the committee, I can't remember, I guess this is my second term. Thank you.

CHAIRMAN MARTIN: Thank you.

MEMBER BROWNE: Glad to be here.

CHAIRMAN MARTIN: Glad to have you here. Dr. Savoca.

MEMBER SAVOCA: I am Liz Savoca. I have no military experience. I'm a civilian. I guess the only civilian here and also, most of my experience is academic. I'm an economics professor at Smith College. My research focuses on the overlap between health and labor economics, so I got involved with the crew down at Yale to study issues related to mental illness and labor market adjustments, and that got me drawn into a project at the VA down there, looking at the civilian readjustment problems

with veterans.

And I've looked at, particularly focus on PTSD and other mental illnesses, and that's got me to this committee here, because I've written somewhat extensively. We started writing at a time when nobody cared about veterans. We weren't involved in a way, and then once a war started, all our work was cited and it became suddenly important, and that's why I'm here.

CHAIRMAN MARTIN: That's a very short summary of a very important career, so thank you. Thanks for being here. Dr. V is our DFO.

DR. VVEDENSKAYA: Good morning again, everybody. I have also a short career and civilian career. I am a medical officer at the Compensation Service here at the VBA and I started five and a half years ago. And I came to the VA after ten years at Georgetown University at the Department of Infectious Diseases, HIV/AIDS clinical trials unit.

We conducted numerous, numerous studies with HIV-positive patients. I was part

of the team which developed one-pill regimen and also optimized antiretroviral regimens. Was extremely work and projects. By training, I am an OB/GYN. I finished medical school in Moscow in '89 at the oldest medical school in Russia, which was put together by Catherine the Great. I always promote my medical school.

And worked for a few years and then moved to the United States in the early '90s, took my exams, went to work, raised a child. As I was working at Georgetown with the population of patients that were severely underserved, I developed an interest in public health, went back to graduate school at Georgetown to study healthcare economics a little bit, public health, and then took this job.

And as I was working as the medical officer in charge of rewriting the A schedule for writing disabilities, the updates, I realized that I needed a little bit more education, and last August, at my tender age, finished MBA at GW, which made me less scared of budgets and

financial aspects of my job.

And I was asked, last summer, to head this committee as a designated federal officer, and it's my privilege to work with all of you with such distinguished careers in all your areas of expertise, and thank you very much for rendering that expertise to us because your committee helps us to do our job better.

That's why when I go out and recruit our speakers, I said, that's not the committee which will criticize you and give you hard time. This is the committee which is trying to understand our programs the way we work here at the Veteran Benefits Administration Compensation Service.

And with your expertise coming from so many different walks of life, my hope is that you will be able to see something which maybe we overlook and give us recommendations as you do on every other year basis. Thank you so much for being part of this committee. Truly appreciate it.

CHAIRMAN MARTIN: Thank you. Hal, would you mind giving us a little snapshot of you, since we can't see you in person today?

MEMBER BIRD: Absolutely. Thank you. Hi. Good morning. My name is Al Bird. I started out in the Air Force in 1982. I flew airplanes for about nine years and I wrapped that experience up by flying in the F-16. And I fought in Desert Storm in that capacity. Following Desert Storm, I separated from active duty and about nine months later I went back in the reserves. I went into the Special Forces Command at that point down in Tampa, Florida, and was involved in Somalia in that capacity, with special forces.

And I worked in that field for about six years, did a variety of positions in U.S. Special Forces Command, and then from there I transitioned to become the Air Force Reserve air attache in Bangkok, Thailand, and after telling the people that hired me that, yes, I did speak Thai, I promptly went out and learned how to

speak it as quickly as I could, and continued to work in that capacity for about seven years out of the U.S. Embassy in Bangkok, and then they gave me the program.

And I ran the global attache program for the Air Force Reserve for about another five or six years. And I had people in every embassy all over the world. That was a fabulous experience. And worked throughout my experience in both special forces and the attache world, I worked with all branches of the service, and got a tremendous amount of experience in that regard that I've always appreciated.

And then I wrapped up my 30 years, I spent the last three years as an emergency response liaison here in the State of Texas. And I retired from the Air Force Reserves in 2014 and came on the committee here at the VA in 2015. And time does fly by. I've been on the committee now for nine months or so, I think, and it's a great honor to serve with so many accomplished people. Thank you, Kirk.

CHAIRMAN MARTIN: Thanks, Hal. We look forward to having you back in person at our next meeting, but thanks for taking the time to call in today and be with us.

MEMBER BIRD: My pleasure. Thank you, Kirk.

CHAIRMAN MARTIN: And let's now go, it's a little before 6:00 a.m., I think, in Washington State, but General Lowenberg is up, and Tim, welcome.

MEMBER LOWENBERG: Thank you and good morning, everyone. I retired from military service in 2012 after completing 44-/12 years, 22 of which were at Langley. I served in the active Air Force, Air Force Reserve, Air National Guard. Since my military training, I continued to work with the U.S. Air Command, with the U.S. Fighter Command, in issues going toward policies for the last two years, principally on standards policy issues, because it's the White House National Security Council, the Secretary of Defense and Secretary of Homeland Security.

Hal reminded me of the work I used to do for many years doing global and state partnership programs. I established the program in Thailand in 2002 and continued to directly oversee that program until my retirement in 2012. Ultimately, that established a partnership for Vietnam. And we took care of the International Advisory Council for just the global programs, which now involves 72 countries, literally, all over the world.

I've been a member of this committee and deeply regret that I rotated to Washington State, preventing me from being there in person, but thanks so much for the opportunity to contribute by phone.

CHAIRMAN MARTIN: Thanks, Tim. Thanks for getting up early and calling in, and I appreciate your willingness to be onboard by telecon today. Thank you. I'm Kirk Martin. I came to this committee in 2013, so I'm just beginning a second term, and I have kind of a split career. My civilian career was pancreatic

surgery. I did surgical oncology at Mayo Clinic for almost 30 years.

I retired from Mayo in 2007 and had been in the Air Force Reserve, Air National Guard, and little bits and pieces of active duty up until 9/11, then I went on active duty for another three years, three and a half years, following 9/11.

The last assignment I had was as Surgeon General for the National Guard, Army and Air, at the Pentagon, and also the Air National Guard assistant to the Air Force Surgeon General, also at the Pentagon.

That carried me out until about summer of '14, when I retired from the Air Force after almost 30 years, and since then, I have been doing a lot of things on my wife's punch list, as many of you probably have done the same, so I'm pleased to be on this committee, it's an important committee, and I'll say more about that in just a moment.

Look, we have a few visitors here. We

have an opportunity for public comment later today, but let me just have people around the room introduce themselves.

MR. LABOZZETTA: Sure. My name's Matthew Labozzetta. I'm here representing the American Legion as their Assistant Director for Claims. My only focus is benefits with the VBA.

CHAIRMAN MARTIN: Thank you for joining us. Good morning.

MS. PARK: Good morning. My name is Kristi Park. I'm with the Jefferson Consulting Group and we help companies become better partners with agencies like the VA and so I'm here to learn about the work of this committee and benefits from the petition.

CHAIRMAN MARTIN: Thanks for joining us. Thank you.

MS. BROWN: Good morning. My name is DeShanna Brown. I'm from Louisiana State University. I was invited by Dr. Roberts. At LSU we have become the institution of choice for veterans and we are in the process of expanding

those opportunities through our veteran and military student services program, and I work in student affairs at LSU. Go Tigers.

CHAIRMAN MARTIN: Thank you for being here. Thank all of you for being here. And our recorder doing his job over in the corner. Good morning. Well, by means of getting our committee started, you know, I come back to Washington, it's strange, I was here almost every day of my life for the last four years, then I've been gone now for about a year, and when I come back into town it's kind of like being strangely at home again, but in a different place all at the same time.

Re-caging my thinking for the Veterans Affairs is helped tremendously by something that you see on the door every time you walk through the main doors in the main VA building, which celebrated an anniversary of sorts, it was 141 years ago, March 3rd, that President Lincoln, whose picture is displayed over on the wall, gave his second inaugural address.

And as part of that second inaugural address, he said in there, to care for him who shall have borne the battle, and for his widow, and for his orphan, and those words became the motto of the VA, which are emblazoned on either side of the main door at the VA building. That was put up in 1959 by a VA administrator named Sumner G. Whittier, who kind of made it their mission.

And I read those words and I think about the honor that we all have at this committee being able to think about veterans compensation, veterans benefits, and try and serve those who have done so much for our country. We have a Congressional mandate to review the ratings schedules, you'll hear more about our roles and responsibilities first thing this morning, which is, thank you for putting that on. It's a good thing for us all to hear.

But personally, it's a great honor to serve on this committee and to be able to review and advise the Department of Veterans Affairs

from our varied backgrounds. Hearing everybody around the table, you realize the breadth and the depth of our experience, what we jointly bring to this job, it's eye-watering, and the amount of training and experience that all of you bring, you know, it's hard to duplicate.

So thank you very much for your time and your efforts. It's hard to get to Washington from some outlying places, like Texas, Washington State, sometimes Louisiana, but it is an important mission and it's one that we all take very seriously.

We currently have some projects we're going to hear updates on during the course of this meeting and tomorrow afternoon. Every two years, this committee submits a biennial report to the Department of Veterans Affairs and that goes also to Congress. And we did this last in 2014, we receive feedback from those reports, and we're looking forward to that feedback from the Veterans Affairs, and we're going to hear the update on that tomorrow.

We also, if there is reason, we'll provide supplemental reports as necessary, and we did one of those last fall, at the end of October of last year, that interim report, we'll also be getting some feedback on from the VA.

As you'll hear in the feedback, and you can read in the old reports, the VA takes these very seriously, word for word, and they look at it very carefully. Sometimes it leads to changes in the way they do things, sometimes it leads to explaining to us how things are actually working and why this is or isn't an issue, but they're very good about examining them and carefully considering everything we say as a committee.

General Scott, the former Chairman of this committee, had a great deal of experience with the VA, with not only this committee but other assignments in the VA, and his manner of running these meetings was very open, which I hope we will continue, most of the speakers are happy to be interrupted if you have questions,

and all of them will give a chance for questions at the end of their presentations as well.

And I think the committee probably gains the most from this interchange with not only what's presented, but then how it fits into what we're concerned about and what the veterans are concerned about.

This committee also has a charge to hear from the public and we provide opportunities for public comment at all of our meetings, that can be in person or it can be written comment, and we do have one written comment that we'll discuss later today. And we take those very seriously as well.

We read those into the record, all of the meetings are transcribed and preserved, and the meetings are advertised in advance in the Federal Register so that people know when the meetings are going to be held, where they're going to be held, and they are able to physically come in person if they wish.

So I'm thankful to all of you for what

you bring and for your willingness to serve on the committee, and look forward to a very, very good year of work for our veterans, so thank you.

DR. VVEDENSKAYA: I just wanted to add, mostly for the new members, the minutes of these meetings and the transcripts are available to the public. They are posted on a public Web site, which is VA, and then the general GSA Web site. It's why if any one of you will ever need minutes or transcripts, you can either ask me or if your colleagues or anybody else who is interested, you can always send them to the GSA or our Web site.

They usually post it within the month after we receive them.

CHAIRMAN MARTIN: Just to recap some of the topics that we have been discussing, and you'll see some of these on the agenda, the agenda, we've tried to limit to a certain number of talks per day so that we have time to discuss them to fully have questions answered to the committee members' satisfaction from the

presenters, and so we try to limit the number of presentations just to give that time for ample discussion.

The committee has been working with a number of questions on individual unemployability and how that program works, and if any changes in that schedule or approach should be considered. We have been looking at issues with the Guard and Reserve, and how that fits in with the Department of Defense and the active duty forces, how members of the Guard and Reserve have served periods of active duty and then gone back to the Guard or Reserve, and retired from the Guard or Reserve, how they're captured into the programs of the VA, and how there are many, many DD-214s, as opposed to one when I finish, how they're sorted out and tracked.

We have been working with women's health issues in the VA, we have been working with presumptive diagnoses in the VA, like Agent Orange, like, let's see what else we had presumptive, the Camp Lejeune presumptive, so

that we can, basically, be up to speed with a lot of the things that are currently being discussed at the higher levels within the VA.

The National Workflow Team has been a very, very big issue over the last year or so. We were pleased to actually physically visit the National Workflow Office in their command center, if you will, and see how these operations work, and it's kind of like walking into a PAOC, with all the screens all over the place, and here's what Division 4 is doing, and so forth, so we'll have an update on that this meeting as well.

We have frequently discussed the issues of VA homelessness and homeless veterans, fully developed claims, that's on the agenda for today, is another issue that we had been concerned with, and then tomorrow, you will see that we have some discussions about the MyVA, their Web site, MyVA Web site, and some other comments on the presumptives.

So it's a busy agenda that we have. Someone mentioned, I think it was you, Dr.

Roberts, who said you're still learning, and yes, I learn every time I come to these meetings, and I think there's more than you can capture within with the two, or three, or four, or five-year cycle, but over the period of time, we'll gently touch each one of these topics and usually the more controversial ones, many times.

So it is something we'll try to give you a running start at today, but be advised, it is going to take some time to feel comfortable, and I'll let you know if I get there. Any other comments around the room before we get started?

Hal or Tim, am I missing anything that I should be saying as the opening remarks here?

MEMBER BIRD: I think you covered the past and ongoing work of the committee quite thoroughly.

MEMBER LOWENBERG: I agree.

CHAIRMAN MARTIN: Okay. Thank you.

DR. VVEDENSKAYA: Well, I just wanted to ask the committee members if you, by any chance, have a copy of your new members

orientation booklet I sent you, probably about a month ago or so. It's all right. Yes, I will go ahead and print a copy for each of you because the first presentation by Mr. Moragne, he probably will refer back to that book, and we have, probably, ten minutes before his presentation. Why don't I go and bring us each a copy.

Meanwhile, we might take this opportunity to read the public comment, just because you have time, while I'm -- the one which I forwarded to you.

(Whereupon, the foregoing matter went off the record at 9:14 a.m. and went back on the record at 9:29 a.m.)

DR. VVEDENSKAYA: All right. It seems like we are back to the full body of our committee. Here we have our first presenter, Mr. Moragne, from the VA Office -- it's Advisory Management, Advisory Committee Management Office, the office which indicates all of us designated federal officers and all of the committees on how

to conduct ourselves, what our rights, privileges, and how shall we function to be at most -- to you, Mr. Moragne.

MR. MORAGNE: Thank you. Good morning, everyone, again. My name is Jeff Moragne. I'm from the Office of the Secretary and I am the Director of VA's Advisory Committee Management Office. And Ioulia said, part of our responsibilities is training her, the other side of our responsibility is making sure the training that we gave her, she executes with, but we're also responsible for the training and oversight of all of VA's federal advisory committee, so the training of committee members and the oversight of all of VA advisory committees.

VA currently has 25 advisory committees, soon to be 26, and they cover general areas of health, research, affinity groups, like minority veterans, rural veterans, women veterans, and then benefits. And clearly, you fall in the benefit bucket because you're looking at, you know, the disability compensation and

things like that, and the ratings schedule.

For today, what I'd like to do for the next, what, what you give me, about four or five hours? Okay. Fifteen minutes. How about that? For the next 15 to 20 minutes, if you have questions, is literally go over some of the duties and responsibilities you have as committee members.

We find from time to time it's important for the Director of the Advisory Committee Management Office to sit at the end of your table and remind you of your duties and responsibilities, not just as volunteers, to wit, we are very thankful for you giving up the time, providing veterans with your service, and investing in our future system that we have.

We're very grateful for that, but at the same time, with that particular opportunity, or privilege, comes responsibility, so I want to touch upon some of those responsibilities, then answer any questions that you may have of, you know, any information I put out or of just VA

advisory committees in general.

In order to do that, I've provided you with a four-page briefing. You can read that on your own. That's got a lot of good information. I'm going to touch upon some of that. But the real tool I want to leave you with today, and I ask for you to take it seriously, take about 20, 25 minutes to read, you can read it on the airplane ride home, you can read it one evening before the evening news, 25 minutes of invested time in 15 pages of your duties and responsibilities.

It's a brand new product. First ever as far as we're concerned, for all of our committee members to invest in is the New Committee Member's Orientation Handbook. So it says New Committee Member, so you might be thinking, well, hey, Jeff, I've been doing this for two, three, four years. I've been on multiple federal advisory committees, that kind of thing. I'm not a new person.

Change your paradigm. You're always

new. Change your paradigm. You're always new, because the rules change and they change suddenly. And the, I'm in trouble, is not I'm in trouble, I'm kicked off the advisory. It's, I'm in trouble, VA's embarrassed, and we need that, right? We need to be embarrassed. VA's embarrassed, and more importantly, veterans survivors and families miss out, okay? That's the more important, not the embarrassment, not the media stuff.

So you're going to have invest 20 minutes of good reading, but you'll come away with good nuggets of what your duties and responsibilities are. So let me start at the top of the queue. Federal Advisory Committee Act covers this committee.

Federal Advisory Committee Act came into being in 1972. And what did it do? It took about 8000-plus advisory committees and dwindled it down to about 1100. How did it do that? It got rid of the, I'm going to say it like it is, nepotism, the favoritism, and the all-inclusive-

isms, where we had multiple wards across the Federal Government doing the same thing for the same constituency, with very little results.

So it got rid of that in a great collaboration between the Legislative and Executive Branch, and whittled it down to 1100, and that was in 1972. We only have about 1200 boards, so we've only increased 100 in about 43, 44 years, okay? That's not bad.

By the way, VA had its first new committee in 12 years with my VA, with Secretary McDonald, two years ago, so I'm telling you, it works. FACA works. FACA put the framework around how you establish a committee, how you run the committee, and how you terminate a committee, and then over the year, there's been a couple of changes to it, but essentially, it's gotten better.

VA then puts in a lot of its policies for guiding our federal advisory committees, and I'm going to hit upon one or two of those, but essentially, FACA has to do with how you are

chartered, so that's your operationalizing all your -- you're statutory committee, right? Statutory-isms, all those many, many pages of statutory-isms are operationalized in your charter.

Your charter is two pages long. That's a two-minute read. So if you haven't read your charter, put that down as part of your responsibility. It's a two-minute read. Has 15 paragraphs. Tells you exactly how you're going to be run. That's all because of FACA, okay?

FACA also designated a designated federal officer. Now, I don't like Ioulia and I know you don't like Ioulia, but the law loves Ioulia in her role as a DFO, designated federal officer. She literally is, excuse the pun, the bellybutton that the law goes to to make sure that you are putting into practice what the law says, and coming up with the great advice and recommendations that you're going to pass on to the Secretary, she's large and in charge, okay? Don't mean that any other way except you're in

charge.

And that's who we're going to go to, we being through the Secretary to me, the committee management officer, to make sure everything is being done in accordance with the law. So enough said on that. You got questions on that, 99.9999 percent of the time you go to Ioulia first, she'll work with the Chair, you'll get your answer.

And if she can't figure it out, she'll come to me, if I can't figure it out, I'll work with the lawyers or the committee management secretariat, which is GSA, GSA has oversight authority for all the Federal Government, but we'll get you your answer, okay? And hopefully, you'll stay involved in this responsibility, this opportunity, to serve veterans.

Federal Register Notice. Every meeting you have, every meeting you have, has to be published in the Federal Register so that the public, which, oh, by the way, as we know, is paying for all of this, has the right to attend.

So the example would be, and by the way, we don't play the 15-day rule here at VA. We do 30 days. Any time she has a meeting, 30 days prior, she has to have all the facts and details in the message notice for us to put in the Federal Register, as do all our federal advisory committees.

So if you're a member of the public, you're out on the sidewalk, and you say, you know what? I want to visit that federal advisory committee. There's nobody that can stop you. The only slight requirement that we request is that you have a photo I.D. to enter a federal building, if that's where the advisory committee is going to be, and we know the reasons behind all that.

But any member of the public can be sitting in this room. She could have them five deep and you would have to move the meeting, literally, to accommodate the public because the public, under the Sunshine Law, has the opportunity to attend meetings and add commentary

to the minute meetings, okay, or ask questions, depending on how you set it up in your Federal Register Notice.

You can close a meeting if you're going to be reviewing proprietary information, things like that, PII, private identifiable information, you can have meetings closed, but again, that would have to be published in your Federal Register Notice.

If there were a disturbance in the building, the Chair via Ioulia's authority, could, like, adjourn the meeting and then reconvene it later, and that would have to be reflected in the minutes of the particular meeting, but, you know, FACA is designed, along with FOIA, you know, Freedom of Information Act, along with the Sunshine Act, so that the public has access to everything you do.

All of the advice and recommendations that you're going to deliberate on and eventually put into writing, the public has access to, all right? And that was another one of the cleanup

items that they put into place.

FACA also requires that you have a balanced membership. We here at VA fine-tune that to mean this, your committee should demographically reflect the constituency it serves. Your committee shall reflect the constituency it serves. So we give Ioulia a little bit of leeway in defining what that constituency is, whether it's all veterans or whether it's disabled veterans.

Either way, she's going to have a demographic group of so many of this, that, and the other thing, and she's going to try to make sure that your membership reflects the constituency it's serving.

Clearly, and I don't want anybody to walk away from the table, you've got to have the right skillset, experience, knowledge, and background before we get the demographics. Let's just be honest. You got to be smart enough to do the job before you reflect this constituency, but I want you to know that it is part of FACA, it is

part of VA policy, to make sure your committee reflects the constituency it serves.

To wit, you're here to serve only two terms. This is not an entitlement for you to serve for the next 20, 30 years, and it's taken me and my team, and I consider Ioulia part of the team, although 24, 25 DFOs, as well as senior leadership, it's literally taken us two years to cleanup all of VA advisory committees so that nobody is serving more than two terms.

And I won't air any dirty laundry because this goes in a public record, but it's literally taken two years to get us here. So what does that mean? If this is your day one, what I'd like you to do is wrap your arms around that you're going to serve two terms, and your terms are what? Two years?

DR. VVEDENSKAYA: Two years.

MR. MORAGNE: Two years. Okay. So four years, max, right? And somewhere around year three, Ioulia, or Ioulia's replacement DFO, is going to come to you and say, it's time for

you to do me a favor. Time for you to help me out and find your replacement. Who, in your Rolodex is smart enough, skilled enough, has the knowledge, and wants to volunteer to be your replacement? Help me out with that so that when I go recruiting, it's a much easier job, all right? So that's part of your duties and responsibilities as well.

Help her out with a name, somewhere to look, to find that person that's going to replace you.

Can FACA's meet privately? I think I've already answered that. What about testimony? You say sometimes, I know with the distinguished people that we have on this particular committee, that you may be asked to testify, whether it's locally, or on the state level, or on the federal level, does that conflict with you being a federal advisory committee member? No, it does not, because you, as a private citizen, can testify or go petition Congress, or go visit your Congressman, Senators,

et cetera, et cetera, so forth and so on.

What you cannot do is put loud and proud on your, you know, suit or clothing du jour that you are an advisory committee member. It can be in your resume, it can be in your background, but you are not to go to any of these testimony opportunities stating that you are speaking as a committee member. Does that make sense?

You are a committee member, but you're not speaking for the committee. And why is that? Because while you're doing this duty, you're a special government employee, you're not a regular government employee, so you don't speak for the Secretary, all right? Does that make sense? You don't speak for the Secretary.

So you can go testify all you want as a subject matter expert, and that kind of stuff, and it can be known that you're part of this federal advisory committee, but you can't speak for this committee, all right? I want to make sure that light, dark, and shade is really

understood.

If in doubt, call Ioulia. She'll give you an answer. If she can't figure it out, call me. If I can't figure it out, I'll call the many sources that I have, but, you know, what you do matters, and we want to make sure that you do it properly, so that's why I say again that you have a committee member handbook, and you're all new committee members, whether it's day one or the last day, the Federal Advisory Committee Act, should you very industrious, it's probably one of the smallest acts in all of Federal Government. It's eight pages long. It's eight pages long. It's in English too. Believe it. Okay?

And then these slides and subject to your questions, that's all I have. Thank you very much, again, on behalf of the Secretary for your service. I think I finished in 14 minutes and 53, 54 seconds, but that's what you would expect out of an old fighter pilot. Right, Mr. Bird? Hal Bird and I served together.

MEMBER BIRD: Yes.

MR. MORAGNE: Although, he was always in an inferior aircraft than I was, but I'm kidding. I'm kidding, Hal.

DR. VVEDENSKAYA: I just wanted to add to Jeff's presentation that as a committee, you do have an opportunity to speak in your biannual reports or in your interim reports. As a committee you do have a voice and you do speak all together. That's a way you speak as a committee, not as a private citizen. Just want to make sure that it's just a supplementary to what Jeff just outlined.

MR. MORAGNE: Thank you. One other point I'll leave with, unless anybody else has any questions, is, there is an initiative under way which involves advisory committee members, and it's internal to VA, and it's called cross-committee collaboration.

So the way this would work is, as you look at the depth and breadth of committees that we have here at VA, you might say, hey, this committee might want to talk to Committee X, Y,

or Z because maybe we have some parallel interests or issues, and we want to see what they've developed over time in terms of their advice and recommendations they've given to the Secretary.

You know, so why would you do this? Well, number one, you might do it because you don't want to plow the same ground or you want to use information that they've already harvested, or you want to synchronize the recommendations and advice that you're making to the Secretary with something that they're doing.

Believe it or not, there are parallel, maybe not the same, but they're parallel, and the Secretary wants all of our committees to know that his focus is on MyVA, the five goals of MyVA, and the 12 priorities. And if your recommendations don't head toward those priorities, it's less likely that they'll get resources.

Let me say that again. If your recommendations and advice, and the course that

you do in your work, don't feed into those 12 priorities that he has, it's less likely that they'll get enacted, at least immediately. Maybe at some future point. There's a caveat, I know. I know the specificity that you --

DR. VVEDENSKAYA: No, no, no, I just wanted to say that I'm glad that you mentioned MyVA because at this meeting we will have a presentation tomorrow on MyVA initiative and what Jeff just mentioned fits right into our presentation tomorrow, where I'm sure you will take notes and you will synchronize, try to synchronize, your recommendations to where this goes.

MR. MORAGNE: Yes, so, you know, part of FACA and part of my role as a director here, is Ioulia's role as well is, we cannot tell you what to do, okay? You know, within reason, I can't tell you to lie on your form or anything. No, I'm sorry. We can't tell you what to do, but we can heavily, heavily suggest, based off of our knowledge and experience of what works and what

doesn't work, you know, particular paths that you may want to take.

This cross-committee collaboration, this alignment with MyVA priorities and initiatives, it's a good way to go. You know, that's about all I can say. Yes, ma'am.

DR. VVEDENSKAYA: Jeff, what you mentioned to the committee members where they can go on our public Web site to look for other committees which we have within VA.

MR. MORAGNE: Sure.

DR. VVEDENSKAYA: This way if there is a wish to come as a general public and attend any of the other committee meetings, like ours.

MR. MORAGNE: Right. So I'll start with this, oh, wow, the New Committee Member's Handbook, Page 15, has all of VA's committees. All of VA's committees, okay? So, you know, I would start you there, just as an academic exercise to understanding what the depth and breadth of VA committees are, right?

And once that's kind of tickled your

fancy, you can either reach back through Ioulia, to me, or we can reach directly over to the other designated federal officers and the Chairman, but the idea of cross-committee collaboration is to get that Chair and that DFO at the end of your table for 15, 20 minutes to have them brief you on what they're doing in their lane.

Not the surface stuff here, what their, you know, goals and objectives are, but actually what they've looked at over the last two to three years. I think you're going to be surprised on how much you can cross-pollinate and cross-feed, and if you want to go to the extra step, which a couple of our committees have already done, homeless veteran and homeless rural and minority, they formed a subcommittee to drill down on this because their product that they want to hand the Secretary is, here's three committees aligning their recommendations and advice with your MyVA at 12 priorities, don't you think you ought to put money against them?

Man, what a combination. I mean, you

know, that's a lay up, as they would say, for the Secretary to enact on. So again, I would start you off on that academic exercise, Ioulia, and then we can either, between committee meetings, or because you all have so many meetings, and I know you have a lot on your agenda, we can get the right representatives, the Chairs or the DFOs, but start that ball rolling downhill.

And, you know, we think, you know, at the Secretary's level, at my level, that this cross-committee collaboration has nothing but good written all over it. We already know how to work the rules so we all stay out of trouble. You're not doing the same thing as another committee, but you are comparing notes, comparing research, things like that so that veterans, families, and survivors are the benefactors of your work.

