THE RESULTS OF THE PRESIDENT'S TASK FORCE ON RETURNING GLOBAL WAR ON TERROR HEROES

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COMMITTEE ON VETERANS' AFFAIRS
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WEDNESDAY, MAY 9, 2007

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 2:03 p.m., in Room 334, Cannon House Office Building, Hon. Bob Filner [Chairman of the Committee] presiding.

Present: Representatives Filner, Michaud, Herseth Sandlin, Mitchell, Hall, Hare, Berkley, Salazar, Donnelly, McNerney, Space, Walz, Buyer, Stearns, Baker, Brown of South Carolina, Boozman, Brown-Waite, Lamborn, Bilirakis, Buchanan.

OPENING STATEMENT OF CHAIRMAN FILNER

The CHAIRMAN. The House Committee on Veterans' Affairs is called to order. We thank the members for their attendance.

Mr. Secretary, we thank you for being here. We thank you for chairing the President's Task Force on the Returning Global War on Terror Heroes and for the Task Force's report to the President.

Mr. Secretary, we will hear from you on the Task Force recommendations. I think that you know, and I know you feel it personally, the frustration amongst us all as to making sure that we clearly and professionally deal with the returning veterans from Iraq and Afghanistan and that while we are doing that keep services up for our older veterans. That is a challenge that you have, and that we all have, in working together to do that. We want it done today or yesterday or last week and I know you do too. So we are looking forward to your report and the implementation of the recommendations. I was disappointed at the charge that you got in that you had to stay within certain constraints, no new programs, no new money.

I hope that you might give our Committee a report that does not have those constraints, that details what we have to do to make sure that we meet the needs, and we meet them urgently.

Every one of us has had the experience, and I know you have because we have done it together, of talking to veterans around the country and looking into the faces of the spouses of troops, returning troops who have brain injury and knowing that they are going to have to spend 24 hours a day with them and lose their jobs. What is their future going to be? We meet people, young people with Post Traumatic Stress Disorder (PTSD) trying to cope with

this and trying to deal with a bureaucracy that sometimes seems unresponsive to them.

So we have a job to do as a Committee and as a Congress and your agency is right at the frontiers of that. Everybody is looking to the VA to do its job correctly. So we hope that these recommendations do not sit around like so many other recommendations have done.

There are other reports on the table. I know that there was a President's Task Force to Improve Health Care Delivery for Our Nation's Veterans in 2003. There was a report from the Congressional Commission on Servicemembers and Veterans Transition Assistance in 1999. And of all those recommendations, not all of them have ever been implemented.

We want a timeframe for the implementation of your recommendations, who is going to be responsible for implementation; how will we be informed on the progress because we, as we have talked about, want to have accountability for all of this. So we are interested in time lines and implementation and we want to know what else we can do if we provide more resources.

I think you know that in the first three budget bills that went through the House, only one of them signed by the President so far, that we were able to add close to $13 billion to the budget from last year, the highest increase in history. This is almost a 30-percent increase in healthcare revenues.

So we think we are giving you the resources that you need, but we want to make sure that they are spent the right way and that our returning heroes do, in fact, get the kind of care and love and attention that we all want.

I will say one more thing before I turn to Mr. Buyer for an opening statement, that we are discussing the war and the funding of that now. I just want to assure you, and the American people, that wherever we are on the war, wherever we stand, we are united in saying that every young person that comes back from that war gets all the care and attention, love, honor, and dignity that this Nation can bestow.

I think many of us may have made mistakes in greeting heroes from Vietnam. We, as a country, are not going to make those mistakes again, and we look forward to working with you to make sure that that occurs.

Mr. Buyer, you are recognized for an opening statement.

[The prepared statement of Chairman Filner appears on p. 33.]

OPENING STATEMENT OF HON. STEVE BUYER

Mr. BUYER. Thank you very much, Mr. Chairman. I want to thank you for being responsive to my request to have the Secretary come up here today. This is a very good hearing. I appreciate your cooperating to make this happen.

Mr. Secretary, thank you for being here today and for chairing this Task Force on behalf of the President and the country.

The President has made clear his intent to establish a truly seamless transition for servicemembers between the military and the VA, as well as other agencies providing services to our veterans. You and your colleagues on the Task Force have produced

a thorough review of factors affecting seamless transition and you are to be commended.

I must inform you, though, Mr. Secretary, over the past 15 years, I have seen, whether it is from the reports from the U.S. Government Accountability Office (GAO), the Inspector General (IG), commissions, task force reports, and reports on this issue, from my personal experience with seamless transition on this Committee, I know that at this point, there are few new discoveries.

What we have regrettably seen and what I believe has compelled the President to directly intervene is a general lack of implementation. So to be fair, I believe the U.S. Department of Veterans Affairs (VA) has made most of the progress. It has, in fact, led the Federal effort, but the VA cannot do it alone. You need to have the cooperation and leadership from your counterparts at the Departments of Defense (DoD), Health and Human Services (HHS), Homeland Security (DHS), Labor (DoL), Education (DoE), and other agencies.

So, Mr. Secretary, with the Task Force work behind us and this report now before us and the President's intent made clear to you as the leader of this Task Force, we must now have implementation.

Now, when I ask about implementation, you and I both recognize that there are some other things that are still out there. We still have the Dole-Shalala report that will be due later on in the summer and we have the Claims Commission. So while we have some overlap, we want to avoid duplication and redundancies, but there are things that we can do now.

So in a few short weeks, the President I believe is due to receive a progress report on the implementation of recommendations from the report. We in turn will look to you and other agency heads, in particular Defense Secretary Gates, to work directly with you and your respective departments as you move forward.

So in your statement, I am hopeful that you will touch on these relationships and how you foresee them as you proceed.

So what happens is we want to talk about real progress. This report is nonetheless, I believe, encouraging. And among the Task Force's 25 recommendations, a handful alone would dramatically improve transition and must become a high priority within the Administration.

These include the development of a system of co-management and case management for returning servicemembers to facilitate transition between the Department of Defense and the VA.

Second, the screening of all Global War on Terror veterans seen in VA healthcare facilities for mild to moderate traumatic brain injury (TBI). Now, it is often said about TBI being the signature injury of this war, yet the actual numbers that are actually being treated for TBI are relatively small. You will have to tell me what the exact number is.

But there are individuals who are survivors of these improvised explosive device (IED) explosions that are excited that they survived, but they, in fact, may have some effects that they are not aware of. And that screening, I think, would be pretty important. And I know it is an issue that the Chairman is also pretty concerned about.

Expanding VA access to DoD records to coordinate improved transfer of servicemembers' medical care through the patient handoff is a need that you and I witnessed as we went through the theater into Germany and saw those medical records taped to their chests. I know that is something vivid in your mind.

Another goal is the development of the joint DoD/VA process for disability benefit determinations by establishing our cooperative Medical and Physical Evaluation Board process within the military service branches and the VA care system. Also among my goals here on the Committee is to ensure that the veterans have every opportunity to live full and healthy lives, that they can take advantage of the economic opportunities their service helped preserve.

Among key recommendations, the Task Force report would help veterans transition to civilian life. As you mentioned, this would include increasing attendance at Transition Assistance and Disabled Transition Assistance Programs for active duty Guard and Reserve, requiring the Department of Education in cooperation with the Department of Labor to participate in DoD job fairs to provide returning servicemembers and their families with awareness of postsecondary education benefits, requiring the Department of Labor through the Veterans' Employment and Training Service to participate in the Workforce Investment System in every State and territory, and partnering with private-public sector job fairs to expand the number of employers involved in active veteran recruitment.

The accomplishment of these recommendations as well as others is critically important. Since 2003, this Committee held more than ten hearings and conducted fifteen site visits focusing on seamless transition. Our experiences collaborate the value offered by these recommendations. And that is why I compliment you.

Mr. Chairman, there are two other things I would like to address, and that is, one, there were statements, Mr. Secretary, made by members of this Committee that have ended up in the press as of late, some of which concerned me and I would thus probably label them as freshman over-exuberance. And so let me address each of them.

The CHAIRMAN. Mr. Buyer, we are here to hear the Secretary. I would prefer if we have time at the end that you go over those.

Mr. BUYER. That would be fine.

The CHAIRMAN. But as a prosecuting attorney once said, once you open that door, anybody else can walk through it. So I would like to get to the Secretary.

Mr. BUYER. I will restrain myself and close with this: Mr. Secretary, we are pleased to have you here. We look forward to your report.

The CHAIRMAN. Wait a minute. Please, Mr. Secretary, you are on.

Mr. BUYER. So you have cut off my statement?

The CHAIRMAN. You told me you finished your statement.

Mr. BUYER. No. I said I will not refer to what I was about to discuss and just let me complete the statement. It is just a minute, Mr. Chairman.

The CHAIRMAN. You have one more minute.

Mr. BUYER. Thank you.

Mr. Secretary, I want to compliment your initiatives out there, not only coupled with this report, but you have doctors in Pitts-

burgh right now in your efforts to reduce the staph infection rates and you are about to leverage that across the VA system. I extend great compliments to you.

Your diabetes initiative, you know, is doing over 8,000 amputations a year. A lot of people do not realize why you are so good in that business.

And you just announced a new formal Advisory Committee yesterday. So at some point, if you could let us know about what that is about.

And thank you, Mr. Chairman, for your courtesy.

[The prepared statement of Congressman Buyer appears on p. 34.]

The CHAIRMAN. Thank you, Mr. Buyer.

Mr. Secretary, welcome, and we look forward to your report.

STATEMENT OF HONORABLE R. JAMES NICHOLSON, SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY HONORABLE PATRICK W. DUNNE, RADM, (RET.), ASSISTANT SECRETARY FOR POLICY, PLANNING AND PREPAREDNESS, U.S. DEPARTMENT OF VETERANS AFFAIRS

Secretary NICHOLSON. Thank you, Mr. Chairman and members of the Committee. I welcome the opportunity to come here to give a report on the work of the President's Task Force on the Global War on Terror Heroes.

The recent series of articles in the news media highlighted significant problems at the Army's Walter Reed Medical Center. Many people have misconstrued this to relate to the VA healthcare system which is an entirely different entity.

Servicemembers maintained on active duty for care were being housed in a former motel at Walter Reed that had not been properly maintained for some time. Conditions in what everyone now knows as Building 18 were deplorable. That our servicemembers would be expected to live in those conditions elicited outrage. This situation was unfortunate on many levels.

My wife, Suzanne, and I have visited Walter Reed Hospital many, many times in the two plus years that I have been the Secretary. We continue to be impressed by the character of our young, injured servicemembers. We are as well impressed with the quality and the compassion of the medical care that they receive there, but that is a focus on the critically injured inpatients, not on those who are in the Army's medical hold status.