MEMBER BROWNE: You said there was a new committee. Which one --

MR. MORAGNE: So it's not going to be on here, it's in formulation, and it's going to

look at suicide prevention; veteran suicide prevention. I think it's statutory too. Yes, sir.

CHAIRMAN MARTIN: We do a lot of communication by email among the committee members between meetings, maybe you just like to foot stomp again with the guidelines.

MR. MORAGNE: I will. So the bright light in the sand is deliberating on information, okay? On the right side of that line, if you are deliberating on the information, the public has every right in the world to observe you deliberate and even comment on that. That's why you have to distinguish those type of interactions for committee meetings, okay?

When you're doing preparatory work, or research, or admin work, you can communicate all day long and the public has no right to that, okay? If you form a subcommittee, it can even drill down on information even more obscured from the public, because it has every right, according to the FACA, according to VA policy, to do

exactly that.

It's just that, when it comes to its conclusions, guess what? You got to be sitting at this table in front of the public, bright light of day. So I think you put those in a couple of different buckets. If you're doing admin work, preparatory work, or research, the public doesn't have a right to that.

If you're deliberating on something, literally talking about the pros and the cons, and all that kind of stuff, and whether you ought to go this way or that way, that's bright light of day. The public has every right to that. If you're doing subcommittee work, the public doesn't have a right to that because the subcommittee, whatever it comes up with, is going to bring it to the main body, you know, at the table.

CHAIRMAN MARTIN: Thank you.

MR. MORAGNE: Is that where you wanted to go?

CHAIRMAN MARTIN: That's perfect.

Thanks. Tim or Hal, do you have any questions or comments?

MEMBER LOWENBERG: None from me.

MEMBER BIRD: None here. Thank you.

CHAIRMAN MARTIN: Thanks.

MR. MORAGNE: Okay. Thank you.

DR. VVEDENSKAYA: Any other questions to Jeff? And again, Jeff is super easily approachable via email and on the phone --

MR. MORAGNE: Absolutely.

DR. VVEDENSKAYA: -- if we ever have any questions or if we deem that we would like to connect with any other committees or invite them to come to our committee meetings, such as Chairman and designated federal officer, it can be easily arranged.

MR. MORAGNE: And vice versa, don't be surprised if someone asks you to, you know, talk to their committee, whether it's virtually, or even pay for you to come TDY during one of their meetings. We would appreciate if you would reciprocate, but, you know, again, I can't tell

you what to do. I just can tell you that that path looks really, really good to me, you know?

It kind of looks like a great playing field to be on.

DR. VVEDENSKAYA: Forgive me if I missed your beginning of your presentation, you mentioned it while I was doing copies, everybody always asks about the ethics portion of our training, and as we both, just a reminder to the members, there is ethics training once a year for everybody, just to keep us all abreast with the newest regulations or guidelines, and that is done through Jeff's office, but it is administered by the Office of General Counsel attorney who is specializing in advisory committee matters.

But it's done once a year and I will let everybody know when the time comes. I believe it might be during our June meeting, because last time we did it for the whole committee, it was last summer meeting in June.

MR. MORAGNE: Yes, there methodology

is, they'd love to sit at the table and go face-to-face. For one-on-ones, they can do it over the phone.

DR. VVEDENSKAYA: Because I know new committee members had few questions as they were filling very voluminous forms. Thank you again very, very much for your patience, but if you ever need any guidance on matters related to the ethics aspect of our committee work, reach out to me and I'll forward your questions to the right person.

MR. MORAGNE: I'm good?

CHAIRMAN MARTIN: Thank you very much.

DR. VVEDENSKAYA: Thank you so much.

CHAIRMAN MARTIN: Okay. We're running a bit early here. We can probably -- any discussion or additional information about the ethics or the guidelines; thing with the guidelines? The new handbook is something that just came out and a wealth of information in it. Ioulia will send it electronically to you also. Now you've got both a hard copy and electronic.

Okay. Did you all have any comments or questions about the advisory committee structure as well as the way things operate?

DR. VVEDENSKAYA: Or any public comments you wanted to make, because we have half an hour before next presentation. I know we have allocated some time this afternoon for the public to make comments, but if you would like to make any of your comments or statements now, please feel free to do so, just because we have half an hour before the next presentation.

MS. BROWN: Sure. I'd love to try this out a little bit.

DR. VVEDENSKAYA: Please do join us at the table. This way it will be easier to see you, to record you --

CHAIRMAN MARTIN: As long as there's no more Tiger cheering going on.

MS. BROWN: Well, thank you so much for the opportunity to join you today and I feel like I'm going to go to school to be a doctor now, listening to all of your background and

enthusiasm. In my role at LSU, I bring individuals closer to the mission of the university as well as some of the initiatives.

In addition to that, my role, as everybody likes to call me, I'm the fundraiser at the institution.

DR. VVEDENSKAYA: Okay. Pardon me. Will you please introduce yourself formally for the record.

MS. BROWN: Okay.

DR. VVEDENSKAYA: Thank you very much. Sorry for the interruption.

MS. BROWN: That's okay. DeShanna Brown, Director of Development for Student Life and Enrollment Services at Louisiana State University in Baton Rouge, Louisiana.

Essentially for my role, I work in student affairs, so that is the entity that supports the co-curricular experience at the university, and my role is to bring, again, individuals closer to the mission of the organization, as well as providing opportunities

for our students.

One particular area that's a presidential priority right now is focusing on bringing the opportunities for our veteran and military student services, and we are in the current process of building out our veteran and military student services program.

And we have a center that we're actually building out, and in that center, it will be a place where our student veterans that are transitioning from the military can get additional programs and services, they can get counseling on their VA benefits, and other types of academic support services, as well as just have a home on campus.

For some of you who may not be that familiar with LSU, we started out as a military institution and then have grown to Louisiana State University, and wanted to just kind of chat with you all today to just really get your expertise on how we can bring individuals closer to this opportunity.

So I have just a couple of items that I'd like to share with you as you think about ways in which to assist in bringing good opportunities to LSU. I would love to get your expertise as it relates to that, around different types of things and programming that you feel would help us bring philanthropic support to the institution.

We were just awarded the designation as a institution of choice for student -- for individuals transitioning from the military, so that's really, really exciting. We have some great opportunities. As you all can appreciate, the military provided a lot of service during Hurricane Katrina to that region of the country, so we just have a lot of just great opportunities, essentially.

I do have a more detailed case statement that talks about some of the academic support services, as well as some of the programming that we're looking to expand. Our program is still fairly new. We've had it -- for

the last two or three years, we've had this particular program at LSU and really looking to grow it.

As you can see on the information I distributed, our spring veteran enrollment at LSU is around 428 students, we have 368 undergraduate students, and then about 60 students in the graduate and professional program.

In addition to that, we work with veteran dependents. I found that some of the military personnel that I've spoken to, they give their benefits -- they allow their dependents to utilize their benefits, and as you can see, that number is a little higher.

We have about 1630 individuals accessing veteran benefits and they are dependents, 1530 are undergraduates, and about 100 are in the graduate and professional program.

The center that we're building out, we would probably be the third institution with a veteran and military center. Mississippi State has a veteran and military center. I'm so

jealous. It is such a lovely, lovely facility, and we'd like to bring that same type of facility at LSU.

And as you can see, that's about a $1.5 million project and it is nicely laid out. It'll be centralized on campus, which will be a place where our veterans can really just congregate together. We find that our veterans do better in their own centralized areas, so they don't feel the pressures of being in a larger, for example, academic support center, so we do have a very large center for academic success, but we want to develop a space where veterans can get a more hands-on experience, in particular, those that experience PTSD, and so forth.

We just find that the more dedicated time and one-on-one counseling that we can give to them is much more beneficial, and then their learning strategies are a bit different, in particular, those that transition from war, and so forth, and experience some levels of PTSD, so we are doing more individualized care and

providing services to those individual -- to that population of students.

I also have our case statement that, I think I brought enough for everybody. It talks a little bit more about some of the academic support services that we also provide to our students. I think I have enough for everybody. Fantastic.

MEMBER BROWNE: Can I ask a question?

MS. BROWN: Yes, ma'am.

MEMBER BROWNE: How are you funding your center?

MS. BROWN: So I am, as you can appreciate, the fundraiser for student affairs, and we, right now, don't have any funding for the center. We would like to get philanthropic support to build out the center, so really would like your expertise today on ways in which we can bring individuals closer to that as you think about your circles of influence and affluence, and would like to get your expertise.

Maybe we're not going about it the

right way, maybe we're not talking to the right people, so I really wanted to come and just really get your expertise as we would really like to bring this opportunity to LSU for our students.

We currently have a small room, it's probably about this big, for our current veteran students. It's in an older building. And we did this work with the students to get a small grant for Home Depot to kind of paint it, and get some other things in the room, but we really want to have a dedicated center for them so that we can provide additional individualized programs and services.

MEMBER GRANGER: Let me give you some thoughts on that. I was instrumental, along with the Chancellor, at Arkansas State University, a group of us, started back in 2008, it's called Beck Pride, B-E-C-K, Pride, P-R-I-D-E, it was started by a retired reserve officer by the name of Buddy Beck, alumnus of Arkansas State University, he donated the first million dollars,

and I chairs the national committee for about four years.

We have got grant money, donor money, and we have a Beck Pride Center that have all the things you mentioned here that's been going on since 2008. We've got grants from Walmart, we even got a fellow grant from DoD looking at post traumatic stress disorder, transition of family members, to including children as well, in an academic environment.

So the person you need to put in contact with, I'll give you her name and email, it's Dr. Susan Hanrahan, that's capital H-A-N-R-A-H-A-N. She is the dean of the School of Allied Health at Arkansas State University. It's called the Beck Pride Center. You go to astate.edu and you'll see it right there on the main Web page, or home page, there.

But we have done all the stuff you have to go through getting state support, everything else. At that time, our governor, Mike Beebe, was instrumental also as an alumnus

of Arkansas State University, including to get individuals to donate for financial support scholarships, grants for grant scholarships, et cetera, but I'll be glad to share that with you, but that's been on going now since 2008.

MS. BROWN: Excellent.

MEMBER GRANGER: Same blueprint, same approach, and everything else.

DR. VVEDENSKAYA: Thank you. That's great.

MS. BROWN: Does anybody have any other questions? If you'd like to -- I'm here the rest of the day today, and I'm here all day tomorrow, so if you'd like to meet individually and talk about some ideas and so forth, I'd be happy to sit down with you and we can really just talk through that.

In addition to that, while we have a lot of great ideas and so forth, we are always looking for great partners in progress, so if you would like to come to campus and maybe interact with our student veterans, I would -- that

opportunity is always open.

Our veteran students are always interested in networking, so part of our -- in the spirit of my role in student affairs, part of what we like to do is to connect our veterans with employment opportunities, so we do have a career services component where we have those employers of choice for veterans, and we just launched that last semester where we had employers of choice for veterans only, so we had a small veterans career fair.

So if you are tied to an organization and so forth, and would like that opportunity, I do welcome that. So I do have my business card, so I will give that to you if you have some opportunities where you would like to employ student veterans or just come and do some presentation and really talk about how you've been successful in your transitions with your military career and applying that to the civilian sector.

We are very much open to that because

we find that our student veterans prefer to talk to individuals with a similar type of background, that can really relate to them, and say, transition from the military to the academic environment, and then from the academic environment to being employed in the civilian world.

So feel free to reach out to me. My contact information is on the bottom of the form so you can email me and I can give you my business card with my cellphone number, and I am here all day today and all day tomorrow.

DR. VVEDENSKAYA: Thank you so much, Mr. Brown.

MEMBER ROBERTS: Just an observation before she leaves. Speaking more generally, Louisiana has a very long and historic commitment to veterans in general, and not just, really, LSU. As a matter of fact, one of the cabinet members of the governor is a Secretary of Veterans Affairs, after serving as Assistant Secretary of Health for the State of Louisiana,

and that's a very important cabinet post for the governor.

There's a law veterans home that will take care of veterans who have fallen on hard times and the State of Louisiana will step in and take care of these veterans, so LSU has a big interest in providing services and opportunities to veterans, but the State of Louisiana, in general, has a big commitment to veterans.

MEMBER SAVOCA: Have you been able to drum up alumni interest in supporting them?

MS. BROWN: Somewhat for --

MEMBER SAVOCA: Because I would think that would be a good place to tap.

MS. BROWN: We have. And as you can appreciate, we're a healthy institution, but we're not wealthy, and outside philanthropic dollars also helps increase those opportunities with our friends in the community as well, but we have reached out to our alumni, so we do have some things in the pipeline, but part of my role is continuing to bring other individuals closer

to the mission of providing these opportunities for our students.

MEMBER GRANGER: Also too, there's another name I want to give you at Walmart, that's Brigadier General (Retired) Porter. I'll give you his email and his information. He's responsible for the Walmart nationwide Hire a Veteran Program. They've exceeded their goal of 100,000 within the first five years. They now have increased their goal to a significant number.

He loves to come out and do presentations from Walmart University, how they're taking veterans and putting them in managerial training slots, and to the point they're now running stores. A few are running regions for the Walmart.

MS. BROWN: Okay.

MEMBER GRANGER: I have no bias to Walmart. I'm from Arkansas.

MS. BROWN: I was about to say, that's where it's headquartered. I would love to talk

to you.

MEMBER GRANGER: And also too, there are Department of Defense grants, it's called Congressionally directed medical research dollars, that you can sometimes tap into, being an academic institution, and the School of Nursing, she took the social work and the psychology department, and they applied for a grant looking at transitioning to the academic environment for veterans and their families, especially Guard and Reserve.

And that's how it got started in Arkansas, because I served with the National Guard myself, early part of my career, and we had the unit there in Iraq, and that was one of the issues we observed, how they transitioned -- they were pulled out of academia and how they transitioned back into it having served in that environment, especially them, as well as their families.

MS. BROWN: Okay.

DR. VVEDENSKAYA: Excellent. Thank

you so much.

MS. BROWN: Thank you.

CHAIRMAN MARTIN: Well, we've got a few minutes before our next discussion and let me just update you on a conversation I had a couple of weeks ago with a senior economist from the RAND Corporation. And he called because they are interested in looking at veterans issues in a longitudinal study, and they have formed something they call the American Military Veterans Panel.

It's an online panel that looks at a variety of surveys on topics over time, and since it's the same group, they can do longitudinal studies for lots of different issues. They formed this in 2014, I believe, and they have been looking at a number of topics.

And I think the reason that he called to discuss things with our committee was the fact that we had been looking at individual unemployability. And we had actually scratched our heads and wondered whether or not we needed

another study on individual unemployability since the CNA study and some of the others are a little dated now.

And so he was bridging the issue with us just for our information. I explained to him that our committee doesn't own a budget, we don't employ study groups for businesses, but, you know, if it came to the point where we were looking for a study then, certainly, Rand could compete with other companies for the bid.

He sent to me an abstract of a number of studies that they've done recently, which I can provide for you, just, if you're interested. Selected Rand publications relevant to veteran policy challenges, and they discuss things like Social Security disability and disability, veterans health and healthcare, labor force, and health and disability benefits for service members and military reserve personnel.

Those are some of the recent studies that they've looked at, mainly under the guidance of the Office of the Secretary of Defense, or the

DoD, or sometimes the Social Security Administration. It was an interesting conversation, I told him I would pass that along to our committee, and I wanted to give this information, particularly to Dr. Savoca, because of her expertise in this area.

Comments, questions, anybody familiar with this?

MEMBER SAVOCA: No, this is the first I've heard of it. I assume this is not public access data.

CHAIRMAN MARTIN: You know, I don't think this is proprietary and I told him I would like to share this, and he said, of course, no problem.

MEMBER SAVOCA: No, I mean the longitudinal survey.

CHAIRMAN MARTIN: I think that is proprietary to RAND.

MEMBER GRANGER: Yes, it probably is, having worked with them before in my previous life.

CHAIRMAN MARTIN: Did you know Dr. Kumar?

MEMBER GRANGER: Yes, I do.

CHAIRMAN MARTIN: So just for your information, there's a wealth of information out there, but there are lots of groups that are looking to help with any answers if and when. And I will have this information that I'll provide to Dr. Savoca and Dr. V, and if any of you wish to see it, go online to the RAND publications and look at them, see what they've done.

Not as a spokesman for RAND, but just here's a company that does look like we might need at some point.

MEMBER BROWNE: Because I think in one of our former report, we talked about the need to do a study.

CHAIRMAN MARTIN: Yes.

MEMBER BROWNE: And, of course, this has not trickled down yet in terms of actually moving forward, but that information would be

useful as they look at that, but then, generally, when studies are done, it's an open bid competition.

CHAIRMAN MARTIN: Right. And we had discussed IOM and some other possible candidates to do a study like that.

MEMBER SAVOCA: Oh, I see, they haven't actually started the survey up.

CHAIRMAN MARTIN: Not this particular survey, no.

MEMBER SAVOCA: Oh, okay. And they're looking for funding.

MEMBER GRANGER: They're looking for funding. Right.

MEMBER SAVOCA: I see. Interesting.

MEMBER BROWNE: But I know when we talked about and we said IOM, and I said I think we need to leave it open, and not that I know anybody at RAND versus IOM, but rather than targeting a specific entity, it should be open for --

MEMBER SAVOCA: Yes, some kind of

bidding.

MEMBER BROWNE: Yes. So that's my comment.

MEMBER SAVOCA: Yes, no, that's right.

MEMBER BROWNE: As a small business person.

MEMBER SAVOCA: No, I think you're absolutely right. We should keep it open. There are lots of respectable institutions that can handle this.

MEMBER BROWNE: Yes.

MEMBER SAVOCA: VA research centers, Columbia, and NYU.

CHAIRMAN MARTIN: Okay. Tim, Hal, any comments?

MEMBER LOWENBERG: Yes, this is Tim. An open question for you then. RAND Corporation is a federally funded research and development corporation, like the Center for Naval Analysis and others, I'm just wondering if we had questions that might be supported by research data at the extent to which VA has, and do at

least a preliminary review of the availability of SSRDC studies that might be pertinent to the topic we're looking at.

DR. VVEDENSKAYA: Tim, we can, if you would like to send this request to me via email, and, you know, with all the cc, with all the committee members being copied, I can explore what we can do from our end, and like Jeff Moragne mentioned, we can explore what would be the best ways to approach it. Would it be through the recommendation or through certain other types of requests?

But if you'll put it in email request to me with the members copied, we shall look at the venues. Yes, I wouldn't have an answer at this particular point.

MEMBER LOWENBERG: Well, I understand about the -- the reason I was asking the question was, I thought it was a matter of the committee process. If there was an understanding that the VA Library, for example, could do an initial assessment of potential relevant publications,

that that would be something that might be helpful to us as we consider our development of reports, so forth.

I don't think that issue has come up during my time on the committee. That's why I asked.

DR. VVEDENSKAYA: All right. Yes, we do have that resource and I can explore that venue. Our library is very willing to help us with any research measures. We can do that.

CHAIRMAN MARTIN: Yes, and just for the committee's information, we heard from Vivian Stahl, who's the librarian at the VA Central Office Library, back in September. She talked about some of the research, background, kind of, information that they can provide to the VA committees and to the VA.

DR. VVEDENSKAYA: And our two new members, Dr. Granger and Mr. Fay, if you are interested, I can connect you with our central library librarian, Ms. Vivian Stahl. She can put together an account for you. This way, if you

are to research, because a lot of papers are behind the pay wall, but if you would like to pull her -- if you would like her to pull certain dataset for you, unlock certain articles for you, and just send it back to you via email as a .pdf, she can do it.

Yes, I can introduce the two of you to her and she'll walk you through the registration process.

MEMBER GRANGER: Because it's been my experience, when you start looking at studies like this, somewhere along the line, somebody within the Veteran Administration, or Veteran Affairs, have done something, a similar study, if nothing but a preliminary, have a look into it in the past and different studies, done between DoD and VA, somebody in their research institute, or somewhere, has done very similar. Been my experience.

DR. VVEDENSKAYA: We have quite sizable --

MEMBER GRANGER: Absolutely, you do.

DR. VVEDENSKAYA: -- R&D. It's not even stuff, it's just like subagency.

MEMBER GRANGER: It is.

DR. VVEDENSKAYA: Yes, I once looked and I, you know, got lost. The breadth of their research is quite enormous. Dr. Simberkoff, you wanted to say something?

MEMBER SIMBERKOFF: Well, I was just going to ask what it is that is similar to what? I'm not sure --

MEMBER GRANGER: I'm talking about the RAND study. We're passing around with the RAND here. RAND had a thought. I was saying that it might be something very similar. You might want to share that with him. He didn't get a chance to see it here.

MEMBER BIRD: Hal Bird here. If I could just follow-up on General Lowenberg's statement. That does sound like an interesting study, speaking directly to the RAND study. I wonder if that might not make a good speaker for the next meeting, to have the individual that

General Martin spoke with come and speak with the committee.

And a lot of that was interesting to me, but I'm particularly interested in the tie in between Social Security disability and veteran disability, but there were several topics in that narrative that did sound interesting and relevant to the committee.

DR. VVEDENSKAYA: This is Ioulia. Mr. Bird, what I would suggest is you, as a committee, talk among yourselves. You then send me a request for the speaker, which will give me the right to reach out to the RAND, to Dr. Kumar perhaps, and request a presentation on all studies, or particular study, or particular topic. I'll be happy to do that.

MEMBER SIMBERKOFF: Well, do we want something from RAND or do we want something from VA that's -- because there have been -- I think we've talked about them at these meetings. General Scott, you know, I think discussed the most recent ones and there have been several ones

in the past, and, you know, he said that it might be difficult to, you know, get another one, you know, going now just because of expense, but it might be worth at least hearing what was done in the past.

MEMBER SAVOCA: And we should have General Scott back. He was very well versed in that study.

MEMBER SIMBERKOFF: Yes, he was.

MEMBER SAVOCA: Just to give a presentation on that.

DR. VVEDENSKAYA: You can request him as a speaker.

CHAIRMAN MARTIN: What is the life extent of a study like that, IU, for instance, make sure that the last CNA study was ten years ago.

MEMBER SAVOCA: Yes. You mean --

CHAIRMAN MARTIN: So you think it's still relevant now or is it something that's changed --

MEMBER SAVOCA: Well, speaking as an

outside, the data is relevant because there's so little data publicly available, so that's basically -- so for someone who's studying it from the outside of the VA, it's still relevant. It's all we have. But, no, I mean, there is better data now that should be analyzed.

MEMBER SIMBERKOFF: But it ain't cheap to get at. That's a fact.

MEMBER SAVOCA: The price is infinite. That's the problem. I think I mentioned before that there are people, Stanford and MIT, working on vet's issues, but they're using something called the Current Population Survey, which is a monthly survey that's used to estimate the unemployment rate, and it doesn't have very good health data, but they're doing the best they can with it, but it's totally inappropriate for answering these questions, but that's the best I can do, if they want to use current data.

And there's a veterans supplement every year that's done on the use of programs, but you want to link those to health, now there

is some good data on veterans health, just don't --

DR. VVEDENSKAYA: And also, as we know, you can use ten-year-old data, but every year, the population of veterans changes. We have new wars, we have aging veterans, and you remember from your previous presentation on individual unemployability, the program was designed with one purpose in mind, and it seems like it's migrating to a slight different publication.

That's why your committee, it seems like, took a task on examining that program and giving recommendations on how to proceed with this program according to your expertise, but again, ten years ago, it was different number of veterans, different population, in terms of the age, skills, different economy, absolutely. There are so many variances.

MEMBER SAVOCA: That's right. So it is dated, and as far as the IU program, no one's been able to zero-in on that particular program.

They look more about overall, the work, instead of effects of disability programs, so I mean it would be good if RAND would collect data on participation in that particular program. It would be good if they could.

CHAIRMAN MARTIN: September 15th that Rod Grimm, from the Compensation Service at VBA, talked to us last about IU. He kind of went over the history of the program and brought us up to date at that point.

DR. VVEDENSKAYA: And of course, we just finished submitting legislative proposals for the 2017. If at some point you would like to have just a very short update too, like 15, 20 minutes, on what's going on with individual unemployability program when it comes to the legislative proposals.

MEMBER SAVOCA: Oh, there are already proposals?

DR. VVEDENSKAYA: Yes. I'm not part of that stuff, but, you know, we all sit in the cubicles there. Yes, I know that the system for

submitting legislative proposals for 2/17 just finished. That's why, you know, every year we have a cycle of what we would like to do, we submit our wish list, and you can always have an update from Rod Grimm on -- that's one of his main lines of business, the legislative proposals, and particularly, individual unemployability.

MEMBER ROBERTS: It may be good to have an update.

DR. VVEDENSKAYA: Yes, it's something short and if the new members would like to know a little bit more about that particular program, Rod would be more than happy to talk to you in addition to just an update.

MEMBER SAVOCA: Is that a priority for the VA, revamping that program?

DR. VVEDENSKAYA: Yes.

MEMBER SAVOCA: It is a priority.

DR. VVEDENSKAYA: Yes. And MyVA presentation tomorrow will refresh our, my knowledge too, of what exactly is number 1

through 12.

CHAIRMAN MARTIN: Our goals and 12 priorities.

DR. VVEDENSKAYA: Right.

CHAIRMAN MARTIN: Okay. Well, we will discuss that in way more depth as we go along. It is a burning topic right now, so just wanted to get everybody up to speed on it.

DR. VVEDENSKAYA: Would you like to have a ten-minute break and then we'll reconvene and I'll check our next presenter?

CHAIRMAN MARTIN: Good. Thank you.

DR. VVEDENSKAYA: If she's ready to go, we can just go ahead and go. And for Mr. Lowenberg and Bird, I will put a package for both of you in the mail, in the snail mail, probably on Thursday, where I would put all the materials which Ms. Brown, from LSU, gave us. This way you'll have a chance to have her contact information and the materials she distributed to the committee members.

MEMBER BIRD: Thank you.

DR. VVEDENSKAYA: Along with the paperwork for your travel and meeting reimbursements. Not for travel this time, but other.

MEMBER BIRD: Right. Thank you very much and we have documents regarding the duties and responsibilities from Mr. Moragne this morning?

DR. VVEDENSKAYA: Yes, I will put -- yes, I will put all presentations from this meeting for you in that package.

MEMBER LOWENBERG: Right. Right. And there are three tomorrow that, if they have documents as well, that would be terrific if we get those as well. Thank you.

DR. VVEDENSKAYA: Sure. Any time.

MEMBER LOWENBERG: Dr. Vvedenskaya, are all the members present today, and/or tomorrow, going to receive a copy of the New Committee Member's Handbook, or is that to be provided --

DR. VVEDENSKAYA: I actually sent it

to you all via email about a month ago.

MEMBER LOWENBERG: Okay. Thank you.

DR. VVEDENSKAYA: I just thought it will save a little bit of paper. You can go ahead and print it out, but all of you received it about a month ago. And we talked about the Page 12 of that handbook -- oh, I'm sorry, Page 15 off that handbook, and Page 15 of the member's handbook has a list of all the A committees, which you may want to approach for cross-collaboration or, you know, if you will be approached by any of these committees, you'll know that it's our VA advisory committees. It's Page 15.

All right. A little break and we'll reconvene in about ten minutes.

(Whereupon, the foregoing matter went off the record at 10:31 a.m. and went back on the record at 10:58 a.m.)

CHAIRMAN MARTIN: Okay, everybody, if we can get back to business here. We, at this committee, have been interested in looking at

Guard and Reserve issues. That was a high priority area for the previous Under Secretary for Benefits, and one that we also shared the concerns in, because Guard and Reserve members are substantially different than active duty members in terms of their data acquisition and their availability of those records in various systems.

And so we are very happy to have a current update again for you today. The last one was in September of last year, and I appreciate Ms. Moses being back. Hi.

MS. MOSES: Good morning, everyone. Nice to see you all again. So I just wanted to give you an update of what's going on. So since last September, we've had a lot more involvement and participation with the Separation Health Assessment Initiative. One of the gaps that still remains is the communication, or the notification, that the individual is separating.

We have identified that, specifically with our Reserve and our National Guard members,

that they don't have enough time under the current rules that we have, to be notified -- DoD doesn't have enough time to notify them as far as when they're going to separate in order to schedule the exam.

So by the time the central cells are notified that the individual is going to separate, they're already past our 180 to 90-day timeframe, and so we've taken a look at revising our Separation Health Assessment Program, however, we've got some IT gaps.

Right now, we're still communicating using, like, an Excel spreadsheet. DoD is developing functionality that's supposed to be piloted in June of this year and it's called SPORTS, some funky acronym, but the application will allow DoD to be notified when service members are separating and so we can have more of a real-time data.

The information that we have now is brought when the service member decides to file a claim, then we provide, VA provides, that

information to DoD, and they then look to see whether or not an exam has been completed.

So for our update, for our reservist and our National Guardsmen, we've got like a bidirectional approach we're looking at, what time of timeframe can be worked out so that we can accommodate those individuals for the Separation Health Assessment completed by VA?

It does not preclude from being able to have an SHPE done, however, we want them to be able to get the benefit of having that one exam and having that claim filed early. So we're looking at the timeframe to see what, realistically, would work that would still be within the pre-discharge application program, and then we're also looking at seeing how our IT functionality is going to help us.

Because this is such a manual effort, all of the enhancements are dependent on our IT functionality, so those are our paths going forward, if you will. Are there any questions or --

CHAIRMAN MARTIN: One of the things that you had told us before back in September was that an issue with the Guard and Reserve had been that there was no authorization for them to get a separation exam, and then DoD had made the commitment that they would let everyone receive an exam, an SHA, the deadline was January '15 for active duty, and for Guard and Reserve, January '16.

So on that timeline, are you saying that we're sliding a little bit?

MS. MOSES: DoD has stated that they're making the separation -- their version is Separation Health and Physical Examination, the SHPE, that they're making that available to them; to the Reserve and National Guardsmen. The issue, however, is making sure that they're getting that exam prior to them actually separating.

So from both sides, we're looking at the timeframe to see what needs to be realigned so that they can get that exam, but also that it

can be done pre-discharge as opposed to, you know, running out of time.

MEMBER FAY: So is it separation from their active duty assignment or separation from the Reserves?

MS. MOSES: The separation from the Reserve is the active --

MEMBER FAY: From the Reserve.

MS. MOSES: Right.

MEMBER SIMBERKOFF: From active duty.

MS. MOSES: Right.

MEMBER FAY: Oh, okay. That's different. So separation from active duty before they revert back to reservist or their final separation?

MS. MOSES: Correct.

MEMBER SIMBERKOFF: Now, it's from active duty, and in some ways, there is an incentive to the individual to minimize whatever disabilities they have if they want to stay in the reserves.

MEMBER FAY: Yes, because that's the

norm is, they don't leave active duty and then leave the service. They leave active duty and return to the reserve. And of course, if you have a disability, you can't take the PT test, and you can't stay in the reserves, right?

MEMBER SIMBERKOFF: Yes.

MEMBER FAY: So it's actually two different categories of problems. One is the separation from active duty, whether it be a deployment or whatever, second one is retirement at the end of a reserve career. And then they're not coming off active duty, necessarily. They may have been in the Reserves or the Guard for the last X number of years of their career, and how do we capture that retiring population?

Are they included in the DoD --

MS. MOSES: They are supposed to be included. So we've got the active duty members that are getting the Separation Health Exam, and then we also have those reservists that are separating that should also be receiving --

DR. VVEDENSKAYA: Retiring.

MS. MOSES: Retiring.

MEMBER SIMBERKOFF: Yes, but here's the issue. Somebody who's retiring from the Reserves is only -- if I'm, let's say, 50 years old, which I wish I was, you know, and you've been 30 years in the Reserves, you know, doing two weeks of, you know, active duty and then having, you know, one limited period when you were on active duty, and most of your health issues are not related to your military career, so what is it that's actually assessed at the time somebody retires?

MS. MOSES: Yes, it would still be that same, yes, comprehensive exam.

MEMBER SIMBERKOFF: Okay. But what is it that's attributed to the military duty?

MS. MOSES: Well, some of the considerations include what that MOS was. We know that, you know, there are environmental factors and outside things, you know, that are going to play a part as well, however, you know, we still have to document. And we're also -- you

know, in addition to the actual examination, as you mentioned, it's not necessarily going to reveal everything that happened in service, however, we utilize the service treatment record and the events that happened, and sort of is, to connect those two together.

MEMBER FAY: Right. And that's a great question, Mike.

MEMBER SIMBERKOFF: But, you know, people retire at 50 years of age with a whole bunch of disabilities, including, you know, a knee injury that they may have gotten while they were skiing, and lots of other things.

CHAIRMAN MARTIN: But part of the problem --

MEMBER SIMBERKOFF: You know, and if you're skiing during your military career, it's one thing, but if you're skiing as a Reservist, it's another.

CHAIRMAN MARTIN: And actually, part of the issue with the separation health exams is to try and establish that service connection for

disability the Reservist of Guardsmen have. It's not to necessarily come up with new disabilities, but rather to link that to prior service incidents.

MEMBER GRANGER: Absolutely.

MEMBER FAY: Who's doing the exams for the Reservists?

MS. MOSES: Right now it's DoD.

MEMBER FAY: So who at the DoD? Is that -- are they being sent to active duty unit for it or are they going to a reserve unit on weekend drills?

MS. MOSES: I can find out. I'm not sure.

MEMBER FAY: Well, I can answer that, it's probably both, right, depends on where the area is, but the administration of that is, from the Reserve standpoint, a nightmare.

MS. MOSES: Okay.

CHAIRMAN MARTIN: Yes, and I can actually speak to this from experience here, because when I retired in 2014, I was coming out

of the Pentagon, but I was not on active duty at that point in time when I retired, and so I went to my unit in Florida and said, I need my separation exam, and they said, you're not authorized.

MEMBER SIMBERKOFF: So what happened?

CHAIRMAN MARTIN: So I said, really? And, you know, ultimately, ended up getting a separation exam from the local unit, but, you know, they kind of did it out of the goodness of their heart, and it wasn't in regulation at that point, so that's all -- all this has transpired since 2014.

Tim and Hal, I know you've had issues with this as well. Do you want to make some comments about where we are?

MEMBER BIRD: I do. Thank you. Yes. At current status on that, I would say 99 percent of the time would be exactly parallel to General Martin's experience where they will simply turn a Reservist away after 20 or 30 years of service, or even less, and simply caveat that with the

easy way out is, you're not authorized, because right now, a separation exam is not a requirement prior to separation from Reserve forces.

That is the starting point in my -- and it's to make that exam a requirement or you cannot separate. That would be a starting point for me whether or not sufficient notification is received in time. Just simply make it a requirement and then that would solve that problem.

MEMBER FAY: So with the requirement needs to be specified a funding site of who's going to pay for that separation exam. Is it going to be back on an active duty site or is it going to be a Reserve unit, and is the Reservist going to be funded additional amounts of money for an additional drill day to do that, and who's going to get the additional funding to continue to do all of these exams, right?

MEMBER BIRD: Yes. More than likely, it would have to -- cheapest way out, and the most efficient way out, according to Reserve

policy and process, is to allow it to be done on active duty during a two-week term or on a drill day, either one, but it's got to be done and it should become part of Reserve culture to get that done.

MEMBER FAY: Right.

MEMBER BIRD: And it is a trick to establish whether or not said injuries are incurred on active duty or during active duty service during the Reserve career, but the starting point for that determination would be in a separation exam.

MEMBER SIMBERKOFF: Yes, I agree, but for a Reservist, I would think, is an extraordinarily complicated issue to get it to --

MEMBER BIRD: But doable. But doable. It is very doable.

MEMBER FAY: I was the chief of staff for an Army Reserve unit for New York and New Jersey, all of New York and New Jersey, and I can tell you, it is an administrative nightmare whenever you're dealing with these issues.

MEMBER BIRD: But it is doable and the way that you do that is that you simply refer back to --

MEMBER SIMBERKOFF: You have to review all of the medical records.

MEMBER BIRD: Medical records. That's exactly right, but the starting point is to establish it and then let that flow back through the Reserve culture and knowledgebase the way people do document their injuries along the way. Right now, they don't. They try to sweep it all under the carpet.

MEMBER FAY: So who's job is it, you know, to do that final exam and whose responsibility is it to collect all of those records before that exam is done, right?

MEMBER BIRD: I can answer that. As in all things regarding Reserve participation, Reservists know very well, and if they don't, they learn it along the way, it's the Reservist's job to do that, but you have to start somewhere.

MEMBER FAY: Yes, and as having been

a commander of many Reserve units, I can tell you that it ultimately comes to the commander because the Reservist has to be walked through these things, because they only do this stuff on weekends, and if you have somebody who is an officer or a senior NCO, they're familiar with these issues and can deal with the issues, but the lower ranking enlisted, and many of them have been injured on active duty, they are totally in a fog when it comes to having to deal with all these bureaucracies.

MEMBER BIRD: In the beginning, yes, but as you well know, from being a commander of those units, peer-to-peer knowledge over time, as well as unit education, both play important roles in the knowledgebase for the participant.

MEMBER GRANGER: Let me ask you this. This is Elder Granger. What happened to the DoD contract for the annual assessment that was designed for the Guard and Reserve to get their annual assessments administered by DoD? It's an annual Reserve, Guard and Reserve, annual

assessment contract. Are you all familiar with that? What happened to that bid?

That was a means of documenting the actual healthcare that transpires, as a requirement, of the assessment, and it still exists as a DoD contract.

DR. VVEDENSKAYA: Dr. Granger, would you be kind enough to say a few words about that contract because some of the members might not be familiar?

MEMBER GRANGER: Absolutely. Going back to, probably, 2008, 2009, there was a contract put out by DoD that was designed to capture, what is the state of health of that Guard and Reserve person, whether it happened civilian or military, on an annual assessment. That contract still exists. It's administered by the Office of Assistant Secretary of Defense for Health Affairs, out of Dr. Jonathan Woodson's office, and oversight of that contract falls in Retired Rear Admiral Dave Smith at DoD.

And that contract is administered by

United Health, one of the subsidiary companies. It's called the --

MEMBER BIRD: Well, the way that flows out at the unit level, for the most part, is that, yes, your annual health assessment is performed at the unit level through the unit at medical group, whoever that may be, depending on which branch of service you're talking about, and you're absolutely correct, it is that annual health assessment that becomes all important to document over the years what you're dealing with.

And, you know, there's a fine line to be walked between being automatically separated from duty due to minor ailments versus ability to continue to serve, but document your injuries along the way, and that's something that Reservists deal with right now, but they don't realize, they have no knowledge at all of the VA disability process during service. They don't even think of such things.

So if you require at the end of service, a separation health assessment

specifically for VA disability purposes, that will, over time, filter back through into the knowledgebase and at least allow some process for the Guard and Reserve to get into the system for a realistic disability.

MEMBER GRANGER: The question is --

MEMBER BIRD: Right now, it's nearly impossible.

MEMBER LOWENBERG: Is there anyone who would assert that a separation health examination for a member of any of the reserve components is irrelevant or of no value to the Veterans Administration?

MEMBER SIMBERKOFF: No, but that's absolutely not the case.

MEMBER GRANGER: That's not true. That's not the case. But this program was --

MEMBER LOWENBERG: But part of it is not doing this for a large percentage of the combat force.

MEMBER GRANGER: Let me say this, I used to have oversight of this program, that

program was put in place for a Guard and Reserve unit that do not have organic or access to medical units, and that person go to a civilian provider somewhere near their home, or duty station, or Reserve unit, or National Guard unit, to get that assessment by, sometimes even, their primary care provider.

MEMBER SIMBERKOFF: But to be blunt, somebody who has no connection with the military, would they be able to assess, you know, medical records and make a decision that, you know, a knee injury is due to something related to service rather than the skiing accident that --

MEMBER GRANGER: No, it's not designed to do that. It's designed to document your current state of health. They don't get involved whether it's related to the military or not, that annual assessment design. And by the way, that was advocated by the Guard and Reserves to make it happen; put that type of assessment in place. So I'd be glad to -- let me get you some information on it. It's a very effective

program. It still exists today.

The key is probably, I think it's lacking, is a better education of the program as it exists now at the highest level in the Guard and Reserve.

CHAIRMAN MARTIN: Mike, to answer your question about how do you link the two.

MEMBER SIMBERKOFF: Yes.

CHAIRMAN MARTIN: Typically, the line of duty determination will help make that link. When you get a line of duty for an injury, then that's part of the personnel record.

MEMBER GRANGER: That is. So if you got injured during the time when you were on your Reserve or National Guard duty, then it is incumbent upon that individual, especially the supervisor leadership, the NCO or officers, to document, or they go back and say, line of duty, it happened while they were here working on their tank, whatever, getting out of the aircraft, getting off the ship, whatever it might be, instead of skiing at Vail. Okay. From that

standpoint.

Or it was exacerbated during the time they were here from their injury at Vail.

MEMBER BROWNE: So how does that get translated to their medical records --

MEMBER GRANGER: That's in the annual assessment. That's in the annual assessment. And if they say, well, look, this happened while I was at Reserve, the unit, I was picking up a big mortar round, injured my back, they must get that documented as a line of duty by that unit commander or leadership. That's how it gets translated.

MEMBER SIMBERKOFF: So do we know, I mean, it sounds like this is a very nice program --

MEMBER GRANGER: It is.

MEMBER SIMBERKOFF: -- but do we know what percent of the Guard and the Reserve soldiers are actually getting the --

DR. VVEDENSKAYA: What's the compliance?

MEMBER GRANGER: That's exactly right, and that comes out quarterly at the highest level of DoD readiness. When they look at the Guard and Reserve, are you getting your annual assessment, it get reported at the highest level, and they can give you the stats on who's complying and not complying, by unit, and everything else.

MEMBER SIMBERKOFF: And what are those stats?

DR. VVEDENSKAYA: Mr. Fay, yes, what is your experience in New York and New Jersey, what was the compliance?

MEMBER FAY: This came after.

DR. VVEDENSKAYA: Oh, it's after.

MEMBER FAY: Yes, this is new since I was a commander in New York and New Jersey, right? But I can tell you from my experience when programs like this come down, this is only a medical program, right? When you're a commander, you got 1000 of these programs that are mandatory that you must comply with, right? And the

reality is, just like you have, what, your top ten things that you're going after this year, right? The Army Reserve has their top ten.

And if it's not one of the top ten, the likelihood of it getting done is very limited, right? So, you know, you get graded on your top ten. You get promoted if you accomplish your top ten. If you're Number 11, might happen.

MEMBER GRANGER: I have a recommendation. We might want to ask DoD to come and brief on this program.

DR. VVEDENSKAYA: Okay. We can. Yes.

MEMBER BIRD: For all intents and purposes, this work has already been done. Today, in the Guard and Reserve, if you're not current on your annual health assessment, by rule and procedure, you simply cannot participate until you get that caught up.

MEMBER GRANGER: Now we're talking.

CHAIRMAN MARTIN: Tim, maybe you'd like to comment on your life as TAG and where this was.

MEMBER LOWENBERG: Well, I can tell you from personal experience, when I separated in 2012, I got a Separation Health Assessment at National Guard Medical Center. I think only because I was a General Officer. And I think probably the vast majority of people separating from the Army and the National Guard under my command, didn't receive any Separation Health Assessments.

MEMBER SIMBERKOFF: Did or did not?

MEMBER GRANGER: Did not.

MEMBER BIRD: Again, I'll also tell you as a senior officer that, or a General Officer, I never received any information about the Veterans Administration. I would receive the top briefing and then a person only wondered how much any of that was ever accomplished in any of the meetings. Because it was my group that was one of the 15 forces out to Iraq and Afghanistan and elsewhere, there was never anything that came to my attention.

CHAIRMAN MARTIN: Yes, Tim, I'm glad

you brought up the transition Assistance Program because that's been something we've been tracking for the Guard and Reserve as well, and how Guard members that aren't on active duty or are not co-located at active bases and get TAP.

MS. MOSES: And I will say, our office that is over -- provides oversight to the TAP, is the Office of Transition and Economic Empowerment, it's OTEEI. They've got a new acronym now, but I contacted a young woman from the office and she's going to try to stop down, either today or tomorrow sometime, so she can give you an update on what's going on with that TAP program.

MEMBER BIRD: Yes, I can tell you that, this is Hal Bird speaking again, I visited the TAP briefings prior to retirement, along with 100 other officers at the same time. And what they did, they called in a local VA representative who stated in the beginning of his brief that this does not apply to you. It only applies to active duty.

So until we make a separation physical mandatory, this is all new. All of it.

CHAIRMAN MARTIN: Now, on the handout that you brought for us today, the very first paragraph refers to the Department of Defense mandatory Separation History and Physical Examination.

MS. MOSES: Correct. So as of 1/1/14, yes, as of 1/1/14, a separation exam is mandatory by DoD. Now, we know that some of the branches have caught on quicker than others, I should say, but it's supposed to --

MEMBER SIMBERKOFF: So that's mandatory, meaning, you know, please try.

DR. VVEDENSKAYA: When you have a chance.

MS. MOSES: And it has been a lot about education. It's been a lot about, you know, ensuring that the proper information has been disseminated. We've got some locations where DoD just tells their separating service member, hey, just go to VA. They'll do an exam.

You know, so there's a little confusion in the process, but we're --

MEMBER FAY: Don't issue the DD Form 214 until you do it.

MEMBER SIMBERKOFF: But this is for service assessment, active duty, when we all understand that for servicemen, it's a different ball game. The question is, is this mandatory for separating Guard and Reserve as well?

MS. MOSES: It's supposed to be, yes.

MEMBER SIMBERKOFF: It is?

MEMBER FAY: So you simply make it a mandatory process in order to get your DD Form 214, so they all know that they have to, both active Guard and Reserves, they know you have to get it done. You can't get that piece of paper until this happens. That, I would suggest as a recommendation.

DR. VVEDENSKAYA: How can we help it from the VA side of the business because it seems like we have two partners, DoD and VA, and for me, it's important to ask Ms. Moses to write down

or research what we need, but what can we do from VA side?

MEMBER FAY: I suggest we first try to check with them verbally, how are you doing? Is this the way you're administrating that? If it doesn't work, then we follow it up with a written recommendation letter in saying, our committee says that this is the way, you know, it should be done, because we view from the VA, it's not happening. Right?

But you don't want to go there first, but ultimately.

DR. VVEDENSKAYA: Would you want Ms. Moses to check for us, as a committee, the stages of compliance --

MEMBER GRANGER: Absolutely.

DR. VVEDENSKAYA: -- with this mandatory separation exam from the DoD side?

MEMBER GRANGER: Absolutely.

DR. VVEDENSKAYA: Because that's, you know, can we do certain things and we cannot do certain things because we're not DoD, but I want

us to give specific, perhaps, requests to Ms. Moses what she can do. And if the recommendation or the request is to check on the compliance rate for this mandatory program which was put in place as of January 1, 2014, that would be super helpful.

Mr. Bird, Mr. Lowenberg, is it something which I set out loud right?

MS. MOSES: And I said the wrong year.

MEMBER BIRD: Yes. No, I think that's --

MS. MOSES: Sorry. It's 2015.

MEMBER BIRD: -- excellent and I think that --

MS. MOSES: On 1/20/15.

MEMBER BIRD: -- it may be a scenario where we need to go to DoD and see if they are willing to issue a DD214 for retiring reservists, because right now they don't, and that document has a lot of importance in the process, so that might be another step, but yes, I do like what you just proposed. I think that would be

excellent.

DR. VVEDENSKAYA: And I think as you just said, it is a first step for us to check with DoD on the compliance rates.

MS. MOSES: Correct.

MEMBER BIRD: Right.

DR. VVEDENSKAYA: And then --

MEMBER SIMBERKOFF: Can we ask DoD or does it have to go through some chain in order to get to DoD?

CHAIRMAN MARTIN: Well, the last time we asked a question, it went through our DoD liaison.

MEMBER GRANGER: Yes, there's a DoD liaison.

DR. VVEDENSKAYA: Do we have the project where VA and DoD work together in a certain workgroup or a certain -- members who can, without going through the full concurrence process, can we approach DoD? Do we have a mechanism at the VA?

MS. MOSES: So we do have a Separation

Health Assessment Workgroup, and that has DoD members, and so I'll ping them first to see, you know, if you can get this information, and then if I might need a little bit more push, I'll come back to you guys and let you know so we can elevate it if necessary.

DR. VVEDENSKAYA: Yes, the reason why we are all asking you for details, because we don't want you to task with something which is way outside of your -- but that would be great.

MS. MOSES: Sure.

CHAIRMAN MARTIN: So when --

MEMBER BIRD: On that --

CHAIRMAN MARTIN: Go ahead.

MEMBER LOWENBERG: I'd like to ask, hopefully, if we could get two data points from the Department of Defense to the other agency's coordination process. One would be, as we've suggested, find the data on compliance rates with the requirements for Separation Health Exams, and the second is to get the bulk of the policies, procedures, and documents on these various

service, Reserve compliance, as to making it clear that these exams are required, just so we have that information.

MEMBER GRANGER: Right. Because this product came out as a Department of Defense letter of instruction, DoDI, and then the services have to implement their policy, so I agree with you, this is Elder Granger, getting a copy of all the policies, and the service interpretation and implementation, because she just stated it was 1/1/15, so we're talking about just a little over a year. It normally takes about three or four months just to get it down to the implementation and policy level.

DR. VVEDENSKAYA: And just as a reminder to the committee, we cannot directly recommend something to DoD, however, we can, because we are, at VBA, in the business of delivering benefits, you cannot deliver benefits if there is nobody to deliver it to. In order to make our veteran populations a good recipient of our benefits, we can recommend to VA, in one way

or another, to enhance a particular collaboration between VA and DoD. That's my take.

CHAIRMAN MARTIN: I'll make one more comment about it. Go ahead Hal.

MEMBER BIRD: On that point, one benefit that the VA could consider to deliver directly to Guard and Reserve veterans is to look into the possibility of the VA providing a separation exam of some type in lieu of a service-provided separation exam when veterans do not have access to a service-provided separation exam.

I was told prior to my separation that that might be available, but when I went to the VA, because I was supposed to get that, I couldn't find anybody who ever heard of such a thing. So that could be one way to certainly impact.

MEMBER SIMBERKOFF: So I can tell you that if there is a format, you know, for a separation exam, like the DBQ or something like that, you know, it would be a whole lot easier

for VA to implement that recommendation.

MEMBER GRANGER: Right.

CHAIRMAN MARTIN: I'll make one more comment, if I may, about the transition assistance briefings, and I wasn't offered a transition assistance briefing when I separated, and when I retired, but specifically asked for, and then did receive one, and the reason that seems so key for Guard and Reserve is because part of that is, they will take you through signing up for MyVA, registering for it, and secondly, they'll ask the individuals, do you plan to file a claim?

And if the answer is yes, they will help you get started, they will direct you, and they will hopefully get the claim processed prior to separation, prior to retirement, but if not, at least in a streamline fashion, afterward. So does that check, Hal and Tim, with your comments?

MEMBER BIRD: Well, I think you might have been in the same category as General Lowenberg, if you may have gotten a general

service on that, but I am hopeful that at some point every Guard and Reservist would get that exact same training, and really, that's about all they need to get started.

MEMBER GRANGER: You bet.

MEMBER BIRD: That's phenomenal if everybody would just get that.

MEMBER GRANGER: Absolutely.

CHAIRMAN MARTIN: Other comments? So who in your office is liaison now to DoD for Guard and Reserve issues?

MS. MOSES: Andrew Bodyk.

CHAIRMAN MARTIN: He's the one that briefed us back in September?

MS. MOSES: Correct. Yes. And then Brandy Trailer will be taking over the Separation Health Assessment project.

CHAIRMAN MARTIN: Okay. I did talk to the Surgeon General for the Air National Guard a couple of weeks ago and asked her specifically about the SHA, and she said, for the Guard, the mandatory part really hasn't kicked in yet. Now,

it's supposed to start in January, by DoD intent, but as far as filtering down to the Guard, Air Guard anyway, it had not.

Did you want to make any comments about the electronic data transmissions with the Guard and Reserve to VA?

MEMBER LOWENBERG: Can I just hang on for a second, I know we've been talking about the lives of our uniformed services, but we did not overlook the critical elements of these issues.

MS. MOSES: Noted.

CHAIRMAN MARTIN: Yes, good point, Tim. Thank you. So we talked about the data transmission of Guard and Reserve data, and you quoted some numbers back in September to resolving late inflow documents, Guard and Reserve, 75 percent within 45 days.

MS. MOSES: Correct.

CHAIRMAN MARTIN: Is that correct with your figures now?

MS. MOSES: Those are still the -- I don't want to -- the standard in the DoDI as

opposed to in the MOU, however, like we've been doing a lot better than the 45-day timeframe. So as of 1/1/14, everything is supposed to be electronic as far as service member record. There have been many enhancements to our HAIMS, DAS, VBMF interface, so we're able to get those records that are needed.

We're actually working with DoD on an electronic certification, if you will, almost like a manifest, so that we can ensure that what DoD placed into HAIMS is actually pulled out, and that was one of our issue with the late documents. And so that is all supposed to be rolling out, I would say, like, towards mid-summer, where we'll be able to know exactly what is coming over so we can pull that, and that will reduce the late documents, if you will.

Or at least it will put the fire under DoD to ensure that, you know, we're getting everything done, so the IT, I have to give kudos to IT because they've been making a lot of progress on that front.

CHAIRMAN MARTIN: Is there any update that you can give the committee on the computerized medical records for Guard and Reserve? Do you have any information on that from DoD or anything?

MS. MOSES: I don't.

CHAIRMAN MARTIN: We know that they were dragging behind active duty because of costs, and training, and equipment, and things like that.

MS. MOSES: Right. Yes. I don't have an update on it, but I can ask. I'll find out.

MEMBER ROBERTS: Is that just one computer or will there be one computerized health information system or will each of the services have their own? Because it becomes very complicated.

MS. MOSES: It's all one system.

MEMBER ROBERTS: All one system?

MS. MOSES: Correct.

MEMBER ROBERTS: So that if there's a Guard person in Florida, somebody in Washington

can get his or her records immediately.

MS. MOSES: Correct. So it's called the Healthcare Artifact and Image Management Solution.

MEMBER ROBERTS: Is it working well?

MS. MOSES: Yes. So HAIMS was not built to be a repository, and so that's part of where we've got some issues, and so what DoD does is, they upload the SGR into HAIMS and then we have an interface, and VBA pulls the documents that we need via that interface.

Well, we also know that in addition to wanting this SGR for our benefit purposes, VHA also wants to take a look at the SGR for medical purposes, and we're trying to work together collaboratively for the continuity of care, so there are several different interfaces that will allow VA to see DoD's records, one being the Joint Legacy Viewer.

However, whatever is placed into HAIMS, that can be seen nationally, at least on the DoD's end. How it's seen from VA depends on

the system that's used, but it's a universal system, if you will. I've been told that that system will change in the future, however, I can't speak anymore on that. But right now, there's supposed to be just one system, there is one system, and in the future, it should still just be one system, everything transferring over to something else, but yes.

MEMBER BROWNE: So what was that called? The Healthcare Management --

MS. MOSES: Healthcare and Artifact Image Management Solution.

MEMBER ROBERTS: Is it a real-time system?

MS. MOSES: When VA gets the information, it's usually a few hours when we pull it over, so for example, we usually do a nightly pull. With our systems, we have, like, scattered the pulling, so we may do even numbers on Monday, Wednesday, Friday, you know, odd, but we also have developed the interface to manually request documents, and that was something that

was really needed.

So we have things that are pulled based on a trigger identified in the coding that there should be a claim here because we have a separating date. However, for our pre-discharge programs, that manual trigger is what's needed, and so we can pull what's in HAIMS, however, it's not until we have a definitive answer that we have everything in HAIMS, we will get everything.

So it can -- when I say real time, within a few hours; about three hours.

MEMBER ROBERTS: Have you experienced a lot of downtime with this system?

MS. MOSES: Not as much as in the past, like, since December, things have really been tracking very well, like, surprisingly well.

CHAIRMAN MARTIN: Maybe just to help the committee understand some of the complexities involved, and then, Dr. Granger, you can comment on this if you will, but when I was deployed in '99 to Operation Northern Watch with the field hospital, did everything by hard copy, and didn't

have any electronic records, the Guard and Reserve units, and active duty, would all interchangeably rotate in and out, and theoretically, then the paperwork would be input into active duty systems or handed, original copies, to the Guard or Reserve units so they could take it back home with them.

But I mean, you can appreciate the chance of that not happening or some paperwork not getting entered, and that's just one example of, I don't know how many, thousands of deployments that might involve in the last 20 years.

MEMBER GRANGER: I can say since 2004, 2005, when we filled the electronic healthcare record on the battlefield among all services, that's now documented electronically. Prior to that it is paper. Some of that paper was uploaded into the system, but right now it is pretty good real time worldwide. So if you get something happen on the battlefield, they put it into the system.