Upon learning of the Army's situation in Building 18, I immediately did two things. First, I directed that a survey be conducted at all points of access to the VA healthcare system, our 155 hospitals and nearly 900 outpatient clinics, to ensure that we did not have situations comparable to those encountered in Building 18.

Although the findings in large part were positive, those areas of concern identified were addressed immediately under my orders that the VA non-recurrent maintenance funds be used to rectify them.

I also wrote to every member of the United States Congress and reiterated my own commitment to assure that our veterans receive the very best care possible in an environment of care that is appropriate to that care.

So I also asked them, you, to visit a VA medical center in your State or district at your earliest convenience. And to date, I am pleased to say that 305 members have done so and almost universally they have expressed their high regard for the quality of care being provided, the commitment of the caregivers, and the cleanliness of the environment in which that care is given.

The President also took decisive, aggressive action. By Executive Order, he established two groups, the President's Commission on Care for America's Returning Wounded Warriors and the Task Force on Returning Global War on Terror Heroes, which he asked me to Chair.

The President's Bipartisan Commission is chaired by former Senator Bob Dole and former Secretary of Health and Human Services, Donna Shalala. That Commission is to report to him by the end of July.

Our Task Force was to develop recommendations and report back to him in 45 days with an assessment of gaps that may exist in services needed by our servicemembers that could be addressed without additional legislative authority or appropriations. Those were the two constraints.

The Task Force which I chaired included the Secretary of Defense, Robert Gates; Secretary of Labor, Elaine Chao; Secretary of Health and Human Services, Michael Leavitt; Secretary of Housing and Urban Development, Alphonso Jackson; Secretary of Education, Margaret Spellings; the Director of the Office of Management and Budget, Rob Portman; the head of the Small Business Administration, Steven Preston; and the Director of the Office of Personnel Management, Linda Springer.

And I am proud of the work of this Task Force. There is a new era of cooperation and what we can do here can make a substantial difference. The recommendations of the Task Force focus on ways that we can immediately improve the services for those returning servicemembers from the war and how we can better reach out to them and their families to make them aware of what services exist.

We developed 25 recommendations and I want to note here what I consider some of the most significant.

In the context of healthcare, DoD and VA have agreed to a new system of co-management and case management for these combatants who are seriously injured as they move from one system to another. We have the most advanced polytrauma centers in the world bar none. Our patients' transition from the military medicine arena to ours will be seamless for them and their families.

We are going to work with DoD to develop a joint process for disability determinations which will provide consistency and speed for our veterans.

We are now going to screen every Global War on Terror veteran who comes to us for any form of brain injury looking for the mild or moderate form of brain injury as a result of the environment they are in over there and the concussive blasts that are so prevalent. We want to identify it as early as possible and begin treatment.

We are going to simplify the enrollment process for veterans to enroll for healthcare whether they enroll online or in person. And

we will continue to develop our world standard of electronic medical records.

The DoD is taking action to increase the attendance at the Transition Assistance Programs known to you probably as the TAP briefings. The more our veterans understand about their benefits, the more successful their transition to civilian life will become.

A few other areas I want to briefly highlight for you today include the VA and HHS collaborating to improve access to care for returning servicemembers in remote or rural areas.

The SBA is expanding eligibility of the Patriot Express Loan Program to provide a full range of lending, business counseling, and procurement programs to veterans, service-disabled veterans, Reservists, and families if the desire for a returning servicemember or family is to obtain self-employment.

The DoD and the Department of Labor are improving civilian workforce credentialing and certification allowing for greater exposure of a servicemember's military experience to civilian job opportunities.

The Department of Housing and Urban Development is expanding access to the national housing locator for servicemembers. By expanding its use, returning servicemembers will have a resource that provides safe, disability accessible, if needed, and affordable housing to ease in potential relocation to a new geographic area.

The Department of Education in cooperation with the Department of Labor will participate in DoD job fairs to provide returning servicemembers and their families with more awareness of the postsecondary education benefits available to them.

The Department of Education will provide education benefits training to the 211 Transition Assistance Programs and those sites would service more than 150,000 transitioning servicemembers every year.

The Office of Personnel Management is expanding their military treatment facility outreach to promote the availability of Federal employment and veterans' preference rights.

So all in all, our focus, I think, really is very simple. It is to make the existing services that are there of the Federal Government the very best they can be for our veterans and for their families and for the survivors of those who paid the ultimate price.

Thank you very much, Mr. Chairman.

[The statement of Secretary Nicholson appears on p. 35 and the Task Force on Returning Global War on Terror Heroes report appears on page 40.]

The CHAIRMAN. Thank you, Mr. Secretary.

I will be calling on colleagues in just a second after one short question I have.

Let me just give you an example of the frustration many of us feel when we see reports like this. You said we will screen every veteran that comes to us for TBI. Now, that is the recommendation of the Task Force. What I would like to hear you say is only X percent, it is fairly small, of returning veterans come to us. We should be screening them comprehensively and mandatorily for both TBI and PTSD before they are discharged or before they enter the civilian life.

We all have heard from experts that the sooner we catch this, as you mentioned, the better off the veteran is. Some symptoms are hidden until months later, so maybe we need a six-month screening and then a twelve-month screening and a twenty-four-month screening. That is our obligation. Part of the cost of war is dealing with the cost of caring for our veterans.

And so we applaud that screening, but it is just a small part of what we really should be doing. And we need you to show—I know you know this—but tell us so we have a context in which we view these recommendations, as I said, on the one hand under the constraint of no new money, but on the other hand, what do you really want to meet the needs of our returning heroes. That is the kind of thing that I hope we can work together to solve.

Mr. Michaud, who is Chairman of our Health Subcommittee, will start off the questioning.

Mr. MICHAUD. Thank you very much, Mr. Chairman.

And thank you, Mr. Secretary, for coming here today and for presenting this report to us.

Looking at the report and having had a chance to read it when it first came out, I appreciate the fact that you are assigning a lead agency to look over some of these recommendations along with a target date for implementation so we can see where you are throughout the process.

My concern, however, is, even though the Task Force did a great job, back at my office I have the Presidential Task Force for a Seamless Transition recommendations that came out in 2003 that currently is sitting there and it is the implementation which is extremely important. I compared those Task Force recommendations for a seamless transition to these Task Force recommendations to see how many are the same. These reports are not going to do any good unless we act upon them.

I can tell you that I will definitely be keeping a close eye on the target dates when these recommendations are supposed to be implemented and, if they are not, see why the implementation has not moved forward.

You heard the Chairman talk about how you were directed to do this with existing resources and existing authority. Do you feel you can do all these recommendations without any additional resources for your agency?

Secretary NICHOLSON. Yes, I do, because we abided that constraint of the action items that we are taking pretty carefully. That was our mandate.

Mr. MICHAUD. Okay. Are there any recommendations when you went through looking at the seamless transition and what was needed out there, are there any recommendations that actually might have cost funding that you could not do that are out there that we should look at?

Secretary NICHOLSON. There is a possibility, Congressman Michaud, as some of these things would, you know, as they mature.

For example, I think the very enlightened idea of simplifying and streamlining this discharge procedure. The way it works now is that if a servicemember is injured, the Army makes a determination or the Marine Corps or the services that they are either fit or unfit to be retained on active duty. And if they are fit, in theory

they go back to their unit. If they are unfit, they go into a category for determination of that degree of unfitness prior to their separation.

And what we know is that if they are not happy with that, they have appeal rights within the Armed Services, but further they then can come to the VA and make a claim at the VA. And many, many of them do. And that entails months, if not years of time that they are sort of in limbo. In fact, that was the case at Walter Reed. I think some 600 people were in that medical hold category.

What we are talking about is slicing through some of that. If they are fit, put their boots back on and go back to duty. If they are unfit, come in an expedited way to the VA and we then evaluate and process that degree of disability and work it into our compensation system. That could entail additional resources upon its full maturation.

Mr. MICHAUD. It would be helpful if you can provide any other recommendations that came out of the Task Force or thoughts, but because it did not meet that criteria of within existing resources, it would be helpful if you could provide that to the Committee because I think we are very interested to make sure we do take care of our men and women who wear the uniform and those who become veterans.

My last question is, what will happen, and I think the VA has done an excellent job when you look at medical records and what have you, and I think the Department of Defense has been slack in that area, what happens if there is a disagreement between DoD and the VA? How do you resolve those differences? How do you deal with that issue?

Secretary NICHOLSON. Well, first, let me tell you a very encouraging note that the first meeting was held yesterday in Deputy Secretary England's office over in the Pentagon with my Deputy and all three of the service Secretaries and the Deputy Chiefs of those services to discuss these very issues.

And, further, there is an agreement for such a meeting to take place now every Tuesday afternoon. That is significant movement because there is, I think, a new awareness and there is a new command emphasis that comes from the President, and people are getting it, that we are just going to have to do a better job in getting these two big organizations to talk to each other, particularly with respect to medical records.

Mr. MICHAUD. Thank you very much, Mr. Secretary.

The CHAIRMAN. Thank you very much.

I will yield to Mr. Buyer and also Mr. Stearns for his time.

Mr. BUYER. Mr. Chairman, I will exercise the same courtesy that you did.

But in my opening statement to the Secretary, I had asked him in his opening statement to comment on this reduction of the infectious disease of our hospitals because we are talking about, you know, our soldiers coming home and transitioning to what. And, Mr. Secretary, you are getting out in front of the reduction of the infectious disease rate and it is a good story.

Can you tell us about what happened at Pittsburgh, the reductions, and how you are trying to leverage that?

Secretary NICHOLSON. Yes, I can. I can tell you, and maybe some of you have seen, there is a graphic out there that graphically portrays some of the things you do in life that are on a scale of very dangerous to very safe. And on the very dangerous thing that you can do in the United States today is——

The CHAIRMAN. Being a Cabinet Secretary?

Secretary NICHOLSON. Pardon?

The CHAIRMAN. Cabinet Secretary is right up there, right?

Secretary NICHOLSON [continuing]. Is to go into a hospital. One of the very safe things you can do today is fly on a commercial airliner. And there are some things in between.

So it is a fact that far more people are being killed today in today's hospitals by mistakes than are dying on the highways. One of the problems are staph infections. There is a technical name for it which is called methicillin staph resistant aureus and the acronym is MRSA. And we at the VA, I think we have established an exemplary record for patient safety and performance measures and so forth, but we have had that problem as well. So we instituted a pilot project at our VA hospital in Pittsburgh to go after the MRSA.