When you're getting in-route, in-air care, before you at Landstuhl or on this side of the water, they can already see it, to including the VA, if it's going to go to one of the VA polytrauma centers. It's called bidirectional health information exchange. You can see that information there going all the way through. We filled that in 2005, 2006, a little button that they click on right there. They can see if they're coming to one of the polytrauma centers.

CHAIRMAN MARTIN: That's huge.

MS. MOSES: Well, thank you all.

DR. VVEDENSKAYA: Thank you very much.

CHAIRMAN MARTIN: Thanks for coming down. Members, any other discussion about this? I mean, this is such a complicated issue, there are so many facets to it, but it's a problem that we, hopefully, can at least assist with in certain aspects.

MEMBER SIMBERKOFF: Well, I think getting some data on compliance is absolutely crucial.

MEMBER GRANGER: It is.

MEMBER SIMBERKOFF: You know, if compliance is not good, maybe we can do something to help.

MEMBER GRANGER: Absolutely. I would agree with you. That's the issue, is compliance.

CHAIRMAN MARTIN: And I think the DoD will is there to make the data available.

MEMBER GRANGER: It is. It is. To be honest with you, this data is looked at the highest level on a quarterly basis by the Joint Staff; how are we doing in the readiness, and not just equipment readiness, but most importantly, human factor readiness.

MEMBER ROBERTS: Who has responsibility for the compliance? Is it on the DoD side or the VA side?

MEMBER GRANGER: It's DoD.

MEMBER SIMBERKOFF: It can't be the VA. You're not in the VA until you're out of --

MEMBER ROBERTS: Well, until you're out of service. Yes.

MEMBER GRANGER: It's DoD.

MEMBER SIMBERKOFF: Yes.

MEMBER ROBERTS: DoD is really not doing a good job of complying, apparently.

MEMBER GRANGER: I don't know that. As we said, in God we trust, others bring data. I don't know until we see the data.

DR. VVEDENSKAYA: Well, it seems like we have liaison, Andrew Bodyk, who would be reaching out to the DoD side of that workgroup, and we'll have some numbers, some data, sent back to us, and I will distribute it via email. And as a reminder to all the members, take note, write down your thoughts, because the first email you will receive from me, probably, on Thursday, Friday, saying, thank you so much for coming. Do you have, put it in writing, things on your wish list for the next meeting, things you want me to request for the committee in terms of the data, speakers, papers, and things like that?

Just make notes now because I will be asking for your input after the meeting. This

way we can get all the information needed for the next meeting and for you to think between the meetings and do your research.

CHAIRMAN MARTIN: There will also be topics that we cover that will say, okay, thank you for the data. We'd like to revisit that in six months, or eight months, or something. If you can jot that down as a reminder, that's helpful too.

Hal, Tim, any other observations before lunchtime, or breakfast in Washington?

MEMBER BIRD: No. Thanks. I thought that was a great presentation. Thanks.

CHAIRMAN MARTIN: Thanks for your input.

DR. VVEDENSKAYA: Shall we reconvene until 1 o'clock? This way our members, remote members, can just put it on mute and have their lunch.

CHAIRMAN MARTIN: That's good. And don't forget to allow yourself a few minutes to go through security again.

MEMBER SIMBERKOFF: Yes, security.

CHAIRMAN MARTIN: Sometimes that gets backed up a little bit.

MEMBER GRANGER: And will somebody be outside to let us in about a few minutes before?

DR. VVEDENSKAYA: I'll try to do something about it. Yes, I normally would do that, but today the IT was failing in the morning. That's why I asked my colleague to let you in. All right. Then --

CHAIRMAN MARTIN: Did our guests have any other comments about this? It's a lively discussion.

MEMBER GRANGER: It is.

CHAIRMAN MARTIN: Oh, I'm sorry, you didn't get a chance --

DR. VVEDENSKAYA: Yes, we did introduce --

MS. HANAHAN: My name is Ashley Hanahan. I'm a nurse practitioner with VHA and I've been performing C&P exams for about 15 years, so this is a topic very near and dear to

our hearts.

CHAIRMAN MARTIN: You're well-versed in this then.

MS. HANAHAN: Yes.

DR. VVEDENSKAYA: Very welcome. Thank you for taking the time.

CHAIRMAN MARTIN: Any comments, sir?

MR. LABOZZETTA: No, I appreciate you addressing that topic. I know the lack of coordination, it seems, between DoD and VA in obtaining those records, you know, has caused a lot of challenges in the claims process.

CHAIRMAN MARTIN: All right. Thank you. Everyone have a nice lunch and we'll see you back. Thanks.

DR. VVEDENSKAYA: I'll be outside of the 6th-floor doors. You can get to the 6th floor. I'll be at the 6th-floor lobby five minutes to 1:00 with my magic I.D.

(Whereupon, the foregoing matter went off the record at 11:47 a.m. and went back on the record at 1:00 p.m.)

CHAIRMAN MARTIN: One of the issues that we've discussed at the committee several times in the recent couple of years has been the fully developed claim -- hi, Tim, is that you?

MEMBER LOWENBERG: It's me.

CHAIRMAN MARTIN: Excellent. Welcome back. We're just getting started. I was saying, we had discussed the fully developed claim program a few times in the last couple of years and we wanted an update today. And so we have Carla Riddick here from VBA. Thank you for coming.

MS. RIDDICK: Thank you for having me. Hello. Good afternoon to everyone. My name is Carla Riddick and I am a product analyst in the procedures staff with Compensation Service, so I work not that far from here. Basically, I'm going to go over the Fully Developed Claim Program.

I'm going to provide you a quick overview, or description, of what it is and how successful it has become throughout the years

that we have been implementing it. I provided you all with slides if you wanted to follow that up.

Basically, what is a Fully Develop Claim or what is a Fully Developed Claim Program. FDC program is an optional program that is offered to veterans and survivors. Basically, the premise of this is to provide faster decisions from VA on claims for compensation, pension, and survivor benefits.

This program started out as a pilot in 2009 and I think that was -- that started as a pilot at one regional office, so 2010, it was implemented throughout all regional offices because of the success of the pilot program.

The main goals that we try to strive from the FDC programs are, expeditiously processing of claims submitted with all non-federal evidence. So claims have to provide us with anything that is non-federal -- I mean, sorry, anything that is non-federal in order to support their claim.

And also, the goal, when we first initiated this program, was to have a timeliness goal of 90 days and if you see on the next couple pages, which I will go through, I'll provide you some data to show well -- how successful it has become that we have met the 90-day timeliness goal.

For an FDC, the VA, we will still retrieve relevant records from federal facilities and we will also provide a medical examination or medical opinion if it is needed to, or if it is determined at the time that you filed the claim.

The next page I wanted to discuss, exclusions of the FDC program. We have various reasons for why we may or may not exclude claimants from the FDC program. Some of those exclusion reasons are, they are not to have a claim or an appeal pending at the time that an application is received, the claim requires a character discharge determination, the claim requires further development or medical evidence is needed from a provider, if additional evidence

is received after the claim has been established, then we will exclude it from the program, and then the claim also does not submit some things with their claim, the necessary forms, that is the art they identified on the 526EZ, we will exclude them from the program.

So for example, a claimant may submit a claim, let's say, March 12th, everything is there, everything that's needed to decide the claim. Two weeks later they say, oh, my gosh, I forgot to submit something else that is needed from -- that I received from the private medical physician.

Now, they submit that after they have initially submitted the claim and that counts as additional evidence. We will exclude them from the program. That's because it may cause -- on the 526, we already notify them that everything needs to be submitted simultaneously. So us providing -- the 5103 notice provides them with everything that is needed.

So this additional evidence may

require a longer delay processing time when we're trying to process the claim for 90 days straight, so that's why we ask everyone to submit everything simultaneously with that claim before -- I guess, once they submit to that.

DR. VVEDENSKAYA: And also, I wanted to -- I remember Carla mentioned this during her last presentation. The Fully Developed Claims Program was designed for claims which are not super complex.

CHAIRMAN MARTIN: Right. Simple.

DR. VVEDENSKAYA: It is why, you know, the goal is, the major goal is, to expedite adjudication of the benefit on a case which shouldn't be that difficult and everything is straightforward. It is why, you know, everything is pretty much outlined and yes, you have to have an attention to detail and you need to read your paperwork.

If you do your due diligence, VA said, we'll do our due diligence and you'll have your decision in 90 days. But again, it really --

very complex claims usually don't go through that program because it's inevitable to have more evidence coming at a later day, or something changes and they need to adjust the initial claim, and this program is excellent for not complex.

MEMBER FAY: Who does that triage when it first comes in? Who decides what's the complex and what's the --

MS. RIDDICK: Yes, triage does on the intake processing.

MEMBER FAY: Intake processing, so there are a group of individuals that triage it?

MS. RIDDICK: Yes. Now, as Dr. V was stating, we try to have the non-complex claims, but initially, it did start out as a simple process where your claim is in, your claim is out. We try to have things that were not complex with these claims, where, as we have grown into the FDC program, we have seen a lot of claims where we had to go and, we had a workgroup that met last year, revamp or kind of make new

guidelines and rules for the FDC program because we were getting cases like MST, military sexually trans -- yes, claims.

We were getting claims that require extra special issue development, which, sometimes the notice isn't provided on the 526EZ, so we had to go and we had to make several exceptions to the rules of how a claim is being processed, because like I said, with anything that you start out with, you think it's going to be a simple, easy process, this is one, two, three, that's it, but we get a lot of questions from regional offices, we get a lot of different claims in.

They say, well, hey, how do you process this type of claim? And we had to go in and say, well, even though it is an FDC, we still had to make some exceptions to processing these types of claims at a certain point.

The next slide, we have --

MEMBER ROBERTS: Excuse me. Can I ask a question?

MS. RIDDICK: Yes.

MEMBER ROBERTS: I have a number of people in my community, as well as the church I attend, who complain about not having their claims adjudicated in a very timely manner. And so I was going to ask you, are most claims completed in this 90-day period that you're talking about?

MS. RIDDICK: No, not at all.

MEMBER ROBERTS: Are you all doing anything to deal with the more complicated claims then? Because apparently, that's where the problems is and that's where a lot of veterans are saying to me that I can't get my claim adjudicated.

MS. RIDDICK: Right. So I think each year with the 526EZ form, they have tried to add things that may be helpful or that provides assistance to the veterans with the things they need to get in the claim. So I think right now the 526EZ form is going through another revision where we're telling them exactly what they need in order to decide their claims.

And hopefully, this will provide a little bit of insight or it will decrease the goal, you know, that we try to meet the 90 days, things like that, but we are -- when we talk about the program, along with Ashley, that we have been trying to implement, but we're trying to implement now, which is easier, and somewhat less difficult or complex for claimants; for veterans.

MEMBER ROBERTS: What should a veteran do when he complains that, he or she complains that, they cannot get that claim adjudicated in a timely manner? They seem very frustrated by the whole process.

MS. RIDDICK: Right.

MEMBER ROBERTS: I don't know what to tell them because it's not my responsibility. I keep telling them that there's this program, the Fully Development Claim Program, but that doesn't seem to satisfy them. What should I tell them to do?

MS. RIDDICK: I would tell them,

because we rely heavily on the VSO, Veteran Service Organizations, to get up and prepare to represent them. Now, when they have the VSO, the VSOs know all the ins and outs of our program and they have been a tremendous help in getting these closed; claims processed.

So I would say get a VSO. I'm a veteran so I do not have a VSO, but sometimes it does take claims a little bit longer. We kind of know how VA works, I know how to get it in, but they don't know that, so I would say, get a VSO. Let them represent you. Let them tell you what is needed for that claim, and hopefully, depending on the regional office, they're supposed to process those FDCs as soon as they come in.

MEMBER FAY: What's the percentage of complex versus non-complex? How's it breakout?

MS. RIDDICK: I haven't really seen a breakdown of that. I think that's more PA9, maybe, because -- provide that data, but the data I basically have is the total number of -- total

claims that we receive versus complicated. I think there are more claims that have increased, like increased evaluations, the least complex ones. I'm not sure what the percentage of the more complex claims are. I can get that data for you.

MEMBER FAY: So we're just seeing that the non-complex claims should be far more common, right, just by definition, than the complex claims.

MS. RIDDICK: Yes.

MEMBER FAY: I just given you an analogy to, I ran a property casualty insurance claims organization, similar triage, right? Non-complex claims, easy get them, get them out, pay them within 30 days, 60 percent of the claims, right?

MS. RIDDICK: Right.

MEMBER FAY: 40 percent of the claims needed more than 30 days. Complexity for all sorts of different reasons, right?

MS. RIDDICK: Right.

MEMBER FAY: So I'm looking for similar analysis from the VA. What is a complex versus non-complex? How do you define that? And non-complex should be a very big number, percentage-wise, relative to complex.

MS. RIDDICK: Right.

MEMBER SIMBERKOFF: So there have been initiatives to eliminate the claims that are over a year old. So where do we stand? I mean, we got some updates on those in past briefings. I mean, is there still some data that are available on --

MS. RIDDICK: That is a good question.

MEMBER SIMBERKOFF: Yes.

MS. RIDDICK: I have not worked with that initiative. I do know there are some of my co-workers that worked on that initiative, so I don't really have the data for you, but I'm not sure if they're keeping up with that now, but I know that that was a big thing a couple years when I first came on, that they were keeping track of --

MEMBER SIMBERKOFF: But that over a year old --

MS. RIDDICK: Yes, that was a priority when I came in.

MEMBER SIMBERKOFF: But didn't that include the complex, you know, claims that, you know, you're talking about? So, I mean, VBA, I mean, worked very, very hard to get a lot of those done and, you know, what I'd be interested in is to see, you know, obviously there's going to be, each week or each day, a new group of claims that are over a year old and maybe we could, you know, see where that is.

To answer your question, you know, if your patients or friends are over the year, you get VBA to recommit to get those done and out.

MEMBER FAY: So in the insurance world, we had all of those statistics, right? So we have our entire inventory, you can tell how long they've been there, what kind of claims they are, can we get access to the Veterans Administration statistics on --

DR. VVEDENSKAYA: I think we do. And may I just clarify for Carla, you wanted to know the percentage of complex claims versus the percentage of not complex.

MEMBER FAY: Yes, of your whole universe.

DR. VVEDENSKAYA: Oh, of the -- yes.

MEMBER FAY: Of the 100 that comes in, what's the percentage of complex versus non-complex.

DR. VVEDENSKAYA: Yes, you have million claims, how many of them --

MEMBER FAY: Right.

DR. VVEDENSKAYA: And also, did you want to know the percentage of fully developed claims versus a percentage of old claims?

MEMBER FAY: Now that the doctor brings it up, yes, I'm interested in hearing how many claims are over 100.

DR. VVEDENSKAYA: Take a look at Slide Number 3 here.

MS. RIDDICK: Yes, Slide Number 3, I

have --

DR. VVEDENSKAYA: Yes. I think that question is answered. How many of total claims are fully developed claims, which are considered --

MEMBER FAY: That's only fully developed. I'm interested in the whole number.

MEMBER SIMBERKOFF: But the question that I was asking is, you know, how many are still over a year old.

MS. RIDDICK: Yes. They had that initiative that --

MEMBER FAY: How many of them are non-complex and if it's non-complex, why would it be sitting over a year?

MEMBER SIMBERKOFF: Right. So the non-complex, they were doing by computer algorithm, and, you know, they were getting settled in minutes.

MEMBER GRANGER: That's right. They were.

MEMBER SIMBERKOFF: Yes.

DR. VVEDENSKAYA: Very, very often non-complex claims get delayed and delayed because a veteran's submitting another piece of information and they have to go back and put it in and then another one.

MEMBER FAY: Which would be acceptable, I mean, I understand that, but what I'm looking for is to be educated so I know --

DR. VVEDENSKAYA: Exactly. We have these numbers and we can --

MEMBER BROWNE: I think in the past we've had the presentation where they talk about all claims, not just the fully developed claims, because that's a separate category.

DR. VVEDENSKAYA: Separate category. Yes.

MEMBER BROWNE: And when you get all claims entered in, we had the backlog of those that were over three years.

MEMBER FAY: Yes, and please, this is not a critique question, it's a, I'm trying to understand question.

DR. VVEDENSKAYA: And also, we have so many new programs, the goal which is to utilize our workforce better and, you know, deliver. That's why we have new numbers every month. That's why it's a good question. We can get the data for next meeting in June just to have another look at what's going on in June 2016 versus June 2015.

MEMBER BROWNE: Of course, in terms of the fully developed claim, that can only go in on the EZ form, 516?

MS. RIDDICK: Yes.

MEMBER BROWNE: And if you're going to put this in over the computer, you can still do that on the --

MS. RIDDICK: Yes. That's still on eBenefits.

MEMBER BROWNE: Yes, the eBenefits.

MEMBER GRANGER: Right. It is.

MEMBER ROBERTS: There are a large number of veterans who've had so many difficulties getting their claims adjudicated,

they're almost at the point of giving up because they get no sympathy of what they feel, empathy and understanding, from the regional VA office or any other place. What do you do about those men and women who are so frustrated?

MS. RIDDICK: Because, like Dr. V say, we have different programs. We're trying to come up with different ideas. We continue to try to educate them and try to promote our various programs that we do have. I think there are some questions they can put in, or they can write to their Congressmen, Congresswomen, but we do sympathize with them.

But I mean, there are just different options that they can have, and if it's still not meeting that request, like I said, I would just go to the Congressmen.

MEMBER SIMBERKOFF: No, I honestly think that's one of the Secretary's 12 --

MEMBER GRANGER: It is.

(Simultaneous speaking)

DR. VVEDENSKAYA: I think if we get a

better understanding why it's happening and I think the data would be helpful because there is a breakdown on why certain claims are sitting for so long in the queue. And we can take a look, what are the legit reasons for them to stay in so long, because they evidence keep coming, or, I don't know, is it a lost file, which doesn't happen. We don't have paper files anymore, but we can take a look, because they do categorize it, why certain claims are sitting in the queue for so long.

Perhaps it will help us to understand why and then it will help you to understand why. It's why every time when somebody asks you, you can ask specific questions in order to identify, where is the problem and how we can go about it.

MEMBER SIMBERKOFF: So that's why it would be helpful to have the data that, you know, we're asking for, but it's also very helpful to ask, you know, the veteran, you know, some specific questions.

MEMBER GRANGER: Absolutely.

MEMBER SIMBERKOFF: Like, for example, have you modified the claim?

MEMBER BROWNE: And do you have the supporting documents to go with the claim?

MEMBER SIMBERKOFF: Yes, do you have the documents, because, you know, for every -- there's two sides to absolutely every story. And, you know, so, you know, when somebody comes to me with a complaint, you know, the first thing I always do is listen and then try to find the other side of the story.

MEMBER GRANGER: I will tell you, having worked through this process myself over many years, normally there is something missing, and I know from experience, the VA will continually send you a written notice, or if they have access to a computer, they go to eBenefits and you look at the status of your claim, it'll say, still waiting on document from civilian provider, still waiting on records from this place here, from that standpoint.

I helped out a veteran a few months

ago and his wife kept trying to get the doctor, can you just put down his diagnosis and his medication? It was simple hypertension and diabetes. The guy runs a very busy internal medicine practice. So I said, look, I'll call him myself. Can you take, at the end of the day, it's a very simple form, just answer the question, hypertension, how long you been treating it, and the medication?

He said, I'll do it. I said, can you do it right now? Because the guy's going to -- we're going to push it to them. He said, I'll tell you what, give me ten minutes and call me back. I call him back in 15 minutes, I gave him 5, but he took care of it.

But they had been asking her to get that on behalf of her husband for six months. He got a busy practice. It's the least thing he want to do, plus he don't get paid for that. He doesn't get paid for it.

MEMBER FAY: So again, I don't understand, why doesn't the VA ask for the

medical records?

MEMBER GRANGER: They have. He has to comply.

MEMBER FAY: So there's no process, like subpoena them?

MEMBER GRANGER: No.

(Simultaneous speaking)

MEMBER FAY: I come from a world that if you want the doctor's medical records, you subpoena them.

MEMBER SIMBERKOFF: But again, you have to understand, A, you can't subpoena to support the claim of a veteran, and B, you know, like filling out the forms, those forms that, you know, the DBQs, that they ask the private doctors to fill out, the VA won't pay the private doctor to do it, which is, you know, why 90 percent or more of the forms end up getting filled out by VA doctors.

MEMBER GRANGER: Right. Unless it's one of the contractors out there doing it.

MEMBER SIMBERKOFF: Even when you have

a private doctor that you've been going to for 90 or 95 percent of your medical care.

MEMBER FAY: So if this group is to have an impact, shouldn't we be making recommendations based on core issues, the real crux of the issues, which are those issues, as opposed to trying to get people to fill out forms that they don't get paid for, which they'll never do, I mean, so go back to, then they should get paid for it.

MEMBER SIMBERKOFF: But again, I think this is a federal mandate.

MEMBER GRANGER: It is.

MEMBER FAY: If it's a core issue, that's what we should be getting at, rather than, you know --

DR. VVEDENSKAYA: And the number --

MEMBER FAY: -- the systemic issues. It has to be a strategic rather than a --

DR. VVEDENSKAYA: When we get the numbers, which will give us a split, where are the delayed --

MEMBER FAY: I agree. That's a beginning point. I just want to make sure I'm on the right group here, right, that is making strategic recommendations as opposed to operational.

MEMBER SIMBERKOFF: But you do have to understand that there are things that VA doesn't have the control --

MEMBER GRANGER: That is so true.

MEMBER SIMBERKOFF: -- you know, to change. So, you know, again, VA can only do what Congress allows it to do.

MEMBER GRANGER: Right.

MEMBER FAY: But I think we can recommend to Congress to do that.

MEMBER GRANGER: Yes, we can.

DR. VVEDENSKAYA: And another issue in terms of the records, for example, not throwing darts, but it's like over the years it seems like it comes over and over and over again. When I visit the regional offices and saw how hard they work --

MEMBER FAY: So why don't you have subpoena power?

DR. VVEDENSKAYA: The problem, for example, was Reservists records.

MEMBER FAY: Right.

DR. VVEDENSKAYA: It probably is the longest response time. They send a reminder once a month for ten months, I don't know, three months is a mandatory, but I think they even extend it past.

MEMBER FAY: They send it to the Reservist or to the doctor.

DR. VVEDENSKAYA: To the Reservist's unit.

MEMBER FAY: To the unit.

DR. VVEDENSKAYA: Because the Reservist doesn't have some sort of paperwork, either military paperwork or military treatment records, and the VSOs, yes, VSOs, they keep sending the requests, but they never hear them. That's why, while they are waiting for the records, they cannot process the claim.

MS. RIDDICK: So at the FDC we were previously telling veterans, or Reservists, or National Guard to submit those records because, to me, I think it's easier for them to get those records versus for us to go out and get them, but now we've changed it where because they are part of the federal in custody -- in custody of federal records, then we have decided to, you know, go out and get those records for them.

MEMBER FAY: So would the issue that we've talked about this morning where everybody's on the same electronic records, would that be a solution to that because you just have access to the electronic records.

MEMBER GRANGER: No, you don't. There's not a nationwide electronic healthcare record.

MEMBER FAY: No, but I'm saying, ultimately, if it's going to be all military are going to be on those electronic records.

MEMBER SIMBERKOFF: Even DoD records are not universally available to VHA. It's only

through, you know, the joint legacy viewer that you're able, you know, to view a limited number of the military records, and none of them Reserve or --

MEMBER GRANGER: Going back to Kirt's comments early in the morning there, he said that the paper records, if those aren't incorporated with your electronic record, they are filed and go to St. Louis. You have to request those as part of that process. And they have been working very, very hard to improve getting those records because those are historical paper records.

It's like early on in my first career, my records got retired there in St. Louis, so when I came to do all my training, when I got ready to file, I had to go back and resurrect those out of St. Louis.

MEMBER FAY: So that was after the fire because there was a big fire --

MEMBER GRANGER: That was after the fire.

MEMBER FAY: -- that destroyed all

sorts of records.

MEMBER GRANGER: They ruled in favor of the veterans. Yes, that type of thing. You got a buddy that wrote you, oh, yes, I served with him. He got hurt. We got blown-up. Yes, good.

CHAIRMAN MARTIN: The other part of the problem with the Guard and Reserve is that the majority of the supporting medical documents are probably in the civilian sector and not in the military sector.

MEMBER GRANGER: They are.

MEMBER FAY: Which they have to get from the military to bring them.

CHAIRMAN MARTIN: Even a fully computerized Guard and Reserve is not going to retrieve those civilian records.

MEMBER GRANGER: It's not going to.

CHAIRMAN MARTIN: Unless they happened to be scanned in for another purpose, another day. Something.

MEMBER BROWNE: And even if it's

electronic, it may not be the same electronic system, so you don't communicate.

MEMBER FAY: I'm just saying that, eventually, if all the military is on one electronic system, then -- and the VA is on -- well --

MEMBER SIMBERKOFF: That's not a foregone conclusion.

MEMBER FAY: We should lend out support, it sounds like --

DR. VVEDENSKAYA: Yes, absolutely.

MEMBER FAY: -- to that issue, right, to make sure that that is part of the agenda going forward.

DR. VVEDENSKAYA: And to help you to give right recommendations, that dataset, which we'll request, which will identify the bottlenecks.

MEMBER GRANGER: Absolutely.

DR. VVEDENSKAYA: Will help us to get to the gist.

MEMBER SIMBERKOFF: The other thing is

that, while VHA has access to military records, I don't think DVA does.

MS. RIDDICK: There are programs like the HAIMS, like the JLD, that they are -- that's in the records.

MEMBER SIMBERKOFF: But who reads them? Because what you don't have is what we do have, which are people who are -- know how to read medical records.

MS. RIDDICK: Good point.

MEMBER ROBERTS: I'm not sure that the VA has a corporate body. I understand that physicians in private practices are terribly ladened with paper these days.

MEMBER SIMBERKOFF: We understand that.

MEMBER GRANGER: Yes, they do. They do.

(Simultaneous speaking)

MEMBER ROBERTS: Matter of fact, as we all know, a lot of doctors are out of practice because they're so badly ladened with paper. But

I'm saying, why can't the VA pay doctors when they want somebody to --

MEMBER FAY: That goes back to the kind of question that I fundamentally say, yes, they should be, and make that recommendation.

(Simultaneous speaking)

MEMBER GRANGER: Now, there are providers paid as part of those contracts out there in the network in the civilian world. There are two or three contractors who are doing the disability benefit questionnaires, and if they get a provider in the network say they want you to fill this out, those providers are being paid based on those contracts. So, yes.

DR. VVEDENSKAYA: But also, another side of this issue is that not every treating physician would like to fill disability forms for his or her patient.

MEMBER GRANGER: Absolutely.

DR. VVEDENSKAYA: Different relationship.

MEMBER GRANGER: It's totally

different.

DR. VVEDENSKAYA: Therapeutic versus forensic. It's why there are many different issues why certain things don't happen the way we dreamed it up or designed. That's why, as Carla already mentioned, in a different light, as we use the system or as we use the program, we keep developing it, because we just get rid of all this extra nuts and bolts.

And I think Carla was on a slide where she wanted to tell us about, and we can see the dynamic and the number of days it takes to process fully developed claims. Remember, the goal was 90 days and I'm on Slide 4. Carla was telling us about the 90-day goal.

MS. RIDDICK: Yes, one slide is the number of receipts that we receive, so I put --

DR. VVEDENSKAYA: No, this one is Number 3. You wanted to go over the data.

MS. RIDDICK: Yes. So I put fiscal, like I said, spend from 2009/2010, but I wanted to show you from 2013, '14, on, how much it has

increased over time. So basically, in 2013, it started out, it had a very small number, so as we -- like I said, the VSOs potentially made the claimants aware of what it is, we have received increased receipts from those.

So basically, as of right now, year to date, it shows that FDCs make up 51 percent of all total claims. So that's a huge percentage compared to 2013, which is just 3.4 percent. On the next slide it shows how much -- how many claims have been completed from 2013 until currently.

So as you look again at 2013, it shows we only completed 67,000 and with an average days completion of 120 days. Now, as you see in 2014/2015, the average ADC has increased, or decreased a little bit, that's because of the number of claims that we have been receiving over time, so we receive, then the ADC will probably go up.

Right now, it is at 117, but that doesn't count for the end of fiscal, which the

number may probably go up a little bit.

MEMBER SAVOCA: When does the fiscal year start? Just remind me.

MS. RIDDICK: September --

MEMBER SIMBERKOFF: October 1st.

MS. RIDDICK: October 1st. I'm sorry.

MEMBER SAVOCA: October 1st?

MS. RIDDICK: October 1st. Yes.

MEMBER FAY: So your objective was 90 days and you're currently at 117?

MS. RIDDICK: Yes. We're getting there.

MEMBER FAY: But you've made significant progress, right?

DR. VVEDENSKAYA: And it was, you know, a wave of claims.

CHAIRMAN MARTIN: Let me ask you a question, back in September of '13, Christy Greenwall came and briefed us on Fully Developed Claims, and she told the committee that at that time the turnaround goal was 75 days, so now it's 90 days officially?

MS. RIDDICK: I've always known it to be 90 days. I remember the fast letter that we had, I think it went out June of 2012, it was always 90 days, from what I thought.

MS. RIDDICK: That may have been her goal, but I know --

(Simultaneous speaking)

CHAIRMAN MARTIN: Okay, 90 days. Got it.

MS. RIDDICK: So you may ask, what steps or what's next for the FDC program? What are we trying to do to improve this whole project? But I think to improve the veteran's experience with it, the C&P examination process, is what we're trying to bring in, we're trying to revamp the FDC. So compensation service in VHA are leading a project called the Ready for a Decision Project.

And this project is one of the Secretary's 12 breakthrough initiatives that we are implementing. So basically, the Ready for a Decision claim has to meet the following

criteria, as outlined on the slide. It has to be a Fully Developed Claim. And what this will entail is, no additional development is needed.

And I know with the FDC that we still do a little bit of development, which requires, like, a medical examination or getting federal records. With the RFD, everything has to be submitted at that time. The exception is, we can go out and get a medical opinion if it is determined that it is needed.

But in order to be in the Ready for a Decision, it has to be a full FDC with no additional requirement. And also, you have to include medical evidence sufficient for rating purposes, which would include a DBQ referral program, complete private use DBQ, and treatment records, which will fulfill the requirements of that.

Now Ashley, I have recently joined this team with the RFD project, co-leading with her, along with one of my other co-workers, she knows a little bit more. She can explain the RFD

project, from a VHA perspective, exactly what's our goal, our next steps, in trying to make this project pilot succeed.

MEMBER BROWNE: This is VHA and VBA working together.

MS. RIDDICK: Yes, working together.

MS. HANAHAN: One of the challenges with the FDC project, one of the things she mentioned is about records or getting DBQs completed, and one of the challenges in VHA is with veterans bringing DBQs to the clinic to the VHA and asking for the DBQ to be completed. Part of it relates to time. They can barely make it to the primary care, you know, with all the medications, labs, other things that need to be done, and now there's a form that needs to be completed.

Part of it relates to in private sector, you've mentioned -- touched on some of the issues, payment for providers, time for providers, so forth. So how can we get a DBQ completed for a veteran?

And so in VHA, we established a self-referral DBQ claim process so that if a veteran has a DBQ, they need help with completion for filing or in support of filing a claim, a veteran can actually call us to be seen in a C&P clinic to get assistance with that DBQ being completed. Now, there are a few exclusions to the program for a variety of reasons.

For example, military sexual trauma was one that was discussed. These are things that need to be in compliance largely with the FDC process, so there are certain conditions that may be excluded, but by and large, certainly, the musculoskeletal claims, which were a huge component of the workload we do, presumptives, like Agent Orange related claims, for example, are all things that we can do at a self-referral DBQ clinic.

So a veteran can contact us and make an appointment to be seen in a pretty quick manner, seven days, ten days, something to that effect, depending on the provider that they might

need to see. We can complete the DBQ for them, have access to the VHA records, to VMS, to look through their STRs, service treatment records, that are scanned and so forth.

The idea then is that we can help the veteran submit everything to Ready for a Decision so that that can help to expedite adjudication on the claim. So a couple things that we're working on on this project are, we've learned in Baltimore, which is my home, VA Maryland Healthcare System, aka Baltimore, when we first started with this process, we kept a homegrown spreadsheet, if you will, a list, an Excel spreadsheet, of all the veterans that were going through our clinic just to kind of track, you know, what happened with their claim.

Did it work? Did it make it faster for them? That kind of thing. And we found that, actually, only about 40 percent of the veterans that were going through our program actually ever even filed a claim, so we got a little information there. Learned that some

veterans thought that just by coming and getting a DBQ, that that filed a claim and that that launched a claim. They didn't understand that they needed to file the EZ paperwork, go on eBenefits, or so forth.

So one of the keystones of our project is actually leveraging the partnership with the VSOs. So we have Veteran Service Organization presence in our clinic at least once a week and also in our medical center to actually work one-on-one with veterans to help them learn about how to file a claim.

The other aspect of it is somewhat of an IT solution. So we learned that in this case, a lot of claims were submitted as an FDC, but the VBA was having difficulty actually identifying these claims in the IT world, or in the IT universe. Just some of the things that we have implement or changes in the IT solutions to create what we call flashes, and you can speak to that better than I can as a VBA person, but helping the VBA to identify these claims so that

they can work quickly adjudicating them.

So that's just kind of a quick snapshot, but we're excited to work with VBA on this and help veterans.

MS. RIDDICK: Now, as Ashley has stated, this is going to start as a pilot program at the Baltimore regional office with, I believe, two C&P clinics?

MS. HANAHAN: Correct. That is Fort Mead and Loch Raven. Yes.

MS. RIDDICK: And we are hoping to kick this off for April 4th.

MS. HANAHAN: 4th. Yes, April 4th.

MS. RIDDICK: With a national rollout date of December, correct?

MS. HANAHAN: That is correct.

MS. RIDDICK: December 16th. This is something new. This is something that we're trying to provide. Hopefully, like Ashley was saying, the overall objective is basically to get -- make veterans aware of the DBQ referral program or if they want to use the private use

DBQs, they can do that, because I don't think a lot of those are being utilized, as you all have stated before, and so we're trying to get -- that's some of the things that we're trying to leverage within the FDC or the RFD program that will hopefully be helpful to them.

And we're trying to process these claims in -- instead of 90 days, we're trying to process these claims in 30 days and under, which would mean quicker decisions, faster decisions, for them.

MS. HANAHAN: I just want to say one thing about records, because I've done Enterprise with primary care as well, very difficult getting copies of records on veterans if they're seen at other hospitals and things like that.

And so, partly, for me, it's not just having the DBQ completed, it's really just even a copy of a recent progress, you know, or a discharge summary from a hospital, or something like that, that a VHA commission can use that information to complete a DBQ by a process we

call acceptable clinical evidence, or ACE, so sort of a chart review, you know, for lack of a better term.

And most VHA sites now have clinicians assigned to the VBA, we have two clinicians that are assigned there, so that if the VBA can get records on a veteran, we can actually, in a very short period of time, same day, next day, whatever, having seen the clinician, complete the DBQ to what extent they can, or maybe sometimes it's in its totality, so that the claim can be rated in a very short period of time.

I mean, even far less than 30 days, I would say.

MS. RIDDICK: Ten days. We're trying to get the goal to ten days for most of those claims; ten days or less.

CHAIRMAN MARTIN: Two questions. We had once before, talked a little bit about the rating decisions in Fully Developed Claims versus standard claims for the same medical condition. Now, theoretically, they should be exactly the

same, is that what you're seeing when you look at the data? Are you still seeing that similarity for the same condition, whether it's an FDC or a standard processing?

MEMBER SIMBERKOFF: The criteria for getting a certain rating are not different.

CHAIRMAN MARTIN: Right. Criteria is the same.

DR. VVEDENSKAYA: Oh, yes, different process, same criteria.

MS. RIDDICK: Yes.

CHAIRMAN MARTIN: But is the VA sure that's, in fact, the case?

MS. RIDDICK: We have -- I think there is data that is out there that shows that, like, I would have to get that to you, but I think, like I said, it is the same process.

CHAIRMAN MARTIN: I think it was a quality --

MEMBER SIMBERKOFF: They actually do, you know, center-to-center reviews to ensure quality assurance.

CHAIRMAN MARTIN: And the other issue is, maybe you can comment about what happens to a claim that's returned either for more information or determined not to be fully developed?

MS. RIDDICK: So in those instances, when those claims do not meet the FDC criteria, we still process those claims, but it's processed under the traditional claims processing. So basically, the difference in the FDC, the traditional claim process, means that there is longer delay time in that, so instead of being processed in 100 days, it's going to be extra 30 days or 45 days process attached to that claim.

CHAIRMAN MARTIN: So from a nuts-and-bolts standpoint, is the claim returned to the individual to submit it as a standard or is electronically just transferred over?

MS. RIDDICK: No, we send them a notification letter telling them that your claim is going to be excluded from the program because of such -- additional evidence is needed or further development is needed. So if it is

determined that we need additional evidence or further development is required, we will send them a notification letter informing them of that, but we do notify them that their claim is going to be processed under the traditional claims processing instead of the FDC.

CHAIRMAN MARTIN: Got it.

MS. HANAHAN: Meaning they don't have to re-file, it's just going to --

MS. RIDDICK: No, they don't have to re-file. It's just --

CHAIRMAN MARTIN: That's what I was getting at. Thanks.

MS. RIDDICK: Sorry.

DR. VVEDENSKAYA: Moves to a different desk.

MEMBER BROWNE: Just telling them so that they can anticipate that it's not going to take 90 days.

MS. RIDDICK: Yes, it's not considered a priority claim.

CHAIRMAN MARTIN: Okay. What other

questions do the committee members have?

MEMBER ROBERTS: For those claims that are not fully developed, is the information mostly because of something the veteran didn't do or something somebody else didn't do and if there's something the veteran didn't do, how do you get him or her to fill out the claim; do what they need to do?

MS. RIDDICK: I think on the last meeting I was in, I showed you data that showed what were the most reasons the claim was excluded from the FDC program, and I think one of the highest number that showed was we need evidence from, I think it was, a non-medical provider -- non-federal facility, so I think that was one of the most common ones versus any other exclusion reasons that we use.

So in that case, like I said, we ask the VSOs to get involved and educate them the next time on the process of submitting everything all at once instead of submitting at one point in time, then another two weeks later, they may

submit something else, but the exclusion reason, like I said, needs non-federal evidence, is our most common reason that most claims are excluded from the program.

CHAIRMAN MARTIN: Is your office --

MS. RIDDICK: And they could be for many different reasons.

CHAIRMAN MARTIN: Has the FDC office grown in proportion to the increase in demand?

MS. RIDDICK: I believe it has. Like I said, we formed a workgroup because of the, I think, one-year retroactive, we received a whole bunch of claims, I'm not sure about the number, but we see the -- I think that's probably why we see the influx in the numbers that we received because of the one-year retroactive, which will provide an incentive to the veterans, you know, to submit their claims between 2013/2015, which is no longer a program now.

But because of that initiative and the benefit of them receiving a whole one year retro back from the time that they received the claim,

that was an influx of FDCs that we did receive because of that. Hopefully with the RFD, we'll get the same success that we received from the FDC program as well as education because of making them aware of what is available to them.

CHAIRMAN MARTIN: Okay. Hal and Tim, do you have comments about FDC?

MEMBER BIRD: None from Hal.

MEMBER ROBERTS: Is it worthwhile to have the VA, through the Secretary, to ask Congress to authorize payment of private physicians that they need additional information in order to fill out the forms necessary to complete the adjudication?

MS. RIDDICK: I assume it has to go through Congress, has to be a mandate through Congress.

MS. HANAHAN: I think that's a tough question to answer, but I think that part of it, I mean, I would imagine. To me, it's akin to travel pay. Okay. So we pay veterans, we reimburse them for the travel expenses to a

claim, for example, related to this one. Should, maybe, a veteran be reimbursed if they provided a receipt, the doctor charged, I'm just saying, you know, me $40 for copies. Something like that.

MEMBER SIMBERKOFF: Yes. Why not pay the -- a better solution would be to pay the doctors directly. But again, I think it requires a change in whatever rules or authorization we have in Congress.

MS. HANAHAN: It was interesting, I was in the doctor the other day myself, sitting on the exam table there was a sign in front of me that said, "$10 for any forms to be completed", and that was a general populous community of physicians.

MEMBER SAVOCA: That's cheap, actually, if that's their price.

MS. HANAHAN: Right. So if that's like a school physical, yes, she's had a flu shot, you know, whatever, but --

MEMBER SIMBERKOFF: So if you get a flu shot and you need a certificate for if you

got a flu shot, 10 bucks?

MS. HANAHAN: Yes, $10.

MEMBER SIMBERKOFF: The flu shot is free, but --

(Simultaneous speaking)

MEMBER BROWNE: I think in terms of answering your question, Dr. Roberts, I think, for the Secretary to take this to Congress to have that put into the budget, really is going to depend upon what priorities he has listed. In the whole scheme of the VA, where does it fall in the list of priorities of paying an outside provider to fill out a form?

MEMBER GRANGER: And then also, what's the magnitude of the issue?

MEMBER BROWNE: Yes.

MEMBER FAY: So the way we could approach that would be, problem is that there's an excessive delay in processing the claim. The solution to that is provide X number of dollars that will, therefore, expedite the amount of, you know, medical records that will be expeditiously,

you know, transferred to the VA and then we'll get your 90 days.

So if you want all the complaints to stop, Congress, this is what you got to do in order to --

MEMBER BROWNE: Yes. But as I said, in his budget, he's going to have to prioritize. Is military sexual trauma going to out-rate that? Is whatever? And it's going to go -- and how big is the problem? And then you get it over there and so he can go and see, you know?

It's okay to ask it, but I think you got to -- you know, if you get something back and say that came down to Number 75 on my list of 250.

MEMBER SIMBERKOFF: That's right. And if we pay only the top ten.

MEMBER FAY: Or Congress inserts it as your Number 2. I mean, Congress inserts stuff all the time and so there are two ways to get it done.

MEMBER SIMBERKOFF: So be careful what

you ask for.

MEMBER FAY: Oh, yes, which is what I say, you know, is it going to be this group's recommendation? Be careful about it.

MEMBER GRANGER: Yes, that would be authorization without appropriation. Hey, I need authority to do it. Authorization without appropriation. I'd be glad to do that.

MEMBER SIMBERKOFF: And the reality is that the VA has invested a substantial amount in people like you to do C&P exams, you know, in-house, and basically, provided a huge amount of training so that they do it properly. So one of the advantages of somebody who knows what they're doing is that they've gone through the training and, you know, they fill it out in a way that is unambiguous.

MEMBER GRANGER: Right.

MEMBER SIMBERKOFF: Whereas, you know, if you ask other people to do it, even primary care doctors in VHA, you know, they have not gone through the training and, you know, it's not

always intuitive of what the correct way of filling the form is.

MEMBER FAY: But isn't, and I don't know, some of this issue connected to the VA says that, you know, so far you have not made your claim, and then the veteran goes back and says, but my doctor says this, this, and this, and then the VA says, okay, well, get me the doctor's record to confirm that.

MEMBER SIMBERKOFF: Right. And it's very easy, speaking as a doctor, to tell this, yes, you should be service-connected for this, that, and the other.

(Simultaneous speaking)

MEMBER FAY: I get that, but isn't that part of the delay, the fact that then it goes back to the doctor not providing that medical record where he said to the veteran, oh, this should be service direct, which goes back to why are they complaining so much, right? They're complaining because the VA hasn't paid it and my doctor says I should get this, right?

And so therefore, the core of the issue is, that doctor to say that in writing, and then ultimately, VA can say no anyway, and that ends the claim, right?

MEMBER SIMBERKOFF: But the reality is that 99 percent of the doctors, not just outside the VA, but in the VA, you know, have no idea of what service connection really means.

MEMBER BROWNE: So even if they say it, they don't have a clue.

MEMBER SIMBERKOFF: You know, so if I tell you that a patient is service connected for diabetes, and he has kidney disease, you're going to say, well, he's service connected for the kidney disease. He's not. Or if he has retinal disease. He's not. Even though we all know that diabetes causes, you know, kidney disease and retinal disease.

MEMBER BROWNE: But if he kept his diabetes in control, perhaps the rating in those complications --

MEMBER GRANGER: What do we say, less

likely than not.

MEMBER BROWNE: Yes.

MEMBER GRANGER: Yes.

MEMBER BROWNE: So it's not as one, two, three.

DR. VVEDENSKAYA: Like Dr. Simberkoff is saying, not every physician is C&P examiner. Yes, not every physician is --

MEMBER FAY: I was just surprised by the comment that, even within the VA, that they're not.

DR. VVEDENSKAYA: Well, because they're treating physicians. They are not forensic experts.

MEMBER SIMBERKOFF: And all we have to -- see, we know what -- we have to checkoff every time we see a patient whether what we're seeing them for is service connected or not, and we can look up and see whether they're service connected, but what you think they're service connected for versus what it is are two different things.

MEMBER GRANGER: It's the same thing in DoD. We have certain doctors, if you go to this clinic, you're going to get your medical evaluation done. They're trained to do those only. So you'll be seen by the gastrointestinal specialist, and they'll grab what the gastrointestinal specialist said, when you go to that medical evaluation board clinic, they are trained and then grab that data from there and put it in a format that it can be adjudicated, not the GI doctor.

I just fill out the consult, all right. It's the same thing in all the systems. It's the same thing if you're in the private sector. You're doing a Social Security evaluation exam, which I've done before, they want you to put down the facts. Here's a form, put down the facts. They have adjudicators of their own.

DR. VVEDENSKAYA: Service connection is medicine plus the rest of your life.

MEMBER GRANGER: That's right.

DR. VVEDENSKAYA: Military and non-military. Examination of medical records is a requirement for the C&P examiner, medical doctor, you have to examine it and you have to check a box, yes, I examined every piece of military record this person has and I examined that person and my opinion is that this corresponds with that, or this is a result of that, or it's not.

CHAIRMAN MARTIN: Around the room, questions? Comments?

MS. PARK: Yes, there's been a lot of discussion, too, about all the things that we sponsor. And I'm wondering if that's a topic that this committee is going to be exploring.

CHAIRMAN MARTIN: Actually, it's a topic that we are interested in and we discussed it several times.

DR. VVEDENSKAYA: Yes, appeals and claims, two different areas with experts on both sides, and tomorrow, we'll have a chance to --

MS. RIDDICK: I think she's talking about the fully developed appeal, so that's --

you know, the appeals versus fully developed appeals.

DR. VVEDENSKAYA: Yes, yes, no, appeals and claims, it's just two different stuffs.

CHAIRMAN MARTIN: I actually just saw that when I was looking back over our previous meetings, but it is a topic we discussed and we're interested in learning.

DR. VVEDENSKAYA: I just didn't want you to address appeals because you're not -- you are the claims person.

MS. RIDDICK: This initiative, I think, is also one of the 12 breakthroughs that they're trying to get down as part of the claims initiative process, appeals initiative process.

CHAIRMAN MARTIN: Out there in telecon land, any other comments or questions?

MEMBER BIRD: None here.

CHAIRMAN MARTIN: Okay. Thank you very much.

MS. RIDDICK: Thank you for having me.

CHAIRMAN MARTIN: Just a moment here until our next speaker arrives. Just a reminder to the committee, everything during the meeting is transcribed and when we talk over one another, it's almost impossible for that transcription to be transcribed, so just bear that in mind as we have our lively discussions.

DR. VVEDENSKAYA: Ladies and gentlemen, I think our next presenters are ready for their briefing. Please do introduce yourselves. Thank you very much for coming.

MS. CRENSHAW: I am Anna Crenshaw. I am the Assistant Director at the Benefits Assistance Service for Policy, Procedures, and Outreach, or we just named ourselves Special Interests and Outreach, whatever you call it, it's just outreach, and I have with me my Homeless Program Manager, Erin Gittens, and the alternate, Zanetta Miell.

And thank you for inviting us and having us to speak with you today.

CHAIRMAN MARTIN: Thank you for

coming.

MS. CRENSHAW: She was very persistent. She would not let me get off that phone until I committee to a date or a time.

MEMBER GRANGER: We thought you volunteered.

MS. CRENSHAW: I mean, we love to do what we do, information is power, and I think even more powerful when you share that information, so I hope what we have to say today can help you in what you're doing, and I know what you're doing is very, very important, so any information we can share that could help you with that, we're happy to do it.

We're both veterans, pretty much our entire staff are veterans, and certainly, my family members and my first immediate family are all either serving or veterans, so what you're doing is very, very important.

Okay. In front of you you do have a copy of the briefing in front of you. Let's see if she can find the one that just came in. Did

you send it to her today? Oh, there it is. Briefings. The very next one. Right there.

And I am just going to start off, I do have another call at 3:00, but Erin will take over and, you know, finish up. Are you guys here all week, ladies and gentlemen? Okay. Got you. All right. No offense intended. So like I stated, we work for, as you know, VBA, we're all VBA, but we work at the Benefits Assistance Service.

The Benefits Assistance Service falls under the Deputy Under Secretary for Disability Assistance. It was stood-up in May of 2010. We used to be a part of compensation. And it was stood-up for the purpose of doing public contact and outreach in those things that did not directly relate to, you know, claims processing.

So part of what -- I work for my SES Director is Rob Reynolds, in case some of you may know who he is, but the Benefits Assistance Service has several programs, and I'll start off with mine, because I believe that to be the best

and the most important, and it is the Outreach and Special Emphasis Program, which governs and military outreach, special emphasis programs, policies, and oversight, and then we have Web communication and social media business application.

So we have Web and social media. We also manage the eBenefits and the SEP Portal, and for those of you who don't know the acronym, the SEP Portal is the Enterprise Portal, Stakeholders Enterprise Portal, for veteran service officers and the ORT, which is the Outreach Reporting Tool.

The VBA template and so they kind of govern all of our social media, our Twitter, and things of that nature. They say that they are the VA's Web team, which, they are. There is a Web site at each of the ROs that they kind of govern to, so each of the 56 ROs, and even those at the VA, there's really 56 that we have oversight for.

And then we have site visit, quality,

and training, and the site visits, we make those site visits with our team to make sure that the public contact, operations of the public contact, the call centers, and anything underneath our purview is being managed, and implemented, and followed correctly.

And then we have quality review team, they manage the quality of the call center, and we're expanding that for quality in the public contact team. That's something that's in development right now, and they do all the training curriculum for all of the public contact teams and the national call center staff.

And then our front office is pretty busy and robust as well. That's where our veteran service officer liaison resides and we have a public and private partners liaison, and we have our benefits executive council, which better known as the BEC, liaison.

And so my program, which are just special interests program, we have military and veterans programs outreach, and that outreach

falls upon them. We provide direct assistance, we coordinate with VA partners, and we also coordinate with external stakeholders, so essentially, you can say we do do a lot of networking, coordination, collaboration, in partnering with both private and public entities.

And so I'll go over just a few of our -- if I'm going too fast, let me know. So at the top, because this is what you're interested in, one of our programs does involve veterans. We also have women veterans, we have former prisoner of war, minority veterans, elderly veterans, rural veterans, tribal veterans, I know you guys can read, but I like to hear the sound of my voice, so bear with me, faith-based and neighborhood partnerships.

We also have the lesbian, gay, bisexual, and transgender veteran program. That's something new that we implemented due to the legislative changes. We have our overseas military service coordinators. Those are military service coordinators that operate

overseas. We have seven. They operate in EUCOM and in PACOM, and in Europe, they are in -- we have two in Germany, one in U.K., and one in Italy.

And they rotate either -- in Germany, they're on 90-day rotations due to some SOPA issues that we're experiencing, and in Japan, they rotate for six months at a time, and they're in Okinawa, Yokosuka, and Iwakuni.

And then we have our OIF/OEF, which, that's going away, so we're, actually, that's now being implemented under Office of Care and Communications, kind of a more integrated office. We have casualty assistance, we have our transition assistance advisors working with the Guard and the Reserves, we have the Army Wounded Warrior, the Marine Wounded Warrior, we have our recovery care coordinators, our Yellow Ribbon Reintegration Program, and our education disadvantaged.

So as you can see, my staff is pretty busy and each one of those programs are actually

a program. We also have tribal, that I didn't see that on there, but we do have tribal outreach as well. So this is where I'll let -- I just wanted to let you know a little bit about what we do at the Benefits Assistance Service to let you know that the homeless outreach is one of the programs that we have and it connects with several of the other programs because in each of those special emphasis group, if you notice, there are women, there are rural, any of those special emphasis group, you can almost associate homeless with because there are going to be some veterans that fall into that homeless category out of all of those special emphasis.

So our homeless outreach is very, very important to us. We put a lot of attention into it, we put a lot of effort into it, we strive to come up with policies and procedures that will make our homeless outreach better. Are goal is steadily on reducing that target population. We hope not to have any. We know that that may be unrealistic, but we do work very, very hard.

And we ensure that no matter what time, day or night, that if we get a critical case where someone is homeless, then we're going to address that. You know, I have my BlackBerry, all of my analysts have cellphones, and in our PD actually, it says, you may be required to work night, weekends, and holidays, so even though they have core hours, some of our programs, because of the nature of it, does require after-hours care, especially when someone is trying to be placed into a home and you get the call, you just start to work on it.

And from there, I think Erin will go into her program and I'd like to hear that brief myself, so I'm going to sit over here, Erin.

MS. GITTENS: Okay. Well, good afternoon, everyone. It's starting to get a little air conditioning in here. Good. Okay. So the Homeless Veteran Program, Title 38 outlines the Homeless Veteran Program standards that we must follow. So I was just going to discuss that it outlines the staffing outreach,

the program requirements, and the definition of a homeless veteran.

The definition of homeless veteran, while it's outlined under the McKinney-Vento Homeless Assistance Act, VBA has expanded this and made it a little bit more liberal, and that does affect how we handle compensation claims, which I'll get to in a minute.

So for staffing, each regional office has a designated homeless veteran coordinator. That can either be a homeless veteran outreach coordinator, or a homeless veteran claims coordinator, or some offices can determine that they have both or even more than two, but there will be at least one full-time homeless veteran coordinator, either an HVOC or an HVCC, in the regional offices that the Secretary deems to have the highest homeless veteran population.

And the current ones that have those are listed here, there's 20, but this regional office dedication was done in 2010, so we are looking at to revise the regional offices that

would need a full-time homeless veteran coordinator this year.

Several of these stations have worked very diligently and some of their cities have declared that they are homeless free, that they have ended veteran homelessness.

MEMBER SIMBERKOFF: They're homeless-less.

MS. GITTENS: They're homeless-less. The definition of ending veteran homelessness, I know a lot of people think that that's completely unrealistic to end homelessness, but really what that means is that you're at functional zero. So if you were to get a homeless veteran to walk into any -- you'll get a referral or walk into any VA facility, you would be able to place them in stable housing within 30 days.

So if you are able to meet that, if you have more beds than you have homeless people, and you can place somebody within 30 days in permanent housing, then you are -- you're at functional zero, so that's what that means.

MS. CRENSHAW: So for VBA, for our purposes of working the claim, even though they may get housing, we still process their claim, and so a lot of those, we work hand-in-hand with VHA, so in terms of how the 20 full-time HVOCs were first established, if you look at that now, even though they may be functional zero, there still may be claims at those ROs that continue to be expedited in terms of working the disability piece.

So they'll look at that and say, well, some of these may have no claims. That's not what she means there.

MS. GITTENS: Right.

MS. CRENSHAW: She's focusing on the housing part.

MEMBER GRANGER: The housing piece.

MS. GITTENS: Right. So we will continue to get folks that are at risk of homelessness or are chronically homeless, and they will continue to have claims in our system, so it's whether or not we can get to a point

where we're -- that they will not be in that category that have the highest number of homeless veterans anymore. That's the goal.

But yes, we also flag claims that are formerly homeless or at risk for homelessness and expedite those as well. It's not just if you're currently homeless.

So for outreach, Title 38 tells us that we need to have homeless veteran reintegration programs. We have several veteran reintegration programs, we work with incarcerated veterans so that they are integrated back in and are not at risk for homelessness. We also work with homeless women veterans and homeless veterans with children to reintegrate them, as well as substance abuse recovery, folks that are going through substance abuse recovery, when they are reintegrated, they are at greater risk for homelessness as well. And transition service members. Correct.

MS. CRENSHAW: That's a piece that we've started to -- we talked about this, so I'm

not interrupting her briefing. We talked that we would just kind of tag team and I would be chipping in. What we are doing with the transition GPS, we noticed that as service members are coming out, not every service member come out of the military and have a place to go back to.