And in one year, we reduced staph infections by 70 percent. And it is not space science how we did it. It is a disciplined approach, sanitation, culturing patients when they come in. It is usually a swab in the nasal passage. It used to take two days to read the culture. We now have a new technology. We can read them in two hours.

If they are a MRSA carrier, they are treated accordingly. The staff will scrub afterwards, regarb if they have close contact with that patient. We cut those infections 70 percent.

So we had a discussion about taking this pilot to ten or fifteen hospitals. I said, no, let us take this to 155 hospitals. And I say I am very proud like I am in many ways of the leadership and the medical corps of the VA. They have embraced this and it is underway in our system. And I think we are going to see some just tremendous results from it.

The CHAIRMAN. Mr. Stearns, you have five minutes.

Mr. STEARNS. Thank you, Mr. Chairman, and thank you for having this hearing.

I want to thank the Secretary for the job he is doing and the sacrifice he is making at this critical time. We appreciate your efforts.

Yesterday we had an Oversight Subcommittee hearing in which we had a lot of the DoD and Veterans Affairs up here. And it was clear to us that the whole idea of inter-operability between DoD and Veterans Affairs is a long way off.

And as you know, we have been working on this. There has been legislation. There has been studies and this has been going on for some time unsuccessfully. And we found yesterday that it could be as late as 2012 when they possibly will have inter-operability.

And this goes to your policy directive, your Veterans Health Administration (VHA) directive of April 13th in which you said it will be the policy of the VHA that all Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans receiving medical care within VHA must be screened for possible TBI. Those who on the basis of the screening might have TBI must be offered fur-

ther evaluation and treatment by clinicians with expertise in the area of TBI.

I guess my question is to you, is it not crucial and important that the Department of Defense provide you the medical information that they have so that the seamless transition when they move from active duty to veteran, that all that information, particularly dealing with traumatic brain injury, is available to the veterans?

And I was just disappointed last night that it is still not being done and I just would like your opinion.

Secretary NICHOLSON. Yes, it is. It is extremely important. It is critically important that we get what is available on the medical history of that servicemember since being injured.

And as Congressman Buyer mentioned earlier, he and I had been in Iraq with other members. Two people were injured where we were one day near Fallujah and we happened to be going into the hospital in Landsthul the same time as they were coming in on gurneys and their medical records were taped to them with duct tape to their bodies——

Mr. STEARNS. Yeah.

Secretary NICHOLSON [continuing]. Bespeaking, I think, the anomaly that there exists between how highly technical our Armed Services are with the state-of-the-art target acquisition, night vision optical equipment and, yet, still very rudimentary with paper records which are fraught with being illegible, things getting lost. It is not a lack of bad faith on their part.

Mr. STEARNS. No. I think it is just getting all these departments together.

Secretary NICHOLSON. It is problematic.

Mr. STEARNS. You know, in my congressional district, I have a company called Banyan Biomarker and they are trying to determine through diagnostic blood samplings whether traumatic brain injury is—what category of seriousness it is.

Now, when you say you are going to do this screening, I assume in addition to questions and answers, you are also going to do MRIs and things like that. I am asking you for the technical aspect.

But these scientists have pointed out that you really cannot fully detect traumatic brain injury or, for that matter, posttraumatic stress disorders. You have to do it diagnostically through blood. And we are not at that point, so there is going to be a lot of debate of a person who comes through and you say, no, you do not have TBI and, yet, the person says there is something wrong.

And so I think you and your staff should be aware of that, that there is another state-of-the-art for this testing that through blood diagnostic you can find this.

But I think the thing that I think is extremely important, and you have sort of confirmed it, is this inter-operability. In this age of information, we should be able to have that those records are not affixed, attached to a person, but should be electronically transmitted automatically. And I think that part of your whole Task Force is to continue to push on that effort.

And I thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Mrs. Herseth Sandlin——

Ms. HERSETH SANDLIN. Takes some getting used to.

The CHAIRMAN [continuing]. The Chairperson of our Economic Opportunity Subcommittee.

Ms. HERSETH SANDLIN. Thank you, Mr. Chairman.

The CHAIRMAN. Congratulations on your recent marriage.

Ms. HERSETH SANDLIN. Thank you. Thank you and the Ranking Member for having this hearing today.

Mr. Secretary, thank you for your testimony. I would like to start out with the recommendation that you cited and that is in the materials from the Task Force work product to expedite adaptive housing and special home adaptation grants claims.

I could not agree with that recommendation more and I am wondering if the Task Force looks specifically at the change in the law that we made in 2003 where active duty servicemembers could apply for these specially adapted homes because I have a constituent that has run into a lot of hurdles and was initially told that you cannot apply for the specially adapted housing grants until you have a DD–214 and a VA disability rating, but he is still on active duty. And we have more and more active duty status servicemembers who have suffered serious brain injuries.

If you could elaborate as to whether or not the Task Force did look into that specifically in terms of implementing that legal change and what recommendations you might have.

Secretary NICHOLSON. I am aware of that issue, Congresswoman. The answer, though, our Task Force did not look at that because, again, that would require legislation. And within the ground rules that we were operating and this expedited timeframe we had, we did not look at those things.

Ms. HERSETH SANDLIN. Okay. Well, I just want to bring it to your attention so that you know that the Subcommittee may very well be interested in looking at what is needed to make sure that the implementation of the change that was made in 2003 for active duty and what VA needs to more quickly process these claims with the authority, I think, was given in 2003.

But I think this is again an area where DoD, when a soldier is still active duty and under the way that the claims processing has always worked, you need to be discharged and have a VA disability rating. And we have got some folks out there that are either in polytrauma centers or they are in private rehabilitation facilities that are trying to apply and getting misinformation.

The other area I wanted to explore was the specific recommendations in the health area for traumatic brain injured servicemembers. I know that you mentioned at the outset that one of the most significant recommendations in your opinion is developing that system of co-management and case management more broadly, but then specifically the polytrauma identifier as well as the traumatic brain injury database to track patients.

And I am wondering, well, I would just make the comment that as you move forward in implementing these, a recommendation, suggestion again by the mother of one of my constituents in talking with the mother of another brain injured soldier is that the case management, managers could be trained specifically for TBI patients because untrained people may not be fully aware of what seriously injured, brain injured servicemembers may require. If we

had this subset of trained case managers, it might help these families substantially.

One last question. Did the Task Force specifically evaluate the suitability of existing programs and the restrictions on those programs in the Vocational Rehabilitation Employment Service for brain injured soldiers?

Secretary NICHOLSON. I am sorry. Of the what programs?

Ms. HERSETH SANDLIN. The existing programs under vocational rehabilitation and the restrictions on the participation of those programs and their suitability for brain injured servicemembers.

Secretary NICHOLSON. Yes, we did. Looked at that quite carefully and have stepped up the efforts for awareness of those programs.

Ms. HERSETH SANDLIN. I understand. I appreciate that and I appreciate the recommendation of extending the period of time because over two years or more we see cognitive functions continuing to come back and develop for these servicemembers.

And so, again, the Subcommittee will work more closely with you and those that work with you to more closely evaluate the suitability and the need to maybe modify these programs to work best for these servicemembers and their families. Thank you, Mr. Secretary.

And thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Mr. Baker, you have five minutes.

Mr. BAKER. Thank you, Mr. Chairman. I appreciate your courtesy.

Mr. Secretary, I commend you and the Task Force for identifying promptly the problems at Walter Reed and taking prompt corrective action. It is highly commendable.

My observation today is we have a similar problem in Louisiana as a result of Katrina. Due to the destruction of the VA hospital there, veterans now may travel as much as eight hours to receive appropriate healthcare.

It was February 23rd, 2006, that is for the Committee 15 months ago, when the VA and the State entered into an MOU to explore the feasibility of VA–State partnership for delivery of innovative care in the New Orleans area.

Only recently, as in the last couple of weeks, has the State forwarded its proposal which I thought was rather unexpected in that its $1.2 billion scope and bed count was above earlier anticipated numbers.

In the interim, since that report has initially been issued, there have been two statements for the record, one by Governor Blanco, one by the Chairman of the LRA, the Recovery Authority, indicating several points of consideration, the need of economic recovery, the need of an economic engine, financial necessity. It went on and on in the letter. I found it of interest in the three pages of correspondence the word veteran was not mentioned once.

On April 10th, the Chairman and myself, the Ranking Member, Mr. Jefferson of New Orleans forwarded correspondence to your office requesting establishment of a date certain. We are not trying to tell anybody how to do it. We are only requesting that it get done. I am awaiting that determination. The problem is clear in

Louisiana just like it was at Walter Reed. You see it, you decide what to do, and you went and fixed it.

My reason for being here today is after 15 months is to say it is time for us to do something. We do not have to describe a plan. We do not have to tell the State what to do. We merely should say by a date certain. Whatever that date is, you are certainly free to make that determination. As I understand the MOU, either party can unilaterally withdraw for any cause whatsoever.

But the plan now under consideration will require the acquisition of considerable private property interest. In one plan as few as 200 parcels. In another plan as much as 37 acres, some of which is in downtown Orleans which has generated considerable discussion among those homeowners.

The original plan contemplated to have begun planning and feasibility studies for the structure itself would have been engaged already, would not have allowed a ribbon cutting and service of veterans until 2012.

With the added curve of the acquisition of new private property in order to facilitate a 60-acre site above the initial 37 proposed by the State, it would seem logical to me that control of the site for development may take not months but years.

If I were to tell veterans they were to wait until 2012, which was plan A, they were not happy. To be honest, I cannot represent that to them anymore because I cannot tell them when it will be.

My question, Mr. Secretary, is not how long I am going to have to wait. I am not important. But it is extremely important for me to be able to tell the veterans how long are they going to wait. When are we going to set a date, Mr. Secretary?

Secretary NICHOLSON. Well, you do not have any more frustration there than I, Congressman. We did enter into the memorandum of agreement, making a lot of good sense to collaborate and share facilities such as parking, laundry facilities, certain other infrastructure, utilities, and did it in good faith with high expectations.

And while we do not have all of the money that we need to build the hospital, you need to give us about another $300 million of authorization, we do have $300 million appropriated and authorized, plenty to start all the design work, engineering, site planning. But we have not been able to count on a site.

So as you know, about two months ago, I said we cannot wait any longer for LSU. And I put out an RFP for alternative sites which we are now looking at with a view toward possibly having to build this hospital independent of a collocation with LSU. And we are going to be vetting out those sites soon.

But as I sit here today, I could not give you a date certain. I just could not be honest about it if I did because we do not yet have enough——

Mr. BAKER. Will we likely wait another year, another two years? I mean, is there an outside limit? There has got to be. I mean, at this point, we have no plan. The State does not have the money. There are alternative private interests who are willing to make their facilities available within the region.