And so knowing that, we are working really closely with IMCOM and Soldier for Life, and developing programs that will -- where DoD can actually start identifying some of these young men and women that are getting out and they really don't have a home to go back to. So even with the money that they're transitioning out with, or whatever, they're going to be on the street within 90 days if we don't do something about it, so we're working real, real closely with DoD now to identify something that works.

So we're not neglecting the transition, we're not waiting until they become homeless and start doing something, we want to put in some preventive measures with DoD to

ensure that service members will not be homeless when they transition out.

MS. GITTENS: There's also a plan to reduce, eliminate veteran -- reduce or eliminate veteran homelessness at every regional office, we coordinate outreach activities targeting homeless veterans or at risk for homelessness, and provide outreach and plan oversight.

Program operations under Title 38. There's grants, grant per diem, and appropriations that are outlined. Many of these are owned by VHA and some of them are owned by VBA, but there is a lot of overlap and collaboration under each of these programs.

The grant per diem program is handled by loan guarantee, but works very closely with VHA because those are the folks that are referring these veterans and they may be in domiciliary care with VHA and be transitioning into a grant per diem program.

We provide training and outreach. That's mostly VBA, but every VHA facility has a

homeless veteran coordinator as well and they may do outreach. Treatment and rehabilitation. We ensure -- I'm going to get into the VA overarching programs that cover treatment and rehabilitation in a minute, we provide housing assistance, and loan guarantee.

If somebody has a VA loan and they are at risk for homelessness, we will work with the lender to try to get them to avoid foreclosure. So on a national level, the outreach that we do, we attend national conferences with the housing coalition, the National Coalition for Homeless Veterans, and we provide that training.

We get folks from each district, used to be areas, now they're districts, so we get folks from each district to participate in those national conference trainings to bring them back to their districts. We participate in stand-downs. Stand-downs are like kind of a one-stop shop for homeless veterans or folks that are at risk for homeless veteran. They can get information and services on the spot.

Sometimes they can even get claims rated on the spot, but they can get healthcare eligibility requirements, all of that sort of thing at a stand-down.

We participate in point-in-time counts with HUD. Point-in-time counts are what we base our homeless numbers off of, so usually in January, in every major city, folks go out and canvas the neighborhoods as sort of a homeless census and ask folks if they have a place to stay tonight, and take their demographics, so that's how we know how many homeless veterans we have on any given night.

We have homeless veteran outreach coordinators and homeless veteran claims coordinators. Like I said, in every regional office they will have at least one or the other in the 20 regional offices that have been identified as having the highest number of homeless veterans. They will have a full-time person dedicated to those.

MS. CRENSHAW: And something else too,

we also work with state and local government. We work, like here, for instance, closely with the D.C. Mayor Office. They have a veterans representative in almost every local government entity now because I think somebody woke-up and said, oh, we really need to start taking care of our veterans. And so they started placing veteran liaison and veteran representatives in different governmental agencies.

So we work with them and we work with our 58 homeless veteran outreach coordinators, or our HVCCs, to work with their local and state governments as well so that they are not just focusing on the big things. They're really dealing with, you know, those individuals that are in the community and they know all the places that they meet, so we do a lot of training.

And we send them to training that they identify to us that they need, to attend a conference, or they need to attend some training, then we will get our funding, and if it's feasible, try to make sure that the fields are

able to attend those training things that are pertinent to their geographic area.

MS. GITTENS: Okay. So at the regional office level, like Anna said, there are lots of outreach events that the local regional offices may connect with. What they are required to report to us is shelter contact visits, referrals from VHA and Department of Labor, or other local non-profits, and local events, stand-downs, and outreach hours that they do targeted towards homeless veterans.

So just a little data to throw at you, in 2015, there were 1893 contacts with shelters, there were 1654 referrals to other community support and social service agencies made by VBA staff and the public contact teams, local events and stand-downs, the regional office staff conducted 8506 hours of outreach targeted towards homeless veterans, and 46,000 homeless veterans attended outreach events for VBA in 2015.

Actually, we get a lot of great ideas from the folks that are working in the field and

we try to make sure that we elevate those, and incorporate those, and we got a great idea from New York Regional Office. So the HVCCs or HVOCs, whichever, the homeless veteran coordinators in each regional office are required to make shelter contacts and visits.

And the reason that that's a good idea is because we need to know, we need the shelters to know, that if they have a veteran residing with them, that VBA needs to know about it, VHA needs to know about it. There may be funding available through VA that they're not aware of.

So New York Regional Office had a good idea to match the current pending claims with the shelter addresses and run a regular report that says, these veterans have a known shelter address, and they have a pending claim, and they have caught several, I think they caught 300 when they first ran the report, 300 claims that they were not aware that these veterans were homeless. Once they did the match, they found out and were able to expedite those claims.

So we have worked with PA9, sorry, using acronyms. Does everybody know what PA9 is? Performance Analysis --

MS. CRENSHAW: Analysis and Integrity.

MS. GITTENS: Okay. Thank you.

MS. CRENSHAW: They pull all of our data for us.

MS. GITTENS: Yes.

DR. VVEDENSKAYA: Data people with a touch of finance in there.

MS. GITTENS: Yes. They're the ones that pull all of the compensation data for us and they ran a report, and they're actually able to run it into the systems that the service centers and the claims -- in the offices that handle the claims, they're able to run a report daily, if they want, that matches these shelter addresses with pending claims.

So each regional office could run a daily report, weekly report, however often they want to do it, to be able to determine how many homeless veterans they have that are living in

known shelter addresses that they may not have been aware of.

The other thing that that brings up is that you have to make sure that you've developed a local relationship with your local shelters, and that's something that, really, the field offices have to take charge of.

It's very difficult at a national level to know every shelter, every homeless shelter, out there in the country, so we really rely on the homeless veteran coordinators to be out there in the community going to, you know, veteran treatment court, going to their local shelters, developing that relationship with them, to make sure that they know to notify, not just the VHA, but VBA, every time they have a homeless veteran that comes into their shelter.

So direct assistance to all veterans on a national level, we have the national call centers, which is the 1-800 number that any veteran can contact at any time to get assistance, we have eBenefits, which I'm sorry, I

misspelled on this slide, IRIS is the internal inquiry system, so if somebody goes into eBenefits, they can put in a formal request to make an inquiry, and that goes to the regional office, and then they'll give you a formal answer.

Congressional inquiries, if veterans contact their Congressman or woman about their claim, that's handled at regional office, the FAS has oversight of those as well, and social media, we have Twitter and sometimes Facebook town halls for specific questions that we can answer through social media.

MS. CRENSHAW: And all the veterans will go on the VA Facebook page and you will -- and we have some -- well, we have two bloggers at our office, so they monitor that. You know, that's their job. They just monitor. They do tweet. They have a sweet job, I think, and -- they do have a lot of posts, not just the angry ones, and people are frustrated, and it goes to the veteran's experience.

You've got veterans that have good experience and veterans that don't have such good experience, so we strive to want every veteran to have that great experience. Unfortunately, it doesn't always work out that way, so you will catch -- and, you know, I never was a social media person. I think I'm past, I used to say past that age, but, you know, because I have kids that are younger, I've gotten a little bit, you know, just snooping on their Facebook page, I got a Facebook page, because I wanted to see what my girls were doing.

And so I was actually -- and that's what we do, you know, we monitor those Facebook pages, and veterans will comment. And sometimes we really get some that are suicidal, you get the homeless ones, you get the ones that you can see the desperations in their posts, so we've been able to assist a lot of veterans from what's being posted on Facebook, you know?

So it's been -- well, I used to think, what's a blogger? You know, why are we doing

this? And then I see the real value in it more and more as I get more familiar with the unfamiliar, which was, you know, social media for me, but I'm a little bit more comfortable with it, but the people that actually monitor those Facebook and respond to them, they do work with the experts and the subject matter experts, they're bloggers, but they don't just go out and provide an answer.

They will actually work with subject matter experts to get the answer to respond to them, and some of those we have contacted personally. Now, not all of them you will be able to address because of -- you know, some of them don't have a lot of information on there, but they actually do -- it actually works.

MS. GITTENS: Right. And it's a form of outreach that speaks to a certain demographic that may not go to the public contact office at the regional office or may not go to a town hall, but they will go to Facebook. Okay. Next slide.

So direct assistance at the regional

office, we have a public contact team at each of the regional offices where veterans can come in and get services, anywhere from submitting information for a claim, changing their address, getting assistance and referrals for homeless shelter, or VHA assistance, so again, so more data for you.

Regional office personnel assisted 22,754 homeless veterans in FY15. Those are visits to the regional office, we conducted direct assistance at outreach events and received 4252 claims taken at homeless veteran outreach events, and 143 veterans attending those events were registered for eBenefits.

MS. CRENSHAW: And so here, when you start talking about outreach, in every other aspect we want to increase our outreach. We want to increase outreach, but we hope that -- and our goal is, oh, we touched this many veterans in our outreach, but for homeless veterans, we want that number to diminish every year instead of increasing, so it's one of those where, yes, we

want to outreach, but we want our outreach to work.

So the previous year, so in FY16, we hope that that number will actually be reduced and for us, that would be a measurement of, if we're doing the same outreach and we're doing even more outreach, but we're reaching less veterans, we're hoping that that will, for us, mean there are less homeless veterans and that the data in the PIT count will show that there are not as many homeless veterans as the previous year, and that's our goal there, is to get that number down rather than higher.

MEMBER ROBERTS: How many homeless veterans are there in the continental United States?

MS. CRENSHAW: I would actually have -- do you have that data on hand with you? Did you bring it?

MS. GITTENS: Yes, it's a slide.

MS. CRENSHAW: Okay. We're going to get there.

MS. GITTENS: So national program coordination, we have national monthly training calls with all of the regional offices. We train on any number of homeless veteran programs, the issues that the regional offices that they need training on, we attempt to provide, we get our VHA partners or even our Department of Labor partners to help provide training for the homeless coordinators that are working this every day in the field.

We also provide conferences and trainings for -- we attend ourselves and we also invite those folks from the districts to be able to attend conferences and training. We maintain the Web site for homeless veteran coordinators and outreach coordinators. And we keep the coordinator list, so anybody that is looking for -- if they're VHA or any other of the business lines through VBA, is looking for, who do I contact in Atlanta for this homeless veteran, has one place that they can go to find that information.

So each regional office has a plan to expedite homeless veteran claims as part of their regional office plan to eliminate homelessness. During FY2015, we processed 17,710 homeless veteran claims. The national goal for an average days pending for a homeless claim was 75 and we beat that at 71.5 for FY15.

And again, that's one of those things that we hope to continue to decrease, but we also hope that that number goes down. We don't want more homeless veteran claims because we want them to be less homeless veterans.

Collaboration with the VA partners. So we work with VHA and Department of Labor with the formerly incarcerated veteran program. We work with them to transition formerly incarcerated veterans into the community, we provide education and counseling about benefits, there's also treatment courts that some of our outreach coordinators go to, veteran treatment courts that try to keep veterans from becoming incarcerated, especially if it's an issue where,

maybe, they were self-medicating because they have PTSD and they had an alcohol-related incident, if we can keep them out of the justice system and get them into rehabilitation, and get them healthcare, and mental health services, we can avoid having an incarcerated veteran.

VBA also provides honor and dignity to deceased veterans that may not have any family members that remain unclaimed. Each regional office has a point of contact for that program. On the national level, we continue to provide oversight for VBA's outreach to prevent unclaimed indigent veterans from being buried in pauper graves.

The homeless shelter program, during FY2015, VA sold 93 properties under this program, so what that means is if a VA loan is in default, it's in foreclosure, now VA owns that property, and we sell it to somebody who is going to shelter homeless veterans at a reduced rate.

VA loan guarantee, we helped 90,000 veterans and service members who are in default

retain their home and avoid foreclosure, and that's a 13 percent increase from 2014. Again, it's one of those increases that we hope continues, but hopefully we'll see less and less of that.

So the VA's efforts overall to end homelessness, the key programs involve healthcare, mental health services, housing assistance, and employment services, so there's a lot of overlap with VBA and VHA in these programs, as well as a lot of overlap with HUD, Housing and Urban Development.

There is also a national call center for homeless veterans, 877-4AID-VET, which is available at no cost and you do not have to be eligible for VHA or VBA benefits in order to use that resource. If you served, you can use that resource.

There's an online chat and the Web site are free and you don't need to register.

MS. CRENSHAW: The call center, what's the hours? Twenty-four hours? Do you know?

MS. GITTENS: I don't think it's 24 hours. The crisis line is 24 hours, but I'm not sure that the homeless number is.

MEMBER BIRD: Can you repeat that number, please?

MS. GITTENS: Oh, I didn't know we had somebody on the phone. Sorry, you can't see this. So it's 1-877-4AID-VET, so that's 877-424-3838.

MEMBER BIRD: Thank you.

DR. VVEDENSKAYA: And, Mr. Bird, I will forward you that PowerPoint presentation after the end of the day. I didn't have it first thing in the morning.

MEMBER BIRD: Thank you.

MS. GITTENS: Okay. So the healthcare services that are covered from VHA's program for homeless veterans, community resource and referral centers, or CRRCs, are our one-stop shop in the community for homeless veterans. They're in strategically selected areas to provide both refuge and a central location to engage veterans.

It's essentially a one-stop center. They can come in and get information, they can get housing, they can get referral, they can get, sometimes, emergency cash assistance, depending on the circumstances.

MS. CRENSHAW: And VBA does have a representative on that for -- we go every two weeks for the meetings here in the city. We work with the D.C. CRRC and we sit on that.

MS. GITTENS: Right. And there's a lot of referrals back and forth to that program. Domiciliary care for homeless veterans provides time-limited residential treatment to homeless veterans with mental health and substance abuse disorders, or co-recurring medical concerns and psychological needs.

Healthcare for homeless veterans is an outreach service --

MEMBER SIMBERKOFF: It actually provides more because, you know, one of the criteria for discharge from those programs is that you get stable housing for the veteran.

MS. CRENSHAW: Absolutely.

MS. GITTENS: Right. And the movement now has been, you know, since we started the whole end veteran homelessness, the approach has been housing first and then offer these wraparound services, but the goal is to, absolutely, provide housing first and then wraparound services.

MEMBER SIMBERKOFF: Well, I don't know where the housing first is coming, because we do most of the work getting the housing. We, being VHA.

MS. GITTENS: Okay. Yes. Okay. Healthcare for homeless veterans, it's an outreach service that engages them to connect to healthcare and other needed services. There's a case manager that will work with the veteran to ensure that they have mental health or substance abuse rehabilitation services, if need be, and that they're placed in quality housing programs that meet their specific needs.

Healthcare for re-entry veteran

services, that is a program that works with folks that are re-entering from -- incarcerated veterans, as well as substance abuse, mental health services; institutionalized veterans.

Homeless patient aligned care teams are clinics that co-locate medical staff with social workers, mental health and substance abuse counselors, including, they provide nurses and homeless program staff, so it's kind of everything inclusive in that one clinic.

The homeless veteran dental program helps increase accessibility of quality dental care to homeless veterans.

MS. CRENSHAW: And for our purposes, for VBA, note that it says healthcare. So, you know, VBA is not healthcare. We are not the experts on healthcare. So we have partnered really, really closely with our VHA counterparts to do warm hand-offs, you know, transfer. That's why we work with them. This is not our field of expertise.

The most we can do is refer -- once

they're identified to us and they need these services, then we hand them off to the experts and let them work with the veteran to provide those services, and that's the best thing that we can actually do, and it's really done -- the thing that we try to get over to the field employees is that you do this with -- so that it preserves their dignity and with respect, and always keeping in mind that, regardless of what condition a person -- because nobody desires to be homeless, that you refer them with that in mind, and to know who your VHA counterpart is, that's very important, for all of these services, because they're not VBA services, they are VHA.

MEMBER GRANGER: I don't know what you heard about Denver, but in Denver, it's working very well.

MS. CRENSHAW: I haven't heard anything bad, so it must be working.

MEMBER GRANGER: It's working very well. It really is.

MS. CRENSHAW: That's great, Elder.

We'd like to talk to you about how you're doing some of that.

MEMBER GRANGER: Right. It's working very well.

MS. GITTENS: Right. And just like with the shelters and the local connections, each regional office homeless veteran coordinator works very well with their VHA counterpart. Mostly the referrals are from VHA to us. They're saying, hey, this veteran was identified and they have a claim in for services, or they need to put a claim in for services, or they have a home loan, or they need a home loan, that sort of thing, so they develop a relationship with their VHA partners at the local level.

And that's their sole focus, is to make sure that they're, you know, collaborating and making sure that they know that these services are available to the veterans that are coming into their program.

DR. VVEDENSKAYA: Mr. Bird and Mr. Lowenberg, I just forwarded you this PowerPoint

presentation via email, if you would like to follow. It's in the email.

MEMBER LOWENBERG: Thank you so much. It's very helpful.

MEMBER BIRD: Yes. Terrific. Thank you.

DR. VVEDENSKAYA: Thank you.

MS. GITTENS: So mental health services, again, this is VHA services, so I'm not the expert, but there is a veteran crisis line.

MS. CRENSHAW: Something's missing. Something's missing out of it?

MEMBER SIMBERKOFF: Well, the number is probably missing a couple of digits.

MS. GITTENS: What number?

MEMBER SIMBERKOFF: Veteran --

MS. GITTENS: Oh, okay. I think if you text the crisis line.

MEMBER SIMBERKOFF: Well, it's text, but --

MEMBER BROWNE: It's a text. You just have to put --

MS. GITTENS: You know what? I'm going to try it. This is on the VA Web site, so I'm pretty sure it's correct. At any rate, anyone can call the Veteran Crisis Line. I've actually worked with the crisis line and done a warm hand-off several times and they're just excellent at making sure that they reach out and ensure that every I is dotted and T is cross before they move on.

So you can go to veteranscrisisline.net or text this number, I don't know. I'm going to have to check to see if that -- if that number is incorrect, I will forward the correct one.

MEMBER SIMBERKOFF: I was going to say. It doesn't seem like the right number.

MS. GITTENS: Okay.

MEMBER GRANGER: Can we just text and say, this is a test only?

MEMBER SIMBERKOFF: You're not going to get through to any number if you text that.

MEMBER GRANGER: Well, if you don't

get there, then you know it's not working then.

MEMBER SIMBERKOFF: It's not enough digits.

MEMBER GRANGER: I know.

MS. GITTENS: Yes. I'm pretty sure. It's on va.gov.

MEMBER GRANGER: A lot of fundraisers take place that way.

MS. GITTENS: Mental health services also includes substance abuse disorder treatment enhancement and maketheconnection.net is a service that allows veterans to connect with other veterans with mental health, and particularly, PTSD issues.

Okay. Housing assistance, Housing and Urban Development and Veteran Affairs Supportive Housing, otherwise known as HUD-VASH. HUD-VASH is a collaborative program where eligible homeless veterans receiving a housing choice rental voucher from HUD, paired with the VA providing case management and supportive services to sustain long-term housing stability.

This subscribes to the principles of the housing first model, so we would allow them to get the voucher first and then provide wraparound services if they want them.

Acquired Property for Homeless Veterans is a program that makes all properties the VA obtains through foreclosures on VA-insured mortgages available for sale to homeless provider organizations. The mortgages are offered at 20 to 50 percent discount based on how long the property has been in foreclosure.

Project CHALENG, which stands for Community Homelessness Assessment, Local Educations, and Networking Groups, has two components. It's a CHALENG survey in which participants rate the needs of homeless veterans in their community and CHALENG meetings, which encourage partnerships developed between VA and the community service providers.

The results of the CHALENG survey as used each year to develop new and unmet needs and encourage new partnerships. The grant per diem

program funds community-based agencies, transitional housing, or service centers for homeless veterans. Through the program each year, VA offers grants that may fund up to 65 percent of the cost to house that veteran.

Home Loan Guarantee is a VA benefit that guarantees the lender the if the veteran were to default on a home loan, VA will purchase the property, and as I've discussed before, if the veteran is at risk for foreclosure, we will attempt to work with the lender.

Employment assistance, we have several programs, compensated work therapy is a program comprised of three programs, sheltered workshop, transitional work, and supported employment. And we actually have hired folks in the regional offices under this program and they've become, you know, full-time employees through this program.

MS. CRENSHAW: And we just had an initiative that we worked too last year, where we worked with the transition office at DOL and the

support has all been -- and we had a pilot where we actually went and those veterans that were homeless, we actually were able to employ many of them through a pilot program and it worked pretty well, so we're going to probably try to see if we can replicate that, but that was a program to employ homeless veterans.

So once they get a home, that they have income to sustain them in that home.

MS. GITTENS: Okay. VRE, Vocational Rehabilitation and Education is a VBA program that provides rehabilitation and education assistance for veterans that have a service-connected disability that requires additional education or rehabilitation in order to go into a career that is different from the one that they were trained to do that their service-connected condition prevents them from currently doing.

GI Bill is a program that veterans can use to pay for tuition, fees, books, as well as housing allowance. The Homeless Veteran Community Employment Services coordinates efforts

between VA and non-VA employment programs, and we have an employment toolkit and employment information for employers to try to encourage folks in any manner of business to hire veterans first.

Okay. So where are homeless veterans? On a single night on January 2015, when we did a PIT count, there were 47,725 homeless veterans identified nationwide. California had the largest number of veterans experiencing homelessness, three other states had at least 2000 homeless veterans reported, Florida, New York, and Texas.

MS. CRENSHAW: And all of those are currently, I think, are where our full-time AVOCs are, right? Texas, I know --

MS. GITTENS: That's next slide or slide or two down. So this map shows the distribution of homeless veterans across the country. The darker ones, only two states had 6 percent or more of the homeless veteran population, and that's California and Florida.

The rest had up to 6 percent.

MEMBER SIMBERKOFF: Say that again.

MS. GITTENS: So there's only two states that had greater than 6 percent homeless veteran population.

MEMBER SIMBERKOFF: So is the denominator being all the veterans in a state?

MS. GITTENS: No, homeless veterans.

MS. CRENSHAW: Homeless veterans.

MS. GITTENS: So the largest share of --

MS. CRENSHAW: The ones that they counted during the PIT count, that's where they found the largest number of homeless veterans, in California and Florida, which would kind of stand to reason, it's warm climates. It's easier for them than in the colder climates, and that's not all the veterans in the state. That's just the ones that they counted during that PIT count in January. Those are the ones they find.

And I vary to say that, it's probably warmer in Florida and in California in January as

opposed to this year when we went out to do the PIT county, or when they actually did the PIT count, it's so cold, most of the veterans find shelter, so they're actually counting the veterans on the street.

MS. GITTENS: They count the unsheltered and sheltered veterans, so there's a breakdown of how many are in shelters, but yes, you're probably going to get more unsheltered veterans in the warmer states, I hope. I really hope. Let's go to the next slide.

So the good news is that the states with the highest share of homeless veterans from 2010 to 2015 look very different. So that map looked very different in 2010. There were 11 states that had over 15 percent of the homeless veterans accounted for and now there are only 6 that have above 3 percent, so the numbers have drastically decreased.

So Florida, California, Texas, Georgia, New York, and Oregon, so yes, Florida and California were among those.

MEMBER SIMBERKOFF: So I'm not sure I understand that. We have, what is it, it looks like at least ten states that are listed in 2010 -- 15 percent would be 150 percent.

MEMBER SAVOCA: Yes, so what's the denominator in this again? It's all homeless veterans in the country?

MS. GITTENS: Homeless veterans. Yes.

MEMBER SAVOCA: So ten states have above 15 percent share?

MEMBER SIMBERKOFF: Yes, but how could you have ten states that have 15 percent?

MEMBER SAVOCA: Or you mean in total, they have 15 percent share?

MS. GITTENS: Right. They have above 15 percent.

MS. CRENSHAW: 15 percent of their veterans in their states.

MEMBER SAVOCA: Oh, the denominator is the veterans in the state.

MS. CRENSHAW: 15 percent of the veterans in their state.

DR. VVEDENSKAYA: Each state has 100 percent of homeless veterans.

MEMBER SAVOCA: Okay. Got it.

MEMBER SIMBERKOFF: They're the veterans counted by how?

DR. VVEDENSKAYA: Each of the states, 15 percent --

MEMBER SAVOCA: State.

MS. CRENSHAW: So if the census population or the veteran population in Georgia is a certain number, 15 percent of those veterans in Georgia were homeless. And each state would vary percentage, even though you're taking the same percentage, the numbers were vary because of the number of total veterans in the state.

MEMBER SIMBERKOFF: Oh, I see.

MS. CRENSHAW: California is a big, big state, and so is Texas, so they're going to have, probably, a lot more than Oregon.

MEMBER SIMBERKOFF: But this includes veterans who receive no benefits whatsoever.

MS. CRENSHAW: Right.

MS. GITTENS: Right. Yes.

MEMBER SIMBERKOFF: So anybody who ever served would be included.

MS. CRENSHAW: Right.

MS. GITTENS: Regardless of whether or not they have --

MEMBER SIMBERKOFF: Okay.

MS. GITTENS: They're considered a veteran for VA purposes.

MEMBER SIMBERKOFF: And you get that data from the state?

MS. GITTENS: That's actually from HUD, from the PIT count.

MEMBER SIMBERKOFF: But how do you get the denominator?

MS. CRENSHAW: We know the number of veterans that reside in the state. That data is composed for census data, it's composed of the data that, how many veterans are in the -- that's usually census data, and then taking the number of veterans that each state says -- state that they have, when HUD go out and do their count,

how many of those veterans are homeless are counted, and then the percentage is derived from that.

MEMBER SIMBERKOFF: Okay.

MS. CRENSHAW: Is that clear?

MEMBER SIMBERKOFF: It's clear.

MS. CRENSHAW: I know I'm not the greatest person to --

MS. GITTENS: The HUD annual report goes into great detail about how they arrived at the percentages. I just thought that it was important to note that from 2010 to 2015, our numbers have decreased significantly.

MEMBER SAVOCA: Have the number of veterans risen?

MEMBER SIMBERKOFF: Well, the numbers have. That's true, but, you know, veteran number would be -- and you're sort of given that in this picture here, you know, the numbers of, you know, homeless veterans, and you've got, you know, say, like, Vermont, for example, which has only 119 with this.

MS. CRENSHAW: You know, what works for us, what we're doing, for my purposes as the director over this program is, when I see that change, because Congress came out and said, for those veterans, we have to establish those 20 full-time veteran coordinators, so there are only 20. That's very, very little when you talk about resources and resource allocation.

So the 20 were established in those regional offices that had the highest concentration of veterans. I would say, now, it's time we re-look at those states. Now, we do have full-time homeless veteran outreach coordinators in those regional office. Are they as needed in 2016 as they were in 2010 or do we now need to look at our resource allocation and put those resources somewhere else to start working on that?

So for me, the importance of those numbers, just from my operational purpose is, where do I allocate my resources now and this effort towards reaching out to the homeless

community.

MEMBER FAY: How much flexibility do you have to share personnel from, you know, low demand to high demand?

MS. CRENSHAW: Right now, I don't have any because they are bargaining unit employees and we have to negotiate that, but I will just say, my leaders are more onboard with resource allocation than they're not, so we just have to -- we're looking at this data now and we will, more than likely, re-shift our resources.

I feel 99.9 percent strong that those resources will be reallocated, because it doesn't make any sense to have a full-time HVOC in Boise, Idaho if there are no homeless veterans there.

MEMBER FAY: So how long does that take you? I mean, that's an obvious case.

MS. CRENSHAW: It's a discussion that we're having right now. We're having those discussions right now.

MEMBER FAY: So in the past, how easy --

MS. CRENSHAW: We've never done it.

MEMBER FAY: Never done it?

MS. CRENSHAW: We've never -- once those that are established in 2010 are the current operating ones. They're still the full-time HVOC. So what we did do is, in lieu of those 20 full-time HVOCs, we have HVCC, so there were only 20. Now, there's a homeless veteran claims coordinator in every office, and so we've put additional resources in the office other than the 20.

Those 20 are full-time and that's all they do is outreach. If I had my way, they'd all be doing full-time outreach, but I don't have my way and I'm not queen for a day. So what we did instead is, we did the next best thing, was to put a homeless veteran claims coordinator that can conduct outreach and process claims.

Now, I'm looking at resource allocation based upon the data, what do we do, where do we put our 20 full-time HVOCs?

MEMBER FAY: So I hear your

challenges, right, but just --

MS. CRENSHAW: It won't happen tomorrow.

MEMBER FAY: Right. So coming from outside VA, outside the government, that's a hard message for me to hear, that you can't allocate your personal resources to where --

MS. CRENSHAW: They're not my resources.

MEMBER FAY: But the VA doesn't allocate its resources quickly to where the demand is.

MS. CRENSHAW: Well, you have to think about the way the government's structured. So we're talking about employees --

MEMBER FAY: Right. I understand that, I'm just saying, from an observer standpoint, that's an issue that needs to change because that's the way the world is.

MS. CRENSHAW: You're absolutely right. We are talking about --

MEMBER SIMBERKOFF: No argument.

MS. CRENSHAW: Yes, you get no argument from us.

MEMBER FAY: Okay. I don't know if we can have an impact on those things, but as an advisor, I'd say that it's a strategic issue there, is you should have a lot more flexibility in the VA to transfer your people, your personnel, to where the demands are.

MS. CRENSHAW: I do think that -- so from my standpoint, from my operational standpoint, I don't have them because they're not my employees.

MEMBER FAY: Right. I understand that.

MS. CRENSHAW: So if they were my employees I could move them around.

MEMBER FAY: They're the regions employees.

MS. CRENSHAW: There are 20 employees that belong to 20 different directors, and so that's a discussion that's taking place, so it will --

MEMBER FAY: Right.

DR. VVEDENSKAYA: And what General Fay is trying to say is, Ms. Crenshaw, if you need our help --

MS. CRENSHAW: Oh, I understand.

DR. VVEDENSKAYA: -- we'll be happy to provide the Secretary with recommendations --

MEMBER FAY: Thank you for diplomizing and stating my position. That's exactly right.

MS. GITTENS: I think I did highlight some of those too in my challenges and recommendations, so it's good to know. I know we're over time.

MEMBER BROWNE: In their special programs, they all have outreach coordinators. Are those some of the outreach coordinators that would be assigned to your program to do the various kinds of outreach?

MS. CRENSHAW: Yes, ma'am.

MEMBER BROWNE: So it's not, you have outreach coordinators in each of the special programs like, you know, women veteran and --

MS. CRENSHAW: So some of them are the same coordinator, so because the outreach coordinators do these -- so when I opened up the thing I showed you all of the special emphasis, where homeless being one of our biggest ones and one of our most important ones because they cause all of those special emphasis programs.

The coordinators in the field in our 58 regional offices are collateral duty. Homeless, being noted, are the only full-time coordinators that we actually have. The other coordinator duties are all collateral duties, in addition to being a rater, in addition to being a veteran service representative, they have that as part of their collateral duty.

And so from my standpoint --

MEMBER BROWNE: Well, if the collateral duty is, say, for instance, it comes out of the special program of minority veterans, and again, I have no idea of what percentage of your homeless veterans are minority veterans, perhaps having those coordinators from that

program to spend extra time in the homeless --

MS. CRENSHAW: They actually do. So a lot of them are the same. So there are 20 full-time homeless coordinators, so now looking at the other 36 are collateral, so those may be homeless coordinators, minority coordinators, or they may be homeless and women, they may be homeless and elderly, they may wear many hats, and all of the coordinators from our standpoint within the Benefits Assistance Service, we have them work together because we have oversight for all of them, so they do a lot of their outreach overlap.

They do a lot of their stand downs and their town hall, they work jointly together so that -- because we encourage that in them. We kind of have oversight for that.

MEMBER ROBERTS: I'm trying to wrap my brain around the magnitude of the problem. I had asked her earlier how many homeless veterans are there, and I noticed you said one night in January, January '15, 47,725, which is a snapshot

in time, but do you have an actual number over a period of time about how many homeless veterans there are in the country?

MS. CRENSHAW: That's the number that we get from HUD. That's the number that everyone operates off of. If you're saying, do they have real-time numbers? I would probably say no, because the number that they're operating off is that number that is the official number that they get from the point-in-time count.

I would also venture to say, in real time, that changes daily, and so that's where they get that number from.

MEMBER ROBERTS: Yes, I was just trying to get an average number, but one night, not necessarily --

MS. GITTENS: Think of it like a census, so when we do a census, that's what we get. We get a snapshot of the demographics for a point in time, so that's our homeless census.

MS. CRENSHAW: I have no idea why January. It is what HUD has. That's the day

that they pick. And they do it across the nation during that time in January and I don't think it's just that night in January. I do think, because there are different nights within January across the country, but it is done in January.

I don't think everybody has the exact same night.

MS. GITTENS: No, they don't.

MS. CRENSHAW: They do have different times in January, but for each demographic location, they go out and they count the homeless, and then those numbers are rolled up.

MEMBER SIMBERKOFF: So how do you get at the homeless?

MS. CRENSHAW: You go out and you physically count them. If you've participated -- my staff goes out, and we get a lot of volunteers, the Secretary goes out, senior leaders go out, and they really physically go out and count them under the bridge, wherever they're at. We go and find them.

MEMBER GRANGER: The same thing in

Denver.

MS. CRENSHAW: Yes, you just go out and you find them. If you're walking the streets of D.C., you see them quite often. I used to get a $20 bill on every pay period and walk from the Metro station to here, and my -- because, you know, people are always asking for money, so my thing is that, once that was gone, during that pay period, it was gone, but I would give that money away. And I know a lot of people think I don't give money away, but I mean, I blow $20, so it was no big deal to me, and everybody didn't have to buy hot chocolate.

But if you walk in and around D.C. at any given time, you'll see the homeless. And so when we go out and count them, we're counting those and wherever they're at in the city, and we don't just do this, we go out to -- they go to Maryland, they go to all of the cities have a point-in-time count, and they try to find, physically, as many as they possibly can on the street.

MEMBER BROWNE: In your transitional housing program, is it still a requirement that you provide associated programs like substance abuse, and et cetera, et cetera, if they're --

MS. CRENSHAW: It's actually not in our program. It's actually VHA, so I don't know all of the requirements for it.

MEMBER SIMBERKOFF: The answer is yes.

MEMBER BROWNE: Okay.

MEMBER ROBERTS: Is homelessness considered a service-connected disability?

MS. CRENSHAW: No, it's not. It's a state of life. Although there are many that have service-connected disabilities that are homeless and a lot of mental issues.

MEMBER SIMBERKOFF: One of the things that we talked about in the past meetings is, you know, to try to accelerate, and if it's for people being discharged from the military because often, you know, they exhaust the limited funds they have if they can't get a job, you know, immediately upon discharge.

MS. CRENSHAW: Right. And that's why we're working with the -- for the transition piece, remember, I talked about it's very important that preventive part, not just wait until they become homeless, but when they're transitioning, to have those conversations. It's incumbent upon the commanders to have those conversations, to have their leaders have those conversations, with the service members, and I'm Army, so I have a tendency to say soldier, but to have those conversations and to make sure that these conversations are happening, that they have actual plans for them getting out.

The Soldier for Life program is one of the programs I know that they are really honing in on that, those transitional from phase 1 to the time that they actually get out of the military to ensure that this is not happening. I think more emphasis is on it now than in the past.

MEMBER ROBERTS: I assume you do know what percentage of these military people are the

results of mental disability and the other kinds of disability versus someone who's just down on his luck.

MS. CRENSHAW: We can get -- we know the number of people that are service connected. If they're in our system, we can pull data and get that. I don't know it offhand, but there's certainly data that can be pulled to say how many service members have PTSD, you know, how many of those -- but we can get that kind of data. Am I right?

CHAIRMAN MARTIN: For the committee's comparison, Lisa Pape briefed us in June of 2014 and she told us at that time that she 2013 point-in-time numbers that showed 57,849 homeless veterans as opposed to the 47,000 now.

MS. GITTENS: Which was in January of 2015, so that's --

CHAIRMAN MARTIN: Two years.

MS. CRENSHAW: A big reduction.

CHAIRMAN MARTIN: It's about 10,000 difference in two years. When do the 2016

numbers become available?

MS. CRENSHAW: They should -- we just did the point-in-time count, so it won't be in to the end. Usually they come out, like, in August, by the time they wrap them up, in the time that I've been employed and working with the homeless, we've completed it in January of this year, so we won't get those numbers until later some time. In the summer, usually, they come out.

DR. VVEDENSKAYA: We can have that data available, probably, for our December meeting.

MS. CRENSHAW: You'll definitely have the data before then.

DR. VVEDENSKAYA: Or September.

MEMBER ROBERTS: Will the next point-in-time be January of 2016?

MS. CRENSHAW: January 2017.

MEMBER ROBERTS: '17. Okay.

MS. CRENSHAW: We just did one and it was really cold.

MEMBER SIMBERKOFF: Was it on the

15th? I don't remember.

MS. CRENSHAW: Some of them was canceled because we had that ice here, they canceled it because they did the -- I think we had the storm or we were --

MS. GITTENS: Yes.

MS. CRENSHAW: It was a real bad -- the blizzard came through.

MEMBER GRANGER: It was cold nationwide, though, in that period.

MS. GITTENS: It always is.

CHAIRMAN MARTIN: Anything in your last three slides that you would like to highlight for us?

MS. GITTENS: Some of the challenges as far as claims completion, coordination with multiple competing business lines, no --

DR. VVEDENSKAYA: Next slide or is this the slide?

MS. GITTENS: Yes, it's on the next slide.

MS. CRENSHAW: We're not going to

focus on that.

MS. GITTENS: Okay.

MS. CRENSHAW: That's internal stuff. They don't need to --

MS. GITTENS: Okay. So no, nothing that we need to --

CHAIRMAN MARTIN: Obviously, the topic has generated a lot of interest and --

MEMBER SIMBERKOFF: Yes.

CHAIRMAN MARTIN: So I appreciate you both taking all the questions.

MS. CRENSHAW: You know, I just want you guys to know that it's a big issue for us, and certainly for me, like I said, it's one of my major programs, so it's a program that I have a lot of empathy for. I feel, as a veteran, that there should be no veterans in this country, I don't feel that in America, anybody should be on the street, so veteran or not, but definitely for a veteran that has served this country and paid those dues, I definitely -- so we really work at it.

I don't think there is any homeless event that we don't try to support. We work with a lot of non-profit organizations, particularly when it comes to come of our women veterans, women with children, because a lot of the shelters do not allow the kids of a certain age, for instance, I had a young lady that, she had two kids, a son and a daughter, her son was kind of big, I would say, he was only 13, but he was, like, 6-feet and really big, so the shelter just on looks, they were like, you can't be in here. He's too big.

And so she had to make a choice of being separated from her child, who is 13, and sending him to a male adult shelter by himself while she and her daughter go in another. So those are the heartbreaking things that we really have to work on, and so we really work with the -- so resources, we need all the resources we can to deal with that.

And VHA, I do applaud them because Lisa Pape, she's my hero, they do an excellent

job in what they do, but there's just not enough resources to go around to combat the problem, but we do thank you for allowing us to come and brief the committee, and you can invite us back.

CHAIRMAN MARTIN: Thank you very much. Okay. Any other input before we break here? Thank you. We appreciate it. Okay. Why don't we take about a five-minute break and then we'll come back and public comments.

(Whereupon, the foregoing matter went off the record at 3:13 p.m. and went back on the record at 3:22 p.m.)

MS. MOSES: Good afternoon. I just wanted to provide you guys with an update. I did get some feedback from the Office of Transition Employment and Economic Impact, and they're the group that does the TAP briefings, and what I said, you know, is the information presented in the TAP briefing applicable to the Guard and Reserve, and they did confirm.

And then also, she relayed that they're providing briefings specific to Reserve

populations. And thus far, they've gone to eight different locations and I've asked for additional information as to if they plan on continuing this, and the frequency, so I can get all that information to you.

I can probably just email you the list instead of me trying to --

DR. VVEDENSKAYA: Yes, and then we'll forward it to our committee members.

MS. MOSES: Yes. So just FYI.

MEMBER ROBERTS: Can I ask you another question?

MS. MOSES: Oh, I'm sorry. Sure.

MEMBER ROBERTS: I never heard you or anyone else say anything about the commission core of the United States Public Health Service and they serve in combat zones, and wear the uniform, and so forth, are they considered under the veterans program?

MS. MOSES: No.

MEMBER ROBERTS: You and I were talking about that.

MEMBER SIMBERKOFF: The Yellow Berets.

MEMBER GRANGER: What about NOAA? They're a uniformed service too.

MS. MOSES: They are.

MEMBER GRANGER: That's what I thought.

MS. MOSES: I don't know that. I would have to look back. Right now, I would say no.

MEMBER SIMBERKOFF: National Oceanic --

MEMBER GRANGER: That's right. Yes, they're a uniformed service.

MEMBER ROBERTS: But not for --

MEMBER GRANGER: No, there are certain uniformed services that are covered by federal statute.

CHAIRMAN MARTIN: But versus Coast Guard is under TSA.

MEMBER GRANGER: But Coast Guard is covered too.

MS. MOSES: Coast Guard's covered.

MEMBER GRANGER: Coast Guard is covered. Yes. NOAA's a uniformed service as well as the Public Health Service.

CHAIRMAN MARTIN: And to whom does NOAA belong?

MEMBER GRANGER: NOAA belongs, probably, on the EPA. It's just, a lot of people don't think about it, but they are a uniformed service, so we provide them TRICARE benefits too.

MEMBER SIMBERKOFF: But they don't get veterans benefits.

MEMBER GRANGER: The Public Health Service?

MEMBER SIMBERKOFF: No, NOAA.

MEMBER GRANGER: NOAA.

MEMBER SIMBERKOFF: I know the Public Health Service doesn't.

MEMBER GRANGER: You might want to check into it.

MS. MOSES: Yes. I'll look into it.

MEMBER GRANGER: Why don't you look into it.

MS. MOSES: I'll look into it.

MEMBER ROBERTS: They do in combat situations.

MEMBER GRANGER: Yes, because we had a small environmental unit, they helped for the healthcare of those who were taking care of the oil fields when they were burning in Iraq. They were Public Health Service officers.

MEMBER SIMBERKOFF: But they might be under special law.

MEMBER GRANGER: They're under special law, but you might want to look to see and make sure for the education of all of us.

MS. MOSES: Okay.

MEMBER GRANGER: I know we take care of their healthcare from a TRICARE network perspective.

MEMBER SIMBERKOFF: But the question is, you know, are they eligible for veterans benefits when they --

MEMBER GRANGER: The question is, of one of seven uniformed services, are they

eligible for benefits from the Department of Veterans Affairs.

CHAIRMAN MARTIN: Same question for the Coast Guard.

MEMBER SIMBERKOFF: Coast Guard are because usually I've taken care of them.

MEMBER GRANGER: I've done Coast Guard exams myself.

MEMBER SIMBERKOFF: And I've taken care of Coast Guard individuals.

MEMBER GRANGER: Yes, I've done Coast Guard too.

MEMBER SIMBERKOFF: So I know they're carried in the system.

MS. MOSES: Right.

CHAIRMAN MARTIN: I want to thank you so much for telling us. Okay. At this time I'd like to invite any members of the public who would like to address the committee and bring any issues forward to please let us know. Within the room first. Thank you for attending. The public is also invited to submit written comment and Dr.

V sent out to you a written comment submitted for us to read into the record, and I will read that verbatim into the record.

This public comment is from Camella George and it was submitted by email. It says, "For public comment, I would like to make the committee aware of the effects on veterans of many of the cookie-cutter, one-size-fits-all, approach to evaluating some medical conditions within the Live Manual VBA raters use."

"Such an example, which has affected my husband, who is a U.S. Embassy veteran, is below. Although shin splints aren't on the rating schedule, this tells them what to rate and it leaves out the option for it being tied to foot when my husband's podiatrist says his shin splints are caused by his feet and plantar fasciitis."

"Beyond that, there's a gap in logic and reality between Steps 3 and 4. Step 3 says, determine if the shin splints affect the knee or ankle and then go to Step 4, but what if it

affects neither the knee or ankle, as in my husband's case? It gives no direction what to do in that regard. If it doesn't affect or involve the knee or ankle, why would you then combine it into a single evaluation with other conditions involving those joints?"

"In my husband's case, he had a separate left-knee injury of a bucket handle meniscus tear, but the VA says they can't rate both because it would be pyramiding, when, in his records, it's two separate conditions. His shin splints, as shown in his medical record, don't affect his knees, but under this guidance, it leaves no option for such a case."

"Why is a condition that isn't on the rating schedule forced into one D.C. code when it has possible other manifestations and can be caused by the feet? Cookie-cutter approaches to conditions not on the schedule, like the one below, shortchange veterans and need to be corrected."

"Why on foot conditions DBQ is there

no place for the examiner to note shin splints? Why is it only the knee and ankle DBQ?" And then she's attached what appears to be a screenshot of the Live Manual VBA rating schedule, or evaluation schedule, for evaluating shin splints. Thanks.

MEMBER SIMBERKOFF: You refer her to the meniscus health thing for, you know, possible change. I mean, she's right, you know, but we're not the experts, they are, and they should, you know, take it under advisement.

MEMBER GRANGER: Right. I would concur.

DR. VVEDENSKAYA: And as we remember, the charter of our committee, our committee is tasked to advise the Secretary on the programmatic level. This committee does not address individual veterans rating problems or requests, however, we will keep it on the record and therefore, we did our due diligence and we made this veteran's spouse comment a part of an official record.

MEMBER SIMBERKOFF: But can't we, you know, we get updates from Nick and, you know, others, you know, periodically about, you know, the progress of the, you know, systems reviews, the VASRD, and, you know, so this would seem to be something that, if it hasn't already been considered by the musculoskeletal VASRD, you know, it should certainly be referred back to them.

DR. VVEDENSKAYA: Well, this particular request, or this particular comment, addresses the past way of rating decision, and it addresses the shortcomings of the electronic system, which our program does not relate to, and this is not really about the rating schedule, but rather, the rating process.

We do have a mechanism of addressing this particular problem in the rating, but --

MEMBER SIMBERKOFF: Well, it says that shin splints aren't on the rating schedule.

DR. VVEDENSKAYA: Yes, but there are other things on the rating schedule which are

more general in nature, which covers the affected area, and tries to identify the disability level based on functional impairment. Our rating schedule, unlike ICD-10, is not as granular because we do not need to have every condition as a diagnostic code.

Our diagnostic codes, on a best day, are more general in nature and are based on the level of functional impairment due to certain condition, or groups of conditions, or conditions which arise from the impairment in certain anatomic area. It's why we do not have every single diagnosis as a diagnostic code.

And we can have this discussion in more detail when I will give you an update on VA rating schedule, review and update, however, as it pertains to this public comment, it more related to the rating process, the electronic system which is used to enhance rating process, and the absence of a particular diagnosis on a rating schedule does not mean that that condition is not rated.

MEMBER SAVOCA: So do you have an idea of where it would come under, under the code?

DR. VVEDENSKAYA: We have musculoskeletal system, which is one of the 15 systems, has several subsections which are anatomical regions.

MEMBER GRANGER: But her comment said, determine musculoskeletal, she said on the foot conditions DBQ, there's no place where you talk about foot as it relates to the shin splints.

DR. VVEDENSKAYA: There is a space, which is called remarks, and there are fields in every DBQ which the examining healthcare professional can make any note which are missing from the body of the DBQ, because DBQ, it has to use only the language of regulation, which is imperfect and lacking certain medical sense.

It's why, while designing DBQs, we didn't want to take away an opinion from the examining physician, or nurse practitioner, or any other who is -- it's why there is always a place on every DBQ where it can be noted whatever

is lacking in checkboxes.

MEMBER FAY: So this particular person doesn't seem to know that, essentially, right?

MEMBER SIMBERKOFF: So shouldn't we send a letter to --

MEMBER BROWNE: I just thought a letter should get back to that person.

MEMBER SIMBERKOFF: To her, I mean, honestly --

MEMBER BROWNE: Referring her to the proper place for her to address that issue. It's not this committee.

MEMBER SIMBERKOFF: Right. So I mean, part of the thing of improving patient or customer satisfaction is, you know, even if you, you know, know something, you know, you want to make sure that the person who sent this letter, you know, ensures that we're not ignoring her and that we're, you know, taking her seriously, and that, you know, the people who do the DBQs, you know, have a way of dealing with this issue.

MEMBER GRANGER: Right. And if this

was one of our internal podiatrists to the VHA, he or she may not be aware they can put those comments in the remarks.

MEMBER SIMBERKOFF: Yes. Well, it's actually not usually podiatrists that do this, but, you know, people who do more general orthopedic evaluations.

DR. VVEDENSKAYA: I would be happy to respond to the veteran via email.

MEMBER FAY: Okay.

DR. VVEDENSKAYA: Directing her to communicate with her regional office because as far as I know, my experience with regional office as a non-veteran, I saw the workflow and everybody is accessible by phone, and they are really -- they talk to the veterans. And perhaps there is some misunderstanding on the part of this spouse, that's why we can figure out which --

MEMBER FAY: Yes. I get that part, and I don't disagree with it, but your explanation of how the process worked and the

fact that there is a body in there, she doesn't know, and I think we should tell -- or this committee should tell her that.

DR. VVEDENSKAYA: It's not this committee's --

MEMBER FAY: Not this committee's job to tell her that?

DR. VVEDENSKAYA: Yes, because if this committee would start addressing individual veterans --

MEMBER FAY: No, no, we're not --

DR. VVEDENSKAYA: -- we'll have a ton of them by next meeting.

MEMBER FAY: No, she stated that there was a systemic flow. Our position is, there is not a systemic flow. In fact, there is a proviso for a remarks section where comments like this one could have gone, had the individual that's making the rating, decided to put them in there.

Now, whether or not they did or should have, that's back to the regional, which we could refer her, but as far as the systemic flow, we've

analyzed it and we don't believe there is a system flow. I'm just stating what I believe I heard from you.

DR. VVEDENSKAYA: Yes.

MEMBER FAY: And I think everybody else is agreeing with that, and I think that's what the letter should say, not that we're just referring this back.

MEMBER GRANGER: Or email.

MEMBER FAY: Or email.

DR. VVEDENSKAYA: Yes. We'll put together a response, which I will send directly to the veteran, and then I will forward you my response to the veteran because I, obviously, would not be putting committee's members' emails on the copy.

MEMBER FAY: Okay.

CHAIRMAN MARTIN: One of the questions that the committee could look at was, is the Live Manual online update defective in some way or did it not carry forth accurate information from the manual, the hard copy of the manual, but in fact,

we have received, now, two updates in the last year from Lucas Tickner and Aimee Benson on the Live VA Manual, and they were very, very quick to say that the content integration was complete.

And not only that, they go back in and make all the current changes, and amendments, and things in the Live Manual instead of, you know, waiting for the addendum page to come out, and then try to figure out where it goes, and take out the old page, so it's a good product, which they seem to have complete faith in, and the chances of there being an abnormal section in that are very small at this point, since they've been doing, now, two iterations of scrubbing it.

Again, the committee is focused more on broad systems and the rating schedule and the way it affects everybody as opposed to individuals. However, I know exactly where you're coming from, and I feel the same way, that we need to somehow close that loop and get some feedback back so they don't think that they're speaking into a --

MEMBER SIMBERKOFF: It's part of the Secretary's 12 goals.

MEMBER GRANGER: It is.

CHAIRMAN MARTIN: We'll see.

MEMBER GRANGER: It's out there on the roving board out there.

CHAIRMAN MARTIN: Okay. Barring any other comments, Tim or Hal, any comments about the public comment or any other issues at this point you want to discuss?

MEMBER LOWENBERG: No comment from me. Thank you.

MEMBER BIRD: No comment from Hal, but I do have a question about the last briefing that I didn't get to, but I'll wait for that part of it; the deliberation.

CHAIRMAN MARTIN: Okay. All right. Okay. Barring any other further public comments, we will now change hats and go into our deliberations. And, you know, during this time, the committee has the ability to range widely over any of the topics that we've been involved

with or concerned about.

We do have some further updates coming tomorrow that, you know, may encompass some of the questions we'll be asking, like, what happened in 2014 biannual review? What happened in the interim review last year? Where are we with MyVA? Some things like that that we'll talk about tomorrow, but as of today, and looking back, what comments, what areas, would committee members think we should be discussing as a body?

I think it's important for two of you to get with the librarian and see if you can get the online VA library access that Ashley came and did that for us at the last meeting. That's very helpful.

MEMBER GRANGER: Okay. We need to arrange that while we're here or just do it by email?

DR. VVEDENSKAYA: What I can do is, after we adjourn today, I'll make a call to her and see if she can work with you tomorrow on this login information.

MEMBER GRANGER: Okay.

CHAIRMAN MARTIN: As long as, like, you didn't have a CAC card or you didn't have a VA I.D., there was no way to get in, but they have actually figured it out so that we can access the VA Web site with your home computer.

DR. VVEDENSKAYA: With your non-VA email because our VA email usually acts like an I.D., but it looks like she --

CHAIRMAN MARTIN: Right. Super secret --

DR. VVEDENSKAYA: Yes.

MEMBER GRANGER: Okay.

DR. VVEDENSKAYA: And also, as she mentioned, and the rest of the committee members are aware, and you can talk to her via email or even on the phone, she's super friendly, you can put yourself on the daily or weekly alerts on all the pullouts of information which pertain to this or that subject, and the list of subjects, which they have these pools, is on the VA library Web site, and she'll guide you to that page where you

can choose which alerts you would like to receive.

I receive about, you know, ten of them on different subjects, and it's -- I just get them every day because some information which might be useful for what I do, and the same thing for if you want to learn a little bit more about certain programs or be abreast on what's happening now.

MEMBER GRANGER: Okay.

CHAIRMAN MARTIN: Dr. V, maybe you can summarize in a few words what's happened over the last two years with the VASRD and the big scrub with VASRD. What's going on with it?

DR. VVEDENSKAYA: All right. VASRD stands for VA Rating Schedule for Disabilities. Sorry, I don't have a slide super handy. In, actually, 2008, the decision was made to comprehensively review and update the whole schedule. It was never done before as the whole schedule, which has 15 body systems, and the decision was made that the time had come to

review it all together, not in bits and pieces, because all parts of the rating schedule connect with each other, one way or another.

The merit of reviewing the whole rating schedule was August. And then in 2010, in August, four of us physicians were hired to begin this review. And that's what we did since 2010. We reviewed all 15 systems. For each system, a workgroup containing subject matter experts in this or that area of medicine were recruited from VG, from academia, within, I'm sorry, VA, and also a rating specialist or two, sometimes, were assigned to the workgroup, and usually an attorney.

This way, as we review it medically, we were seeking guidance on what are other implications of things we change because the rating schedule is not ICD. It's a medical legal document. It has more general approach to medical conditions than clinical guidelines, and it is supposed to be based on the functional impairment due to various medical and mental

conditions.

And whatever is missing from a whole person, because it's lost to disability, we're supposed to compensate for that loss of function. And the statute says that we're supposed to compensate for that loss of function based on average loss of earned income.

That's why it's both medical, legal, and somewhat healthcare economics based compensation. Over the years, the rating schedule was revised several times, probably about five or six times, since the beginning of -- since 1920s, and several studies were done within the last 20 years which examined the accuracy of our compensation.

They were done by RAND, they were done by U.S. Naval -- Dr. Simberkoff, I forgot the name of the organization. Center for Naval Analysis and another one, yes, and all of the studies -- the studies, these econometric studies, they didn't really analyze the whole schedule, they analyzed the bits and pieces of

schedule.

And some of the studies were done based on VA request to study this. It's why by 2008, or maybe even earlier, it was clear that we have to revise it because terminology changed, clinical guidelines changed, we have a whole array of interventions which can alleviate certain disabilities or prevent certain disabilities from happening, and that's what we did, what we are doing since 2010.

By now, all 15 systems were revised. Six body systems were published in the Federal Register as a proposed rule and the rest of the systems are still going through the VA concurrence. The way it works with regulations, because VA Schedule for Rating Disabilities is a regulation, which interprets the statute, which tells us to compensate based on average loss of earned income.

The regulations are drafted, which is my job, based on the recommendation of the workgroup and subject matter experts. I draft

the regulation, which is a medical legal document, and then I work for compensation service. And then it goes through the concurrence within the compensation service.

Then it leaves compensation service and goes to the Office of Under Secretary for Benefits. And then from the Under Secretary for Benefits Office, it goes through federal concurrence at the Office of General Counsel at the VHA, SSA, National Institutes of Health, and HHS provide complementary concurrence.

And then after the Office of General Counsel concurs, it moves to the Chief of Staff and the Secretary. As soon as the Secretary approves the regulation -- oh, yes, there is a stop at the OMB, which takes a look at how much this regulation will cost us, and the cost, to simplify, includes the change in compensation for veterans, based on number of veterans, levels, and disability.