I am just asking for a business decision and I am not going to ask for it today, but I think it highly inappropriate to have such

uncertainty over something that is so important to the region. There is not any reason in the world to have someone have to drive to Houston or Biloxi.

These are Louisiana veterans coming home and they have every right to expect care in their community because it used to be there. And all I am suggesting is a decision. I will be happy with a bad one, just we need a decision.

I yield back.

The CHAIRMAN. Thank you.

Mr. Buyer and I have joined you and Mr. Jefferson in trying to do this and we share the frustration of Mr. Baker.

The Chairman of our Investigations and Oversight Committee, Mr. Mitchell.

Mr. MITCHELL. Thank you, Mr. Chairman.

And thank you, Mr. Secretary, for being here today to report on the findings of the Task Force.

You know, the Global War on Terror has been the reality for our Nation since 2001 and I am glad the President created this Task Force. But I have to admit I am disappointed that it took until 2007 to do it. It seems to me that the Department of Veterans Affairs should have been prepared many years ago.

Mr. Secretary, I visited the Carl T. Hayden Medical Center. That is the VA medical center in Phoenix. I have tremendous respect for the staff, but what they told me is that they are strained, that they are under-staffed and in some cases do not have the equipment they need.

Aside from the Administration's delay in addressing this issue, I am concerned that the VA may not have the resources it needs to get the job done.

Veterans tell me and VA officials tell me that the VA is understaffed and lacking the equipment it needs. Do you believe that the VA is under-resourced and do you regret your decision not to ask for funds to allow the VA to handle the strain of the new veterans' population?

Secretary NICHOLSON. I think, Congressman Mitchell, the VA is adequately staffed to take care of this mission that we have. It is a dynamic and the VA is a very large organization with facilities from Maine to Manila. And overall, it is adequately staffed.

The President, since he has been in office, has requested increases in spending for the VA that now are nearly 80 percent from when he came into office.

And I think that while there may be exceptions because it is dynamic and patient demand is not static and sometimes it will cue up in certain places and we have an obligation to adjust to that, the VA healthcare system is, I think, doing an extraordinary job. And that is not just me, a proud Secretary, proud of the people out there doing it, but that is what others say about us.

I was just sent a copy of a book here. It is written by a guy named Phillip Longman, whom I have never met, but I noted his credentials, and it said VA is the best healthcare anywhere. And it says why VA healthcare is better than yours.

Mr. MITCHELL. Mr. Secretary, I understand that. And it sounds like what you are saying is you have all the resources and all the

staffing you need. And I am not too surprised that you are saying that because it almost sounds like you have plenty of money.

And as a result, I think, last week, the Associated Press reported that your top officials were paid the most lucrative bonuses in Government.

Now, it kind of begs the question, but I think it is appropriate. I am going to ask you, do you think it is appropriate with all these political appointees receiving bonuses of $30,000 plus, and these are not salaries, these are bonuses, while veterans are waiting an average of 90 days for PTSD followup appointments, the backlog for claims range from 400,000 to more than 600,000 with delays averaging 177 days, and while the Phoenix VA facilities do not even have an MRI device? It seems to me that they are under-equipped and they are under-staffed.

Secretary NICHOLSON. I will respond to that, Congressman. I want to adjust your paraphrasal of my statement when I said I think the VA is adequately staffed and then you said, or it sounds like, you think the VA has all the money it needs.

I would say given the size of the VA and the expanse of our capital system and its age, we can probably always make good use of more money at the VA. So I wanted to clarify that.

Mr. MITCHELL. Okay. So let me ask this then. You say it is adequately staffed, but, yet, we find claims for PTSD to be an average of 90 days, the backlog of claims for disabilities are over 177 days, and you think you have enough people to handle all of these claims and all these appointments that are necessary, and you think this 90 days for a followup appointment is adequate, and you think that the average of 177 days is also adequate? And that does not take equipment. That takes manpower. And you say that you are adequately staffed; is that right?

Secretary NICHOLSON. I would say I cannot respond to your 90-day assertion about PTSD. I will have to look at that and get back to you. I am not aware that it is taking that long. If it is in Phoenix, I am not aware of that. It is not systemwide, I am sure.

You are correct about the claims and that is exactly right. It is taking about 177 days and that is too long in my opinion. We have in the 2008 budget a request and so when I say we are adequately staffed, I incorporate our request for personnel in that budget request for 450 additional claims evaluators which we project will be able to bring that time down by at least 18 percent.

Mr. MITCHELL. I yield my time. My time is up.

The CHAIRMAN. Thank you, Mr. Mitchell.

Mr. Buchanan, you are recognized for five minutes if you——

Mr. BUCHANAN. No.

The CHAIRMAN. Mr. Lamborn.

Mr. LAMBORN. Thank you, Mr. Chairman, but I have no statement or questions at this point.

The CHAIRMAN. Mr. Hall, who is Chairman of our Disability Assistance and Memorial Affairs Subcommittee.

Mr. HALL. Thank you, Mr. Chairman.

Mr. Secretary, first of all, thank you for your service in the service and since then in your continuing work for our country.

And congratulations on your progress on the methicillin resistant staph infections. I know firsthand how difficult they can be and

have family members who have suffered from drug-resistant bacterial infections and that is a really dangerous thing that is happening in our hospitals. And you are to be commended to be spreading your program to all 155 hospitals.

I want to say that I share Congressman Baker's frustration and I do not know if I was the freshman who was overly exuberant or not, but, what I reflect, I believe, is what I hear from the veterans in my district.

And I am also one of the 305, I think you said, members of Congress who have visited VA facilities in my district and I do find them, the nurses, the doctors, the therapists, the caregivers in the hospitals, to be doing their very best as far as I can tell. And there are many things that our veterans are happy about with the VA system.

However, our job, as you know, is not just to, and since we only have five minutes, it is not even mainly to pat you on the back for the things that are going well.

I just want to ask, following up on Congressman Michaud's question, with the revelation that the Army and the Marines appear to be providing ratings under 30 percent in an effort to prevent wounded members of the military from receiving benefits from the DoD, I am concerned about efforts to develop a joint process for disability benefit determinations.

How will the VA ensure that ratings reflect the nature of a servicemember's disability and not a bureaucratic need to minimize payments to the veteran?

Secretary NICHOLSON. The VA makes its evaluation totally independent of the military's. And, in fact, the military, they have a different set of criteria and they are guided by the specific disabling condition that would make one unfit for continuing military service.

To illustrate, if they had a very seriously injured arthritic knee or they were immobilized, that would be the central claim because that is the question of whether they can remain in active duty. And if they had a hearing loss or other problems, that would not be considered as I understand it.

At the VA, when they come to us, we consider all of those disablements that are service connected. And part of that process is to authenticate whether or not they are service-connected and we do that independent of what has gone on at DoD.

Mr. HALL. Thank you. And on another topic regarding Congressman Mitchell's question, what would you consider to be a reasonable time period for veterans to wait for a claim to be heard? If not 177 days, what would be reasonable to you?

Secretary NICHOLSON. There is a marker out there that was there when I came in. Just less than four years ago, it was taking about 220 days for these claims. But there is a marker that says it ought to be 125 days.

I have asked Chairman Filner and he has consented that sometime, if we can ever all find the time, to just have a working session or roundtable and give us the opportunity to come over here and brief you on what is involved in making these claim evaluations because there is both law and case law. And I will just use one point to illustrate.

If we must go back to a veteran for an additional piece of information to authenticate that he made a parachute jump in 1988 at Fort Bragg and was in the 82nd, he or she, the claimant, has 60 days from the time we request that within which to respond to us. And those are linear, so that——

Mr. HALL. I understand.

Secretary NICHOLSON [continuing]. It is difficult. There are other things about it too. But my goal is to get it soon down to 145 days.

Mr. HALL. Thank you, Mr. Secretary. Excuse me for interrupting you, but I am about to run out of time. And I just wanted to ask you last, what is the evaluation process for determining the level of bonuses for officers in the VA or the Veterans Benefits Administration (VBA)?

Secretary NICHOLSON. First of all, I want to clarify something that Congressman Mitchell also raised. These bonuses were not given to any political employees. They are all given to career SES, Senior Executive Service, professional Government employees.

And there is a very detailed prescribed set of criteria that we get from the Office of Personnel Management of the Federal Government to use in determining who should be considered for these bonuses. And they are based on their performance in our organization and in the Government, including our organization.

Mr. HALL. Thank you. Maybe you can supply that to the Committee, if you will, or we will write and ask for it.

Secretary NICHOLSON. I would be happy to.

Mr. HALL. Thank you very much.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

We have scheduled that roundtable on claims for May 23rd and your staff, Admiral Cooper and Mr. Aument, are scheduled to join us for that. So thank you.

Mr. Brown, you are recognized.

Mr. BROWN OF SOUTH CAROLINA. Thank you, Mr. Chairman.

Mr. Secretary, I understand yesterday that you formed a new Advisory Committee consisting of OIF and OEF combatants and it was led by Lieutenant General Barno.

Could you kind of give us a little bit about the mission of this Task Force?

Secretary NICHOLSON. Yes, sir. Since coming into this job and moving around and meeting with wounded servicemembers and their families, it is no secret to me that they have suffered frustrations, anxiety. I mean, it is a tough state, first of all, when they get seriously injured.

And both DoD and VA have incorporated the families very much into the holistic effort of recovery and rehabilitation. And that is a positive thing.

But there have been cases I have known of. So I started going around and gathering when possible servicemembers and family members and just having discussion sessions with them. And I got a lot of good and I got some that was not very good.

Things like I remember one young mother telling me the time it took to get a new pad for her son's wheelchair and that just should not happen. And that showed a need for better case management.

And so what I decided to do is within the framework that I have of having advisory committees to formalize an Advisory Committee for OIF/OEF returnees, why family members, spouses, VSOs, certain Veteran Service Organizations are very involved with some of these, and survivors, of those who have been killed. They are not only to be a source of information to me, but for them to be out there meeting with other members that are similarly situated so that we know what is going on. They report directly to me, not through a bureaucratic screen, of what it is like, because then we can cut through and take better action.

Mr. BROWN OF SOUTH CAROLINA. Thank you. I just applaud you for putting that Committee together.

And I have no further questions, Mr. Chairman.

The CHAIRMAN. Thank you, Mr. Brown.

Ms. Berkley.

Ms. BERKLEY. Thank you very much for your courtesy. I have been called down to the floor and I was very anxious to ask you a couple of questions. And it is lovely to see you again. I have three issues very, very quickly.

There was a person from the State of Nevada, Lance Corporal Justin Bailey. His parents have testified in front of the Senate VA Committee. He returned from Iraq a few years ago. He sustained some injuries, but his primary problem was PTSD. He developed a serious drug problem. His parents encouraged him to get help and he eventually decided to seek help with the VA. And he was admitted into the West LA VA facility.

He had a serious drug problem going in, but apparently nobody read his records closely enough. He was over-medicated by the VA when he died while he was at the VA facility trying to get clean. The VA gave him five different drugs at the same time, antidepressants, including Methadone, and he ultimately died of an overdose in our care.

And I was hoping that you could look into this. His parents are absolutely beside themselves because they encouraged him to seek help with the VA and it seems as though we did not do our job.

Now, I know that we cannot save everybody and mistakes happen, but this seemed to have been a tragedy that could have been avoided.

The other thing that his parents were heartbroken about is it seemed that they felt they were treated with a tremendous disregard and apathy. When they went to collect his remains, they handed them their only son's remains in a trash bag. And it was just the culmination of treatment that they felt was totally inappropriate.

That is number one. I need to continue to communicate with this family and ease their pain, but they are very concerned that their son is not an isolated incident, that it is unfortunately widespread. I need a report back to me.

The other thing, and this just happened two days ago in Las Vegas, you know my concern because we are in the process of building our VA medical complex, that I have got my veterans waiting to be picked up by a shuttle that takes them to ten different locations.

Apparently there is a Mr. Key that contracted with the VA as a small disadvantaged business to provide the shuttle service. There was a problem between the VA and the bank and Mr. Key, and the VA was $600,000 in arrears to pay this man.

The local VA administrator, John Bright, had no idea this was going on because Mr. Key was dealing with people above him in the VA system to get paid. He had been talking to them for months because he had not gotten paid. What he eventually did is he pulled the plug and he called the VA in Las Vegas and said I am not doing your shuttle service anymore.

All my veterans were standing there stranded with no shuttle service because we did not pay this guy $600,000 that we owed him. Can you imagine how long it must have taken to accumulate $600,000? I really need a report on this and we need to fix this quickly.

Now, I understand that Mr. Bright is all hands on deck and they have got some sort of shuttle service, but this is no way to run a business or a Government or a VA system either.

And as long as I am on the subject of my VA medical complex, I know that there is a lot of dirt being moved and there is some vertical construction, but I would love somebody that you designate to come to my office and give me a briefing of where we are and how we are doing.

I have been out to the site a number of times and I see progress, but I want to make sure that when I report back to my veterans' groups, and they are asking me all the time what is going on out there, that I can give them an honest assessment and a true assessment of the progress.

Secretary NICHOLSON. Thank you, Congresswoman Berkley.

I am aware of the Bailey case and we are looking into that. I am not aware of the shuttle issue and we will look into that. Of course, we would be happy to brief you on the status of the construction of the new Las Vegas hospital.

Ms. BERKLEY. Now, let me just mention this. This disadvantaged small businessman says he is now having to file bankruptcy. That should not be if they are dealing with a Government agency, that a disadvantaged small business has to file bankruptcy because we did not pay him.

But that is a concern of mine. But the bigger concern is, it is going to be 110 degrees in Las Vegas a month from now and I just cannot have my veterans standing outside in the heat waiting for some shuttle that may or may not show up.

Thank you.

Secretary NICHOLSON. Thank you.

The CHAIRMAN. Thank you, Ms. Berkley.

Apparently what happens in Vegas does not stay in Vegas.

Mr. Bilirakis, you are recognized.

Mr. BILIRAKIS. Thank you, Mr. Chairman.

Good afternoon, Mr. Secretary. I have one question. One of the Task Force recommendations included enhanced capacity for servicemembers to receive dental care in the private sector as the VA works to improve its capacity to provide these services at the VA facilities. Can you give us an update on that? Has any action been taken?

Secretary NICHOLSON. Well, the action that is being taken, Congressman Bilirakis, is that we are expanding the availability of contracting out fee-for-service dental care, the result of more need for it.

Mr. BILIRAKIS. Okay. Thank you.

The CHAIRMAN. Thank you, Mr. Bilirakis.

Mr. Walz, you are recognized.

Mr. WALZ. Thank you, Mr. Chairman.

And thank you, Mr. Secretary, for what you are doing and taking the time to come see us today. And I do think it is important as many of the members here have mentioned for us to stress the positives of what we are doing with the VA and with our veterans.

Out in my district and out in Minneapolis at our polytrauma center there, which I would consider to be probably one of the more premier facilities in the world, and they are doing great work.

And I sat up there in the polytrauma ward with mothers from Michigan and their sons who have multiple amputations and have TBI. And they will stress that the only thing keeping them going is the angels on that floor that are serving them.

So I do think it is important that we are here because the bottom line on this is this is an outcome-based proposition that is zero sum. We will never rest until everyone is taken care of to the best of our ability. I know you share that with me and that is our responsibility. So I am not here with joyful enthusiasm. I am a new member, but I am not joyfully enthusiastic. I am here with a deep sense of solemn duty and a responsibility to get this right. So I thank you for being here.

I also in my time prior to coming here, my postgraduate work was in organizational analysis, so I am looking at it when you are talking the gap analysis. I know it is one of many tools. I think it is very important for us not to forget words like optimal allocations of inputs and things like that. It is a way you have to use it as a management tool, but these are veterans, these are people, and we can never forget that.

So when I heard things that everything is fine, we are reducing numbers, one is too many, and it gets frustrating. When my veterans see, they will see a document and they will see it is well done and they see great things in here and they will ask me the question, so what, I still cannot get in. And so that is why we are here and that is where we are coming.

I want to ask one particular question. I noticed, and I am glad this was listed as P1, the recommendation and the process for disability determinations, which is obviously the big issue, and I see in here that we went through the gap, we did the recommendations for the gap and then we did the implementation and action target date.

We have met those apparently and we had the joint meeting on May 3rd. What next? What do I tell my people? And what I see in here, Mr. Secretary, you said, and I appreciate you saying this, that you take personal responsibility to make sure these things get done. I appreciate you saying that, but I also state that you took that on when you took the job. Tell me now how this P1 is going to be implemented.

Secretary NICHOLSON. Well, I mentioned, and I think you were here, that things are moving on that. And there was a big meeting yesterday in the Deputy Secretary of Defense's office, Secretary England. Secretary Gates served on my Task Force. He attended the meetings. He is up to speed on those issues and has delegated to Secretary England to head up their endeavor.

So this is really getting serious and I would say unprecedented command focus. And as I said they have agreed to meet every Tuesday and there is an energy, there is a force behind this.

There are, like there are in almost everything always at least two sides to everything and this is a complicated issue with the welfare and the future of a lot of people involved, including members of the active force who have a stake in this, in how this comes out. And they, of course, are going to be heard and represented by their service secretaries and chiefs.

But there is a real action going on that I have never seen before and I do not think ever existed before.

Mr. WALZ. If we are sitting here in two years, will we expect to see disability determinations be made at a quicker pace? Would that be the outcome we are looking for? Is that something we cannot say can happen?

Secretary NICHOLSON. I can safely say that, yes.

Mr. WALZ. All right. So if you and I are here in two years, we are going to take responsibility between the two of us to reduce that backlog and making sure that that is going to happen and this recommendation can help us get there?

Secretary NICHOLSON. Yes. You know, I cannot wave a wand over all these different agencies. I chaired this Task Force. I reported it to the President. The President has taken it on board. It will be taken very seriously. And I also am in charge of the followup and——

Mr. WALZ. I am encouraged by that. I am encouraged that we are going to get this done. But you and I both know that if that does not translate into our veterans getting there quicker, it is not going to be for anything. And we have a deep responsibility to do that. So thank you.

Secretary NICHOLSON. You are totally correct. And we have a lot of other things to do than to just go through another bureaucratic morass here. That is not my mindset on this at all, believe me.

Mr. WALZ. Great. Thank you, Mr. Secretary.

And I yield back.

The CHAIRMAN. Thank you, sir.

Mr. Boozman, you are recognized.

Mr. BOOZMAN. Thank you, Mr. Chairman.

I really do not have any questions. I appreciate the work of the Commission in coming up with this and really look forward to working with Ms. Herseth Sandlin in her capacity as Chairman of the Economic Opportunity Subcommittee and my capacity as Ranking Member of the Subcommittee and really looking at this and trying to see what we can do through our Subcommittee working with the full Committee to implement recommendations.

So I appreciate your hard work. Thank you very much.

The CHAIRMAN. Thank you, Mr. Boozman.

Mr. Hare?

Mr. HARE. Mr. Secretary, since part of this is also called returning Global War on Terror heroes that we are doing, many wounded War on Terror heroes seek care in our Nation's outpatient centers, vet centers.

Were you in receipt of a letter that was signed by 53 members, a bipartisan letter sent to you asking you to get back to us? It says we urge you to address these issues immediately. In addition, we would like you to know what actions are planned to meet the staffing crisis at the VA centers. How much Federal resources would be required to fully staff the vet centers over the next five years. I was just wondering if you were in receipt of that letter.

Secretary NICHOLSON. Could you tell me the date on that, Congressman.

Mr. HARE. April 27th of this year.

Secretary NICHOLSON. I do not know the answer.

Mr. HARE. Well, I share Mr. Baker's comments about not getting a response. Here is the genuine concern that I have. We sent this letter out and I know we are going to have a hearing on this later.

And you will probably get a little of my freshman exuberance here, but with the shortage that we have at our vet centers across this Nation, I cannot for the life of me imagine why $3.8 million is being sent out in bonuses.

We have 600,000 backed up claims and, yet, when you came to us and asked on the General Operating Expense account, you asked for less money than 2007 which was a cut of nearly $9 million. So your comments about the VA having all the money it needs must be reflective.

And let me just say this to you. It would seem to me that I do not know why our veterans have to err on the side of having to wait 177 days to get a claim adjusted. If these things are adjusted because, as you said, "they were based on performance," I would suggest to you, Mr. Secretary, that the person in charge of that is doing a miserable job and did not deserve a $33,000 bonus.

That said, I think our veterans are the ones that should have—the burden of proof should not be put on them. It should be put on us. If you file your income tax and you send it in, you are audited, you are not assumed to be a cheater. Our veterans are sitting here waiting for benefits that they want.

I listened to Mr. Baker talk. Fifteen months for Gulf War veterans, 15 months, and the answer to him is, well, we do not know. Maybe another year, maybe another year and a half.

My point is this. I may be new here, but I have listened to VSOs come here. I have listened to our Filipino veterans come. I have listened to vet after vet come and spouses of veterans come. I will tell you this. One hundred and seventy-seven days is inexcusable. To get it down to 145 days is not doing these veterans what I would consider to be a big favor. I think it is disingenuous.