The cost includes the price of the program update and, you know, you have to train

people, you have to change the electronic system, and so on, and so forth. And once it clears OMB, it goes to the Secretary. And once the Secretary approves it, we can publish it in the Federal Register as a proposed rule.

After we publish it as a proposed rule, the public has 60 days of comment period and the comment on the proposed rule, those comments are coming into the hub, which is housed by OGC, Office of General Counsel, and it comes to the drafter. My regulation comments come to me, other regulation comments come to the physician who drafted those regulations.

And then it takes us, depending on the gravity of comments, then it takes about three months for us to draft final regulation, which goes through the same concurrence process as I outlined for the proposed rule.

On average, the timeline between me finishing drafting and it being published in the Federal Register is four to five years. It takes about a year or year and ten months, maybe a year

and a half, the musculoskeletal was the largest system, and it took the most time to review. I had 16 orthopedists from different parts of the body working with me for a year and a half. It was a difficult system to review because there are some other things which you cannot do; you cannot change the number and you cannot insert certain things.

That's why it's not only a medicine, it's not only legal stuff, it's also office of stuff, which nobody's aware until you start working on it, but basically, the regulation is ready, by medical standards, in about a year after we start working on it, but it takes another, almost five years, for it to be published as a proposed rule.

It is why if you -- we can use your help in probably optimizing the concurrence process within the VBA and VA because it is very important for our regulations for the VA rating schedule for these regulations to be published on time. It is medicine. It is science. Certain

things get outdated.

And as much as we try to use -- we have to use lay language, and we approach conditions from the point of functional impairment, meaning we try not to tie it too much to scientific markers which might change in time.

You know, if you have a limp, you just have a limp and for us, it doesn't matter if you're limping because your knee hurts, or your ankle hurts, or your hip hurts, or maybe it's your back, or maybe you had a stroke and that's why you're limping. Functional impairment is the cornerstone of what we are trying to tie to.

However, even with our wish to untie it from exact scientific markers, it still can be outdated, particularly, I have two hematologists, oncologists here, how often do you revise your guidelines? Probably every six months. And it is why, you know, we're working very hard here. There are medical officers who are in charge of different systems.

We have fantastic support of our

attorneys and rating specialists who are helping us to write good regulations, which are easy to apply, for lay people, in regional offices, which makes sense when it's translated into the disability benefits questionnaires for medical professionals to interpret right there on the spot without calling regional office asking if you say this, does it mean that?

That's what we're trying. Easier to interpret language which is based on current medical science and terminology. However, again, with the lengthy concurrence, ages concurrence, process, it is difficult to implement current knowledge.

MEMBER FAY: So how much does the Secretary, Honorable McDonald, right, how much is he aware of this? I mean, he comes from Proctor & Gamble, right? Corporate America, went through business process re-engineering 20 years ago. I'm sure Proctor & Gamble did that, just like every other major corporation.

What you've outlined to us is a

Harvard business review case for the crying need for a business process re-engineering, but in order for that to happen, your chief executive, whoever that is, has to be the chief sponsor of a change like that, and has to start with culture. Every one of those programs that failed, and most of them did fail, failed because the organization did not address the culture issue first.

So I mean, I'm the newcomer. This is my first day here. What's the culture like here? Is Secretary McDonald sponsoring a cultural change in the organization focused on what you clearly lined up as a broken system?

DR. VVEDENSKAYA: I do believe Secretary McDonald is in the intense process of re-engineering the culture, to include the processes, and hopefully we'll have a clear picture, clearer picture, tomorrow because MyVA is Secretary McDonald's new initiative which is geared solely at changing the culture.

I personally did not have a chance to meet the Secretary and cannot talk personally

about his feelings, but I believe Secretary Shinseki put VASRD update as, probably, Number 2 after exterminating the homelessness, and when we started it, it was very robust, dynamic process, but we have competing priorities, and we would like to enhance the concurrence, VA, VBA concurrence, system process for, particularly, VASRD regulations, because they are --

MEMBER FAY: Well, it sounds like something should be done in less than a year and it's taking five years?

DR. VVEDENSKAYA: -- perishable and they are much needed.

MEMBER SIMBERKOFF: I mean, part of the problem, I don't disagree, but part of the problem is that you're dealing with a system where the number of concurrences, and reviews, and publications, and, you know, requirements, for example, a notice, are enormous. I can tell you that the particular group that I was a part of, which was infectious disease, we finished our work in a relatively short period of time.

But it's taken, you know, several years thereafter, you know, to get this done. And honestly, I don't think it's something that an individual Secretary can fix because it's part of the government, and I honestly think --

DR. VVEDENSKAYA: It's part of the transparency.

MEMBER SIMBERKOFF: Yes. I honestly think that Secretary Shinseki tried very hard.

DR. VVEDENSKAYA: Very hard.

MEMBER FAY: I do not know McDonald, you know, I just read about him, and General Shinseki, I didn't work directly for him, but I was at the Pentagon when he was there, right? So I would believe that General Shinseki would have --

DR. VVEDENSKAYA: Priority.

MEMBER FAY: Yes, would have done that type of thing and starting with the culture issue.

MEMBER GRANGER: But I want to make sure I understand this now. You said this has

been going on since 2008?

DR. VVEDENSKAYA: Well, let's say that, well, truly, since August 2010. That's when we were hired.

MEMBER GRANGER: Okay, '10. I'll give us two years. I come from DoD where I had to, with a team of people, rewrite an entire retention regulation for the Army. This is how long, these are the things, we can recruit you and retain you based on Department of Defense putting out new retention standards and guidance, and that was done within a year.

I mean, there were guidelines laid out, this must be reviewed by this, this, this, this. If there are no timelines put when things should be reviewed or concurred, then it takes the default of a no-timeline period.

MEMBER FAY: You have five days to review or it is assumed that you concur.

MEMBER GRANGER: That's exactly right. You concur.

MEMBER FAY: And that's the way these

issues are done in a year.

MEMBER GRANGER: That's a policy now.

DR. VVEDENSKAYA: I believe you. That's how medicine works.

MEMBER GRANGER: That's in policy, but if there's not a policy on internal concurrence and review within Department of Veterans Affairs, then they're going to default to what they think is their own policy. This is my other duty that's assigned to me, but it has to be in black and white. This is the time you must concur and non-concur or it's assumed.

And we send this out to the entire world with DoD. We send it out to commanders in Europe, Asia, all around the world, commanders, and say, here's your timeline, you must concur and non-concur with comments. If there's not a document, if there's not a staffing document, that exists within Department of Veterans Affairs, this is what you'll get.

This is how you staff a document, go from a policy to a regulation, an update. That's

it.

DR. VVEDENSKAYA: I concur with you.

MEMBER GRANGER: So it doesn't exist then. There's not a document that tells you to do that.

DR. VVEDENSKAYA: I'm not aware of any document.

MEMBER GRANGER: See, that's the issue.

(Simultaneous speaking)

MEMBER SIMBERKOFF: You know, to say that it's the cause -- so to be honest, I work for the Secretary, and the culture is what the culture is. General Shinseki tried very hard to change it, but we're talking about the cost of the nation. You know, every time you change a rating disability, you know, possibly, millions or even billions of dollars, and I'm not saying that DoD isn't, you know, responsible for enormously important things, but, you know, it's not how you're doling out taxpayer dollars --

MEMBER GRANGER: Well, it's not

different. We have to change this in order to do a medical evaluation for retention. It's not different.

MEMBER BROWNE: The one hold up seems to be OMB that takes the longest time.

(Simultaneous speaking)

DR. VVEDENSKAYA: No, it's VA concurrence.

MEMBER FAY: And before you go to OMB, you got to make sure that the Veterans Administration is totally in synch and you can do it in 90 days or whatever the right time is.

MEMBER GRANGER: Yes, we have to put this out to public comments too.

MEMBER FAY: And then you can work on, what do we need to do to move OMB?

MEMBER GRANGER: I don't think it's OMB, because we have to send all this to -- the way the Federal Government works is no different. Every agency must send it to OMB. OMB has timelines they must respond, so the question is, are there internal timelines? No, so that's the

answer then. Culture or not.

MEMBER FAY: And if it is too expensive and the country can't afford it, at least you've tried and you have an answer to that, right?

MEMBER GRANGER: That's to let the country decide. That's to let the 535 on their Board of Directors to decide.

MEMBER SIMBERKOFF: Well, they critique every step of the way.

MEMBER GRANGER: But that's okay then. But again, let them do that, that's their responsibility, but say we can't it out of here, that's an internal issue.

MEMBER SIMBERKOFF: They've been overseeing this process. It's not that they're not aware of it.

MEMBER FAY: I'm sorry. I lost it. Who's the they?

MEMBER SIMBERKOFF: They being Congress.

MEMBER FAY: Oh, Congress. I mean, we

all have, all right? We get that, but you have to make sure that the VA practices and procedures are pristine first before you can start saying Congress or the OMB.

MEMBER GRANGER: And I can't accept that, well, we're worried about the cost of America's sons and daughters, and how we're going to rate them, I can't accept that being part of this that, let the nation decide if they're going to bear their costs.

DR. VVEDENSKAYA: And the workgroups which reviews and advises every system, the cost is not part of our work.

MEMBER GRANGER: No, it shouldn't be.

DR. VVEDENSKAYA: We are medical professionals, we are regulatory professionals, regulatory people are advising us on how to put the language in certain ways that it's easy to understand.

MEMBER GRANGER: Absolutely.

DR. VVEDENSKAYA: The cost is neither our priority or even a part of our workgroup.

That's why, you know, we are talking about --

MEMBER FAY: Our expectation is that you will be medically fair and unbiased.

MEMBER GRANGER: Absolutely.

MEMBER FAY: And that's all we would ask, right? The cost is the country's cost.

MEMBER GRANGER: That's the country's cost.

DR. VVEDENSKAYA: We believe we deliver good regulations, it's just to clear it through VBA takes long time and then when it leaves VBA, then it takes a little bit more time, and then when it come -- but it is my understanding is, it is agency's decision on how to concur on regulations. It's outside of my paygrade, but I'm just trying to let you know that we're working very hard.

MEMBER GRANGER: Okay. How can we help you?

DR. VVEDENSKAYA: This particular committee is almost, I mean, 50 percent responsible for all of us medical doctors being

hired. It was the recommendation of this committee to hire full-time physicians to do the review of the rating schedule, which is medical legal document. Because before, they had consultants, one consultant at the time, and to review the whole rating schedule, you needed a team of people.

And you needed to reach out to subject matter experts and not, you know, write the regulations on your own. It is what we did.

CHAIRMAN MARTIN: And this is exactly why I wanted you to discuss this and why I wanted the committee to start thinking about it, because our prime objective is to provide advice to the Secretary on established and supervising the schedule, to conduct periodic reviews of the VA Schedule for Rating Disabilities. That's our prime objective.

MEMBER GRANGER: Okay. Well, that's your objective, Kirt, you got us --

MEMBER FAY: We're engaged.

MEMBER GRANGER: We're engaged.

MEMBER SIMBERKOFF: But the reality is that, some of these systems had not been revised since World War II.

MEMBER GRANGER: We had some regulations too that hadn't been revised since that.

MEMBER SIMBERKOFF: Yes. So, you know, there were very substantial changes to be in it. I'm not saying that I disagree in the slightest with your, you know, dismay at the length of time it's taken. I think we all are dismayed, but it's not because of lack of either the effort of the people that worked on the individual projects, or, I think, I cannot speak for the current Secretary, I can't speak for the previous one, but my impression was that this was one of, you know, Secretary Shinseki's most important goals.

MEMBER GRANGER: But if we were asked right now, where is it right now, where is it right now being concurred or non-concurred? Where is it right now? On whose desk? What

organization? What system? You know, where is it? Can you trail it through your documentation and provide whether it's concurred or non-concurred?

DR. VVEDENSKAYA: I know exactly where everything is. I don't need to trail. I have a very good record keeping.

MEMBER GRANGER: So these are people coming to work every day, they know it's in their to-do box.

DR. VVEDENSKAYA: Yes.

MEMBER GRANGER: Okay. I rest my case.

MEMBER FAY: So that's how you do a business process review. You start with the PERT chart, right?

MEMBER GRANGER: That's true.

MEMBER FAY: And so how many different stops does it have to make and how long is each -- right now, how long it, historically, have been each one of those stops.

MEMBER GRANGER: Absolutely.

MEMBER FAY: And what it should be optimum. Now, some of these offices should do it in a day, some of them, it might take two to three months, right? You have to make those judgements before you can do your PERT chart, but it really lends itself to a PERT chart, which is no secret. Everybody does it. That's how we went to the moon, right?

MEMBER GRANGER: Absolutely right. I was getting ready to say that.

DR. VVEDENSKAYA: We did a good job about three years ago, after all the efforts and we did a good job with compensation service concurrence because when I write it, it goes to the official legal review by our legal eagles here and their policy comes in. Then it goes to my chief, then it goes to my assistance director, then it goes to my director.

We re-engineered our process and we -- our compensation service concurrence is now very, very quick. We got it down to, pretty much, a month, because we worked together. Again, there

are certain systems which are more complex than others, but we re-engineered compensation service concurrence process.

But once it leaves compensation service, we, unless I'm a compensation service director, which I'm not, we don't have any power on other people's stuff, because they have a different --

MEMBER GRANGER: Right. But see, you create a best practice, see, you re-engineered a best practice, you have a model they can at least look at as a yardstick for re-engineering a process.

MEMBER FAY: So does the VA have an internal office for process efficiencies, like the Army did, right? I'm sure the Air Force did.

DR. VVEDENSKAYA: We can actually check with MyVA presenter tomorrow, what they have nowadays around, because --

MEMBER FAY: So in the Army, if you didn't know how to do it, right, if you were an intel guy and you needed to reorganize your

logistics, you had no clue how that worked, so you went to this office, and they would give you an expert on loan that would help you create your PERT chart, right?

MEMBER GRANGER: Absolutely.

MEMBER FAY: And I would think VA would have something like that.

DR. VVEDENSKAYA: I'm sure they do. They have enough people who are veterans, meaning they did go through rigorous training, but we are trying our best and outside of our compensation service there is, you know, the next level of concurrence is the office which looks at all benefits programs, not just compensation, so it's retention and fiduciary, it's education, it's all. It means they are looking at more programs. We are just one program, compensation service medical disability, then it goes to outside of the compensation service, where people are reviewing all sorts of regulations, all sorts of programs, and it's more a load, and it's the Office of Under Secretary for Benefits.

And then once it leaves us, it goes to the office which look -- the next level of concurrence, which looks not just at Veterans Benefits Administration regulations, they are looking at all the regulations; VA, VBA, VHA, Veteran Cemetery.

That's why each time when it goes further away from my desk, these structures are getting more and more and more on their desks. That's why, you know, if it was just on a department level, me, being the Chair, of course, I would have published everything a long time ago, but this is the process which is supposed to be -- it's in every agency and it translates into transparency. We are not writing --

MEMBER SIMBERKOFF: But in fairness to --

DR. VVEDENSKAYA: But how do you balance transparency and efficiency?

MEMBER SIMBERKOFF: You should say that there are at least two or three systems that had to come back for redoing after the original

ones, right, including the mental health and the diabetes, so it's a very complicated system.

DR. VVEDENSKAYA: Yes. Hematology just came back for revising.

MEMBER GRANGER: But at the end of the day --

MEMBER SIMBERKOFF: You're asking why it's taking so long, and the answer is, it shouldn't.

MEMBER GRANGER: It shouldn't. Okay.

CHAIRMAN MARTIN: Thank you. And the other reason that we should talk about it is because we are in a position to comment on it.

MEMBER GRANGER: Yes, we should.

MEMBER SIMBERKOFF: Well, we've been commenting.

CHAIRMAN MARTIN: We have. Yes. That's true.

MEMBER FAY: And where do our comments go? To who?

DR. VVEDENSKAYA: To the Secretary.

MEMBER SIMBERKOFF: But they also go

to Congress.

CHAIRMAN MARTIN: Yes.

MEMBER FAY: We'll deal with the Secretary first.

DR. VVEDENSKAYA: And as we work together, today, tomorrow, next thing, I'm sure in June, feel free to ask me where things are, and formally, and formally, I always know where all our regulations are. It's kind of my hobby.

CHAIRMAN MARTIN: Our next biennial report is due at the end of September. Okay.

MEMBER BROWNE: Did we get the comments back on the last one? Are we still waiting for them to --

CHAIRMAN MARTIN: We did not and that was 2014. It is on the agenda tomorrow. Do you expect we'll have anything new or is it just going to be, we haven't received anything yet?

DR. VVEDENSKAYA: It moved. The biennial report moved to the chief of staff's office. It means it's on the doorstep of Secretary's office.

MEMBER BROWNE: And that's been two years.

MEMBER GRANGER: I'm honored and I'm blessed to be part of this group. I love it.

MEMBER ROBERTS: Representative of the Secretary's said he was going to move it right away.

MEMBER BROWNE: Two years is right away.

MEMBER ROBERTS: He said he was going to move it.

CHAIRMAN MARTIN: Okay. So other items that anyone wishes to bring up today for discussion?

MEMBER ROBERTS: I would like to see some further follow-up, maybe at our next meeting, or the next two meetings, on the issue of veterans that are homeless. I think that's a bigger problem than maybe a lot of people realize. I think that's something you need to be said about it.

CHAIRMAN MARTIN: Historically --

MEMBER SIMBERKOFF: So can I just say, I don't disagree that homelessness is an enormous problem and it's actually one of the 12 priorities, you know, of the Secretary, it was a huge priority for General Shinseki, and really, the bulk of the effort, despite what you may have heard here for homelessness, has been tasked to VHA.

MEMBER GRANGER: It has. They've done a tremendous job.

MEMBER ROBERTS: Yes. I feel that they've done a great job. I just wanted to get some follow-up on whether or not it's continuing.

MEMBER GRANGER: Oh, okay. I understand what you said then.

DR. VVEDENSKAYA: Well, it seems like they will give the census number in August and we can ask them to come back with updates in September.

MEMBER ROBERTS: That would be great.

CHAIRMAN MARTIN: In 2013, when I joined the committee, General Shinseki's number

one priority was end veterans homelessness by 2015.

MEMBER SIMBERKOFF: Yes. And as you heard, there is some, you know, functional end to homelessness, so it's not -- you know, there are some people that will never be -- you know, who don't want to, you know, go into what VA will offer.

MEMBER ROBERTS: The other thing, is it possible we could ask the Secretary himself to address this committee?

DR. VVEDENSKAYA: I tried.

CHAIRMAN MARTIN: I actually asked that question.

DR. VVEDENSKAYA: I tried. The Secretary didn't have any available time in the month of March. I also tried USB and his right hand, and it seems like tomorrow we'll have, yes, Deputy Under Secretary for Benefits, meaning, the Under Secretary for Benefits right hand, Tom Murphy, who used to be our compensation service director.

He is very well versed in all things, because he would be addressing the committee tomorrow. And every time we have a meeting, I am trying to book our Secretary. Unfortunately, I was not successful to coincide our schedules yet.

MEMBER FAY: So you have 26 advisory committees like this. Therein lays one of your problems as to why you can't get the Secretary to come to one of your committee meetings. You've got 26 committees.

DR. VVEDENSKAYA: And also, he travels a lot and --

MEMBER FAY: Right. And this isn't his only priority. He's in front of Congress. He's running --

DR. VVEDENSKAYA: And all this --

MEMBER FAY: But with 26 committees, the reality of getting him to one of the committees is --

MEMBER GRANGER: You have to go to some location, get in front of the camera, and say, hello, I just want to say I want to thank

you all.

DR. VVEDENSKAYA: Talking about committee meetings, if I may get to, for a second, minutiae. Looking at 2016, what I was planning, with your concurrence, we'll have a meeting in March, we'll have a meeting in June, we'll have a meeting in September, and we'll have a meeting in December.

They will be evenly spaced. And I will send you, at the end of the week, a very, very bare-bone schedule, and we shall make -- we should make our schedule for the rest of the year, just because this year, as Dr. Martin mentioned, is the year when you're supposed to work on your bi-annual report.

It's why I would suggest that during June meeting, you can put aside three hours just for yourself, I don't have to be here, I'll be at my desk, and you all sit and work on your report together. My personal experience working with workgroup members is that you can do a lot of stuff over the phone, via email, but the most

productive time spent is face-to-face, quick bouncing, you know, when you bounce your ideas, whichever, yes, I don't have to be here for that particular interaction because it's yours to chair.

But I would suggest let's put aside at least three hours during June meeting.

CHAIRMAN MARTIN: Yes.

DR. VVEDENSKAYA: And take the whole afternoon and sit and work together. We can outline out topics of interest for June, we can jam it slightly, it doesn't have to be, you know, eight topics, it could be six topics, but I would say, take one afternoon and just work together, or one morning, either afternoon of the Thursday or morning of the second day, this way nobody's running to the airport.

CHAIRMAN MARTIN: Logistically, what we did for the 2014 report was, we came up with general ideas of areas that we needed us to address a problem or an issue, and then from that, we developed those topics a little bit,

perhaps additional presenters, or more questions, or some fact-finding, and then we assign several committee members to each of the topics to generate a draft.

That draft would then be circulated to the committee members, and then we would discuss the draft at a meeting, and make some tweaks, get it back on a final draft, and then see if there's any change to that before it's entered into the final document.

And so there is some spin-up required. To meet that deadline of the end of September, we probably should begin immediately to think of the general topic buckets that we need to address. We have a couple written down from last year, which I can pass along to you, and we can look at the -- typically, also, what happens is, if you look at the last biennial review, which would be 2014, and if we get a comment back prior to this report going in, and sometimes we re-engage some of those topics that we feel necessary.

If, for instance, a topic didn't get

the attention or didn't get some action that we thought would be necessary, we can re-engage that and go back with it a second time. That's been done some in the past.

But I just want to kind of lay the groundwork because the deadline, in VA days, is short. I mean, this is half a dog's life for the VA.

DR. VVEDENSKAYA: I'm hoping, I almost want to commit to it, because I'm not the Secretary, you will have your biannual report with all the comments by June.

CHAIRMAN MARTIN: Good.

DR. VVEDENSKAYA: I'm trying very hard to make it all happen because it's been too long, but also, for you to write your next set of recommendations, you really need to know what was responded to the previous one, but yes, by June you'll have it.

CHAIRMAN MARTIN: Good. Thank you. And if -- did both of you receive copies of our last biannual report that we sent forward? So

you'll at least know what's there and the kind of things we were focusing on. Okay. Good. Comments around the table?

Hal, Tim, did you have any comments on the development of items for the 2016 biennial report so far?

MEMBER BIRD: Well, I'm -- go ahead, Tim. Go ahead.

MEMBER LOWENBERG: Thank you.

CHAIRMAN MARTIN: Hi, Tim. Is that a nothing? Nothing at this point, Tim?

MEMBER LOWENBERG: I'm sorry. I thought you referred to Hal. No topics that aren't on the table today, other than to reiterate the process we used in the past. That's been discussed, and I think it's been fine. I do have a request, if and when we get a special emphasis program update, it's frankly, and what we typically did, haven't received in this briefing today is, just that members of that analysis and the titles of programs and the kind of structural and organizational information, but

it doesn't tell me anything about the breakdown of the homeless population.

Why -- is there any cause and effect? Was it truly serendipitous? Is it possibly due to anything the VA has done? Is there any information, beyond the body count, you know, are the demographics in the population that VA is working from related to military campaigns, age, gender, to service or service components?

Because I think what we ought to be doing is focusing on how to reduce the homeless population over time and anticipate if there's another surge coming, because we know that the vast majority of the homelessness in the past have been Vietnam-era veterans, so do we have another wave coming?

I don't think we learned anything from today's briefing that would tell us whether or not we anticipate if something's coming over the horizon and what the cost and implications of that would be.

CHAIRMAN MARTIN: Yes, copy all, Tim.

Good points and I agree that there seemed to be a little lack of hard numbers and data.

MEMBER SAVOCA: And we don't really know what they transition to, out of homelessness into what? You know, did they suicide, death, jail, or what? I don't know where they went.

MEMBER SIMBERKOFF: Many of them went into HUD-VASH housing or VA, you know, housing, or other things. I mean, honestly, VBA doesn't know. I can tell you that. It's VHA that has done all the work.

MEMBER BROWNE: That's why tomorrow, we may get a better breakdown.

MEMBER SIMBERKOFF: I don't think you're going to get it from VBA.

MEMBER BROWNE: No, tomorrow, I thought somebody from --

DR. VVEDENSKAYA: MyVA presentation, the people who will be presenting, they will be the best people to mine for information and data and everything. They have everything from every subagency, from every staff. It's a group of

very energetic individuals.

CHAIRMAN MARTIN: I meant to bring this up earlier, when we got the last brief on homelessness in June of '14, Lisa Pape told us that the way -- they mentioned chronically homeless today, and the definition of chronically homeless they use is no home in three years or homeless three times in one year. So that's how they define the chronically homeless.

And then they talk about homeless vets versus unsheltered vets, that is vets in temporary facilities versus people just out living in boxes or under overpasses. And about, in 2013 at least, half of the homeless were unsheltered as opposed to the 57,000 total. About 23,000 were unsheltered, but that's three years.

MEMBER FAY: It's kind of really a basic question, but when you go out and you ask one of these homeless folks how do they know whether they're veterans or not.

DR. VVEDENSKAYA: They ask them.

MEMBER SIMBERKOFF: They ask. They go to homeless shelters and ask who -- you know, are there any veterans.

MEMBER FAY: But if somebody's living under the bridge and you ask them --

DR. VVEDENSKAYA: They physically go and just try to --

MEMBER FAY: Yes, but if they say yes, how do you know that?

MEMBER GRANGER: The database.

MEMBER FAY: So they take a name and they check on the database before they agree that that, yes, it is?

MEMBER GRANGER: There's a database.

MEMBER FAY: I was just wondering how the process work, so they check it against a database, right?

MEMBER GRANGER: Right.

CHAIRMAN MARTIN: The other thing I'll mention is, although we haven't had the Secretary talk to this committee, at least since I've been here, we did have the chief of staff here, both

the past chief of staff and the current chief of staff, several times. The current chief of staff has been here twice now to talk to us.

DR. VVEDENSKAYA: It's the past chief of staff too.

CHAIRMAN MARTIN: And the past chief of staff was here.

DR. VVEDENSKAYA: Yes. The past one and the past one. Mr. Nabors is a past one.

CHAIRMAN MARTIN: Okay.

DR. VVEDENSKAYA: You know, he is --

CHAIRMAN MARTIN: So we have been fortunate to talk to the chief of staff. The present chief of staff, when he was here the first time to meet us, told us that his mission was assigned directly from the president to solve problems at the VA.

MEMBER ROBERTS: So is he the one to tell us how to move our recommendations forward?

DR. VVEDENSKAYA: No. Our biannual report is with the new chief of staff. The one you haven't met yet.

MEMBER ROBERTS: This is somebody different?

DR. VVEDENSKAYA: Yes. That's why I'm saying that, Mr. Nabors, the chief of staff --

MEMBER GRANGER: He's no longer here. The new chief of staff is acting or?

DR. VVEDENSKAYA: Acting.

MEMBER GRANGER: Acting. That's what I thought.

DR. VVEDENSKAYA: Yes, Robert Snyder. Yes, absolutely.

MEMBER ROBERTS: We have not met him. We've met the other --

DR. VVEDENSKAYA: No, you met Mr. Nabors.

MEMBER ROBERTS: We met Nabors. Right.

CHAIRMAN MARTIN: Where is he? Where did he go?

DR. VVEDENSKAYA: I don't know.

CHAIRMAN MARTIN: All right.

(Simultaneous speaking)

DR. VVEDENSKAYA: The meeting is adjourned, Dr. Martin?

CHAIRMAN MARTIN: Unless there are any comments or questions.

DR. VVEDENSKAYA: It's for the recorder, will you please announce that our meeting is adjourned?

CHAIRMAN MARTIN: Okay. Barring any further discussion, the meeting is adjourned.

DR. VVEDENSKAYA: Thank you.

(Whereupon, the meeting in the above-entitled matter was concluded at 4:32 p.m.)

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C E R T I F I C A T E

This is to certify that the foregoing transcript

In the matter of: Advisory Committee on Disability Compensation

Before: US DVA

Date: 03-21-16

Place: Washington, DC

was duly recorded and accurately transcribed under my direction; further, that said transcript is a true and accurate record of the proceedings.

Neal R. Gross

Court Reporter