I also just want to say candidly from my perspective, we do not have enough money for our veterans in our budget and you do not have enough staff. You do not have enough polytrauma units. Your doctors have testified that you do not. We do not have enough people that are working in these clinics.

I have four outpatient clinics in my district. I have a vet center one block from my district office in Moline. I worked for a member

for 23 and a half years. I know post traumatic stresses. The VA is woefully unprepared for the number of post traumatic stress veterans that they are going to have coming back.

So you will have to pardon me if I do not share your opinion that you have all the money that you need and that you are completely staffed up to what you desire.

The fact of the matter remains, if we make a promise to veterans, and it makes no difference to me whether I am a freshman on this Committee or whether I have been here for 25 years, as long as I sit in this chair, my responsibility is to those men and women who gave everything they had for this country and they come back and we do not even have the DoD talking to the VA. You have the Walter Reed scandal that goes on. Our records are sent out left and right.

I think that what we need is an overhaul here. I am not happy with the way our veterans have been treated. I have made that very clear. And let me suggest to you that I think we really need to get down to business here. We have really got to put our veterans first.

And that to me, with all due respect, Mr. Secretary, from my perspective of sitting here in the four months that I have been here, just has not been the case. I have listened to the DAV. I have listened to the Paralyzed Veterans of America. I have listened to the VFW and the American Legion come before this Committee. Someone told them they were too late to come. I do not think it is ever too late for a VSO to come to this Committee and ask for money that we need in the budget.

And if the answer is the money, and the Chairman has said before, all we are asking for is for the VA to tell this Committee what it is that you need to be able to clear up the backlog, what is it that we can do to quit erring on the side of the bureaucrats and start erring on the side of our veterans. That to me is very disturbing and I just do not think our veterans have gotten a fair shake, with all due respect.

And I would yield back.

The CHAIRMAN. Thank you, Mr. Hare.

Mr. Space?

Mr. SPACE. Thank you, Mr. Chairman.

Mr. Secretary, my district, like so many other members of this Committee, is comprised of small towns and villages, very rural in nature. And I am interested in the Task Force recommendations regarding how the VA will work together with HHS to provide access to those members who come from rural or remote areas.

Can you give us some insight as to what the VA and the HHS or the Department of HHS plan to do in this regard?

Secretary NICHOLSON. Yes, Congressman. First, I will say that we have been mandated by law to develop a new rural health initiative and our response in that to you is September. And we are heavily underway in that. That is a concern of ours. It is a challenge of ours at the VA.

And at the Task Force, we had discussions with HHS about the ways that we could collaborate and use our facilities or theirs, the community mental health facilities in ways that, you know, we can augment and supplement each other in the rural, remote areas of

the United States where we know it is difficult for veterans, some who have to travel two, three hours to get to a community-based outpatient clinic, longer than that to get to a referred acute care facility, or hospital. That is essentially what we are looking at there.

Mr. SPACE. And you say we can expect that to be completed in September of this year?

Secretary NICHOLSON. I mentioned that just to make you aware that Congress mandated us with a law to develop a new rural healthcare initiative in the VA. And that is underway. This Task Force took a tangent from that in working with HHS to see ways that we could supplement our gaps using existing facilities that are in these remote areas.

Mr. SPACE. I certainly trust that the situation will be taken very seriously. We have veterans who are in an impoverished area, many of whom have no means whatsoever of public transportation. Private transportation in many cases is limited. Compound that with the price of gas now at $3 a gallon and going up, it represents a considerable hardship for these folks. And I trust that the VA will, in fact, take their responsibility very seriously in that regard.

Secretary NICHOLSON. We do. We are. I can also tell you that we have made some good advances using existing technology for rural health in telehealth and telemedicine and including telemental health. And we are finding pretty good results with that.

Mr. SPACE. I yield back, Mr. Chairman.

The CHAIRMAN. Thank you, Mr. Space.

Mr. McNerney?

Mr. MCNERNEY. Thank you, Mr. Chairman.

And thank you, Mr. Secretary, for testifying before us today. Like Mr. Walz, I understand and I recognize a lot of good work being done by the VA and by the people that are employed by Veterans Affairs throughout the country.

However, I am concerned about two issues which could, with a little creative thinking, have a joint solution. First, I am concerned about the possibility of closing an excellent facility in Livermore, California, that serves a number of my constituents and is currently under reviews with the Capital Asset Review for Enhanced Services (CARES) Project.

First, I would like you to shed some light on the VA's rationale here. Why would we be closing an excellent facility at a time of large-scale military action, at a time when large numbers of veterans from the Vietnam, Korea, and World War II are needing additional care?

Secretary NICHOLSON. I am going to have to get back to you on the Livermore facility, Congressman, because I am not familiar with an action that we are taking there. I know we are not closing a hospital. And it is not on my radar, on the CARES screen that we have, the Capital Asset Review for Enhanced Services.

So are you talking about a clinic; do you know?

Mr. MCNERNEY. The Livermore facility has a hospital and a clinic and there is also one in French Camp and there is a nursing home.

But what is the rationale for considering closing facilities anyway? I mean, I do not understand that at this particular point in time.

Secretary NICHOLSON. Well, I can address that point. That comes to us from you, the Congress, pursuant to a GAO report that was done on the VA some several years ago and found that it was inefficient, in fact maybe wasting over a million dollars a day with maintaining unused or under-utilized facilities, and told to do something about that.

And the response was the establishment of this system called CARES, which is the review of all the existing plant and equipment to see if it is being properly used.

And it was found that veterans like all other Americans have made some demographic shifts from certain locales to the south and the west and the southwest and that there are more VA facilities needed where there are higher densities of veterans and less needed where they left from or used to live.

Mr. MCNERNEY. Let me continue then. As Ranking Member Buyer suggested, the relatively low number of TBI and PTSD cases the VA is currently treating relative to the number that are estimated to have been exposed to conditions that might lead to such injuries.

My question is this or my suggestion is this: If we disregard the assumption that no new funding or programs will be introduced, would the VA be interested in reprogramming some of the existing facilities currently under CARES review providing treatment for PTSD and TBI?

Secretary NICHOLSON. Yes, indeed, if the need was shown. I can cite to you a couple of examples.

We were looking at the Waco, Texas, facility, for example. The veteran population count was down from what it used to be. Many of these facilities were put in place right after World War II. That facility has been established as a Center of Excellence. Similarly in Canandaigua, New York, the same sort of demographic experience. It has been made a Center of Excellence and these will be for mental health facilities, mental healthcare.

So the answer is yes. I mean, we will have the facilities that, you know, are needed. And this is a high priority.

And I would like to correct something that, again, Congressman Hare said. I did not say here today that we have all the money that we need. We are big and we are dynamic and there are other things that we could do both program-wise and facility-wise.

We have an excellent team of people, however, on board to treat posttraumatic stress disorder. I think we are the preeminent experts on that in the world and we have the preeminent research facility on that at White River Junction, Vermont. And we are now screening diligently for that and treating veterans for that. If we need additional facilities to do that, we will indeed come forth and request those.

Mr. MCNERNEY. Well, it seems like we are going to be overwhelmed by that sort of injury fairly soon if we are not already. So thank you.

I yield.

The CHAIRMAN. Thank you, Mr. McNerney.

As a part of housekeeping, I ask unanimous consent that all written statements be made part of the record. Without objection, so ordered.

I ask unanimous consent that all members be allowed five legislative days to revise and extend their remarks. Without objection, so ordered.

Mr. Buyer, you are recognized for five minutes.

Mr. BUYER. Thank you.

Let me pick up on Mr. McNerney's point. The actual number of TBI cases that you treated in the VA is what, how many that you know of?

Secretary NICHOLSON. I think that we are treating in the vicinity of 220,000 veterans for PTSD.

Mr. BUYER. No. I am talking about at your polytrauma centers for traumatic brain injury inpatients.

Secretary NICHOLSON. Oh, I am sorry. Yes. In our polytrauma centers, we have so far treated 369 veterans.

Mr. BUYER. Three hundred and sixty-nine. An allegation has been made that you do not have the bed space at the polytrauma centers to care for all of them. Would you respond to that because I believe you have empty beds at the polytrauma centers?

Secretary NICHOLSON. Yes. That is not the case. We have four level-one polytrauma centers and we have 17 level-two polytrauma centers. So we have one in every medical region of the country and——

Mr. BUYER. When you say that is not the case, what does that mean? What is not the case?

Secretary NICHOLSON. If someone asserts that we do not have capacity, that is not the case. We have capacity. I might add that many of our patients in our polytrauma centers are active duty military because they are acutely brain injured. They come to us very soon not worrying about their status.

The CHAIRMAN. Would you yield to me for one second——

Mr. BUYER. Yes.

The CHAIRMAN [continuing]. Because this issue is very important. As I understand it, Mr. Buyer, Mr. Secretary, the centers are treating severe TBI, whereas so-called moderate or mild TBI, which I would rather call hidden because it is going to really influence people, are not being treated there. And that is where I am told we are going to have thousands of cases.

Mr. BUYER. You are going right into where I was asking questions.

The CHAIRMAN. Okay. I am sorry. I yield back.

Mr. BUYER. No, no, no.

The CHAIRMAN. But that is where the issue is.

Mr. BUYER. Right.

The CHAIRMAN. And that is what we want the preparation for.

Mr. BUYER. But I wanted to set the baseline.

The CHAIRMAN. Okay.

Mr. BUYER. The baseline is a relatively small number with regard to your treatment of these traumatic brain injured. It is traumatic. This is tremendous trauma.

But we have a really strong concern. We have done well with regard to up-armored Humvees, some of the other vehicles, the Buf-

falo, the V shape that we are going to, and the soldiers, they get out, they are in awe, they are in shock that they have survived. They are photographing, my God, I have just survived this and it is later on that they are having some difficulties, memory loss, in brushing their teeth, you know, weird things are happening to them.

And these are the cases that Mr. Filner and I are pretty concerned about. So how do we discover them, track them, bring them into the systems, and that kind of thing? But I was just trying to establish the baseline.

So we want to work with you on making sure that you have the capacity and you work inter-operably with DoD. Do you agree with that?

The CHAIRMAN. Yes.

Mr. BUYER. Okay. I also want to share my feelings with Mr. Filner in his opening with regard to the report, but you also had some restraints. You had to make some decisions inside the box with regard to what can you do without new resources. And I do want to have a follow on discussion.

Maybe you can meet with Mr. Filner and me or other interested members about beyond that because even when we did Wounded Warrior, Mr. Filner and I worked together to do the electronic medical records and actually mandated them. Sure, it was in the Wounded Warrior legislation, but then when we put it in the DoD authorization bill, the Congressional Budget Office (CBO) came back and gave this huge number, billions that this would cost, so we had to scale it back to basically say Joint Patient Tracking Application (JPTA). And we could do that and make it inter-operable, bi-directional, and share the information and add no cost.

So we also then were thrown back in the box, but there are some big things that we have to do and I think that sort of is the emotional flow of Mr. Hare. There are some big things out there that kind of need to be done. So I would like to do that with you, Mr. Secretary.

Now I am going to jump really deep in the weeds. When I got to your to improve IT inter-operability, it is on page 72 of the report, HHS is going to be the lead agency on this. You are going to sign an MOU.

And, Admiral, maybe you can help me here. When you establish this inter-operability with HHS, is this being done in the arena of risk management?

In your reporting requirements in all of your hospitals and your outpatient clinics with regard to the adverse events because of the Prescription Drug User Fee Act (PDUFA) and Medical Device User Fee and Modernization Act (MDUFA), so you have adverse events reporting requirements under the post-marker reviews, and if you can electronically move this to HHS, we are reducing a tremendous amount of paperwork and burden. And this is part of the goal? I cannot get this from what you have here.

Secretary NICHOLSON. Well, that is an important question, I think. What we are going to do is to have this joint group that is working on that. I mean, the President has thrown down a marker on trying to both standardize and universalize electronic health records in the movement and communication of it.

And the Secretary of HHS, for example, has the responsibility to develop the protocols so that different organizations of the government and the private sector can establish their systems and their proprietary prerogatives. But they need to communicate. And this joint group has taken on this responsibility right now of working that.

Mr. BUYER. Please place that into consideration in the interface with HHS on risk management——

Secretary NICHOLSON. All right.

Mr. BUYER [continuing]. And post-marker review. The last thing I have, Mr. Chairman, is on this page 70 through page 74, you lay out all of these target dates for implementation.

And so, Mr. Secretary, what assurances can you give the Chairman and the Committee that—what assurances do you have that other Federal agencies involved in this process, notably DoD—will take implementation of the Task Force recommendations seriously as you have? I mean, who is going to be the person? Has the President tasked you to turn to your counterparts and say this is the date, you have not implemented? I mean, who is the task master with regard to implementation?

Secretary NICHOLSON. Well, they have signed on. They have signed an agreement to participate and to abide. I mean, these schedules were not developed by us in a vacuum. They were collegial. And I am happy to say that, you know, so far, so good on compliance, very encouraging.

These things are considered extremely important to the mission which is serving these current combatants and so they have a sense of urgency about them and that was established early in this process. And we want that to remain there.

You know, if they go slack, I will try to motivate them or indeed the Commander in Chief might get involved because he has a real interest in this.

Mr. BUYER. In closing, Mr. Secretary, what you have proven to Mr. Filner and me is when you were faced with a tremendous challenge, you told us you will take ownership of that issue and you did. So whether it is IT or this, you have proven yourself to this Committee.

Now we have a tremendous responsibility being in charge for the President with regard to these initiatives. And I suppose Mr. Filner and I are—I want to make sure we are touching the right person.

Are you saying to us that each of them, your other Secretary counterparts, they are the ones who are now responsible for the implementation? I see a nod from the back of the room. That is what we are to assume and that you are going to be responsible for your piece of this. You are going to have to turn to Duncan Hunter or somebody else with regard to the other Committees with regard to implementation. So we do not come back six or eight months from now and go after you and say how come so and so missed their targets. In other words, when you step away, you are no longer the guy in charge of the Task Force?

Secretary NICHOLSON. Well, I am coordinating it as the Chairman. I am coordinating it. I do not have command responsibility over those other service sectors, but I am coordinating it in this role that I have been given.

Mr. BUYER. Okay. Thank you.

The CHAIRMAN. Thank you, Mr. Buyer.

Thank you, Mr. Secretary.

Let me try to summarize what I think a lot of my colleagues have said and some of the frustration we have. We agree with you that there is a tremendous number of good things happening in the VA in the medical area and committed people everywhere you go who want to serve veterans. I know medical directors could probably earn twice as much outside the VA and they are committed to veterans. So we agree with you on that.

On the other hand, I think what the American people want and I think what we want and I think what you want, and if there is a silver lining in the cloud that Walter Reed represented, it is that people are ready for bold action.

You said there is a sense of urgency among everybody and yet what we see is a process. It seems to me that we are allowing the bureaucratic needs of not only your agency but every agency to set the pace rather than the needs of our veterans.

Look at this report. This is stuff that you did not need any new money or any new authority I do and it goes on for a year, year and a half. We could do it today.

The claims backlog that several people have brought up, I think we have to, and we have talked about it, cut through the whole mess. Give veterans the benefit of the doubt. Either work it like the IRS and send them the check and audit later, start some minimal check when we receive their claim. We are going to talk about all these things when we have this roundtable on May 23rd. But we cannot keep saying we have this backlog and we are going to solve it. We have got to cut through it.

The health records interoperability, how many years have you been talking about this? This is not rocket science, as you pointed out. It takes somebody to say, "do it tomorrow." We worked together at Chicago where they have, it looks like to me, made significant progress in this.

If the VA has the better health records system, which I am told, the VistA System, order the DoD tomorrow to use that system. We cannot wait years and years and years and years and years, as everybody seems to suggest.

These are kids. We have all been to see these kids with brain injuries and amputations and even World War II veterans are still very frustrated and Vietnam vets are frustrated. We cannot wait. We want bolder action.

Take PTSD for instance, since everybody seems to have a greater appreciation of it. I do not think we have adequate staffing. And if you made that statement in a townhall meeting that any of us led with you, they would boo you off the stage. They have made calls. I have talked to people who have said you are either on a waiting list and then when I got mad at waiting lists, they stopped doing waiting lists and just said call back in three or four weeks.

We know the story of the Minnesota Marine who was told that he would be 26th on a waiting list, so he committed suicide. We cannot wait. We have got to have the staffing there.

And we have, I think, resources, Mr. Secretary, outside the VA that we need to welcome in and bring in. There are experts, and

we are going to have a symposium on PTSD on May 16th, experts around the country on brain injury, trying to tell the bureaucracy "we want to help" and, yet, bureaucratic needs outweigh the need for urgency.

I have visited with dozens of people who have programs that they think could help veterans with PTSD. And I am sure that all of them work. And we talked about setting aside a certain part of the money to help these community groups.

There is a young man named Sean Hughes in Los Angeles, came back as a Marine with severe PTSD. He did not think he was making much progress in normal treatment, so he started writing his own feelings down in the form of a play. His play was produced. It was called Sandstorm. Some of you may have seen it. To try to work out his feelings. And he felt so healed by that that he set up a group called Vet Stage that he invited his comrades in to write and act, do such things as lighting and directing plays.

And I saw a play of his in Los Angeles called The Wolf. And it had a very powerful statement of what people feel when they get out of a combat situation. And he is running this program on a shoestring. Thirty people can see the play at once.

I go a few minutes later over to the West LA complex where there are two theaters run, I think, by UCLA. Surely Mr. Hughes might use that theater when it is not being used by UCLA.

Regarding the Livermore situation that Mr. McNerney brought up; I have not been there, but I am told it is a very beautiful site, very conducive to relaxing rehabilitation for PTSD victims.

So, we have talked about being creative, being bold. People do not want to wait for this stuff. We will never respond as quickly as someone needs, but we have got to have a quick response as a goal. We cannot allow ourselves to be victims of processes to say, okay, it is going to take a year before we do this stuff. That is not an answer for the people we are calling heroes. We know they are heroes. We want to treat them as heroes. But, telling someone they are 26th on a waiting list, that is not treating them heroically.

So as Mr. Buyer said, we look forward to working with you. People want bolder action. They do not want this process stuff. Let us announce some bold actions, whether it is targeting several hundred million dollars to the kind of thing that Sean Hughes is doing and people are doing all across the country, whether it is setting aside some of these facilities that have outlived their usefulness in the context that they were built but can serve other functions now.

People have offered brain injury beds in their clinics. Let us do it and not just study it and set up a process. I think that is our frustration. I know it is yours too. But I think we have to have some evidence that we are cutting through it.

Mr. Secretary you have listened to all of us all day. I would be happy to give you as much time as you want either to conclude or respond to anything anybody here has said.

Secretary NICHOLSON. Well, thank you, Mr. Chairman and members of the Committee. I genuinely appreciate the chance to come over here, present the work of this Task Force so far, and to respond to your questions because I know they are sincere.

We are a big organization. Last night we got this letter from AARP, a bulletin called Vetting the VA and it is just extremely complimentary of the VA and the job it is doing.

I have in my files letters from the heads of three Veteran Service Organizations complimenting the job that the VA is doing.

So I say that because we are a big organization populated with people that I find to be very committed to the mission which is to serve veterans. And many of them, including many if not all of these Senior Executive Service people, working in this medical field could be making tremendously more money on the outside. I know what those people are making. Yet, they are staying there.

So it is important, I think, that we recognize our shortcomings and we have some. We see over a million patients a week now. And as somebody said to me in St. Louis yesterday at the hospital, he said if we get it right 99.5 percent of the time, we are still going to have some problems. And we take those problems seriously, each of them, and see what we can learn from those and improve.

But I have a real concern for the people who work at the VA, many, many of whom are veterans and their morale and their need to be, I think, shown some respect and gratitude as well. And I do that every chance I have. So I am doing it now as well.

It is really a phenomenal organization with a clear mission to take care of what President Bush called last Veterans Day our Nation's finest citizens. And we are hard at it, but we welcome the oversight and the constructive inquiry and criticism that we get from you.

And somebody told me today in preparing to come over here that there are, I think, 66 agencies, including the VSOs, that are licensed, accredited to come in and inspect VA facilities. So we do have quite a lot of oversight. And I think that as I move around and visit with veterans as I do continually and ask them how we are doing, they are generally extremely grateful and complimentary of the care that they are getting.

There is a frustration in the time it takes to adjudicate a claim. That is a top priority of mine. And we are working on that. We are looking at some of these creative ways of reversing the assumption about the validity of the claim. But that is in motion.

But in summary, Mr. Chairman, I appreciate the chance for us to be here and I appreciate your leadership of the Committee and that of the Ranking Member, Congressman Buyer, because I know how much you care. Thank you.

The CHAIRMAN. Thank you, Mr. Secretary.

This hearing is adjourned.

[Whereupon, at 3:58 p.m., the Committee was adjourned.]

APPENDIX

Opening Statement of the Honorable Bob Filner, Chairman, and a Representative in Congress from the State of California

The Committee on Veterans' Affairs will come to order. I would like to thank the Members of the Committee for being here this afternoon.

I would like to thank Secretary Nicholson, who chaired the Task Force, for appearing before us today to provide us with the results of the Task Force report, which was submitted to the President on April 19, 2007.

The Task Force was created, by Executive Order, on March 6, 2007. The mission of the Task Force was to:

- identify and examine Federal services and benefits currently provided for returning servicemembers;
- identify existing gaps in such services;
- seek recommendations from appropriate Federal agencies on ways to fill those gaps as effectively and expeditiously as possible using existing resources; and
- ensure that, in providing services to those servicemembers, appropriate Federal departments and agencies are communicating and cooperating effectively and facilitate the fostering of such agency communications and cooperation through informal and formal means, as appropriate.

The Task Force report identified 15 "process" and 10 "outreach" recommendations. Of these 25 recommendations, the report states that "18 represent collaborative efforts among Federal entities." The Task Force will reconvene in approximately one month to provide updates on the progress of the Government-wide action plan. The Committee looks forward to the Secretary's report on these 25 recommendations.

I know that I speak for many of my colleagues here today in expressing our fear that the recommendations of this Task Force report will meet the fate of so many other recommendations from other reports from the last decade—that there will be great fanfare and very little action.

Many of these recommendations are not new. Many of these recommendations will face the same problems of implementation as so many recommendations of the past—the inability of the Department of Veterans Affairs and the Department of Defense to work together in an effective manner to address the problems and hurdles faced by our returning servicemembers.

This Committee is sensitive to the difficulties involved in coordinating the activities of the Department of Defense and the Department of Veterans Affairs. These Departments do indeed have different missions and different requirements.

But as we meet here this afternoon our servicemembers are in harms way. Many of these men and women will be killed or wounded. We have talked and talked about the necessity of providing a seamless transition for years. We no longer have the luxury of time, if we ever did—we simply must act today.

It is my hope that Secretary Nicholson will provide us with concrete answers as to why this Task Force report will be different from the Report of the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans, released in 2003, and the Report of the Congressional Commission on Servicemembers and Veterans Transition Assistance, released in 1999.

We seek a detailed timeframe as to implementation, the officials who will be responsible for implementation, and how the Secretary will inform this Committee as to the progress of implementation. This Committee seeks accountability and will look to Secretary Nicholson to provide this personal accountability.

I note that the "Government Wide Action Plan" in the report lists a number of actions that were targeted to be completed after the release of the report and before today. As of today, Mr. Secretary, have all of these deadlines for action been met?

Finally, I am concerned that the mission of the Task Force was constrained by being forced to concentrate on solutions using existing resources and available authorities. This reliance begs the question as to why these steps were not taken ear-

lier, if it was indeed only a matter of existing resources and available authorities. It also raises the larger question as to what resources and authorities the VA needs to provide the long-promised seamless transition between the VA and DoD once and for all.

Opening Statement of the Honorable Steve Buyer, Ranking Republican Member, and a Representative in Congress from the State of Indiana

Good afternoon.

Mr. Chairman, thank you for holding this hearing.

Mr. Secretary, thank you for being here today and for chairing this Task Force. The President has made clear his intent that we once and for all establish a truly seamless transition for servicemembers between the military and the VA, as well as other agencies providing services to veterans. You and your colleagues on the Task Force have produced a thorough review of the factors affecting seamless transition, and are to be commended.

However, over the past 15 years, I have seen one commission and task force report after another. From my own personal experience with seamless transition, I know there are few new discoveries. What we have regrettably seen, and what compelled the President to directly intervene, is a general lack of implementation. To be fair, VA has made much progress; it has in fact led the federal effort. But VA cannot do it alone.

Mr. Secretary, with the Task Force's work behind us, this report before us, and the President's intent made clear, we now must have implementation. In a few short weeks, the President is due to receive a progress report on the implementation of the recommendations from the report. We in turn will look for department and agency heads, in particular you and Defense Secretary Gates, to work together to move your respective departments forward.

When that happens, we can talk about real progress.

This report is, nonetheless, encouraging. Among the Task Force's 25 recommendations, a handful alone would dramatically improve transition and must become a high priority within the administration. These include:

- Development of a system of co-management and case management for returning servicemembers to facilitate transition between the Department of Defense and VA.
- Screening all Global War on Terror veterans seen in VA healthcare facilities for mild to moderate traumatic brain injury.
- Expanding VA access to DoD records to coordinate an improved transfer of a servicemember's medical care through patient "hand-off."
- Development of a joint DoD/VA process for disability benefit determinations by establishing a cooperative Medical and Physical Evaluation Board process within the military service branches and VA care system.

Among my goals here on the Committee, is to ensure that veterans have every opportunity to live full and healthy lives—that they can take advantage of the economic opportunities their service helped preserve. Among key recommendations from the Task Force report that would help veterans transition into civilian life:

- Increasing attendance at the Transition Assistance and Disabled Transition Assistance Programs for active duty Guard and Reserve.
- Requiring the Department of Education, in cooperation with the Department of Labor, to participate in DoD job fairs to provide returning servicemembers and their families with an awareness of the postsecondary education benefits.
- Requiring the Department of Labor, through the Veterans' Employment and Training Service, to participate in the Workforce Investment System in every State and territory; and partnering with private and public sector job fairs to expand the number of employers involved in active veteran recruitment.

The accomplishment of these recommendations, as well as others, is critically important. Since 2003, this Committee held more than 10 hearings and conducted at least 15 site visits focusing on seamless transition. Our experiences corroborate the value offered by these recommendations.

Yet, it already appears there is some reason for concern over implementation of the Task Force's 25 recommendations. The implementation target dates for 12 actions supporting the accomplishment of nearly half of those recommendations have already passed. At this point, we do not know if these actions have been completed.

Of additional concern is the apparent lack of a single point of accountability short of the President to ensure interdepartmental action. It is unclear to me who in the Administration is responsible for monitoring and enforcing timelines and implementation. Our odyssey with this issue, as well as our experience with moving the Department to a centralized system of information technology management unequivocally attests to the supreme importance of accountability.

I look forward to learning about the Departments' implementation of the Task Force's recommendations, and to learning what is being done to fulfill the President's intent in a timely fashion.

Again, thank you, Mr. Chairman, and I yield back.

Opening Statement of the Honorable Ginny Brown-Waite, a Representative in Congress from the State of Florida

Thank you, Mr. Chairman.

I also want to thank Secretary Nicholson for appearing before the Committee today.

Responding to the problems at the Walter Reed Army Medical Center, President Bush took the appropriate step of creating the Task Force on Returning Global War on Terror Heroes. This panel worked tirelessly to identify recommendations on how Congress can improve the care and support for our returning soldiers. Their findings focused on several key areas, including healthcare services, employment assistance, benefits, and outreach efforts.

Mr. Chairman, with thousands of wounded soldiers returning from the front lines in Iraq and Afghanistan, Congress has an obligation to ensure that these individuals receive the best healthcare in the world. Never again should we see a breakdown like what occurred at Walter Reed. Congress, the VA, and DoD need to work together to bring about the changes needed in caring for our veterans.

I look forward to hearing from the Secretary about the panel's findings. Thank you.

Statement of the Honorable R. James Nicholson, Secretary, U.S. Department of Veterans Affairs

Mr. Chairman, Members of the Committee, good afternoon.

Thank you for the opportunity to discuss the *Task Force on Returning Global War on Terror Heroes* and the steps which will be taken to ensure that the Nation's promises to those veterans and returning servicemembers are kept.

In the past, Congress has demonstrated the value they placed on military service by creating programs to provide military personnel and eligible veterans with benefits and services to help them readjust to civilian life.

Under President Bush, and at Congress' direction, there have been tremendous strides in addressing the needs of our Nation's veterans.

As the War on Terror continues, however, it has become apparent that a government-wide approach which addresses all aspects of caring for our most recent heroes is necessary. Although VA's healthcare is noted nationally as one of excellence, there are always ways in which we can improve both our medical care as well as processes to better serve our veterans.

While DoD has been praised for the life-saving medical care that it provides on or near the battlefield beginning minutes after injury, the condition of Building 18 of the Walter Reed Army Medical Center was a call to arms for those of us who took the oath to serve our returning servicemembers. The President, like the rest of the Nation, was infuriated by the conditions at Walter Reed's outpatient facility and wanted to ensure that our servicemembers and veterans' needs were being met and wanted to swiftly address any areas in which services to veterans could be improved.

On a personal note, as you know I am a veteran of the Vietnam War. I am also the son of a veteran. I am the father of a veteran and the brother of a veteran. I am the uncle of four active duty colonels, one of whom is in his 14th month of service commanding a brigade in Afghanistan. In my capacity as the Secretary for the Department of Veterans Affairs, I have the ongoing privilege of meeting our Nation's heroes from across the country. The issue of their care and meeting their expectations upon their return home is a personal one to me and one in which I can emphatically state that I know and understand.

To address the very real needs of returning servicemembers, President Bush created the Interagency *Task Force on Returning Global War on Terror Heroes* on March 6, 2007. This Task Force was given 45 days to review all government services upon which veterans and servicemembers rely when they return home. The membership of this Task Force consisted of the Secretaries of Defense, Labor, Health and Human Services, Housing and Urban Development, and Education, plus the Director of the Office of Management and Budget, the Administrator of the Small Business Administration, and the Director of the Office of Personnel Management.

President Bush appointed me Task Force Chair. The Task Force's structure provided an opportunity to establish interagency cooperation in delivering benefits to our Global War on Terror [GWOT] servicemembers and veterans.

The President's Executive Order directed the Task Force to:

- Identify and examine existing Federal services that currently are provided to returning GWOT servicemembers;
- Identify existing gaps in such services;
- Seek recommendations from appropriate Federal agencies on ways to fill those gaps;
- Ensure that appropriate Federal agencies are communicating and cooperating effectively; and
- Develop a government-wide action plan that ensures that in providing services to these servicemembers, appropriate Federal agencies are communicating and cooperating effectively.

We sought input from stakeholders. We considered this essential if we were to be successful. Within 48 hours of the Executive Order, the Task Force had a functional website to seek input from veterans, active duty personnel, veterans' service organizations, federal employees, and other interested parties.

We received over 2,400 communications by email, regular mail, and fax. Each was identified as raising either constituent casework and/or policy issues which needed further review by the Task Force. In addition, we met with Veterans Service Organizations (VSOs) to discuss their concerns and ideas as to how we could improve our service to veterans and servicemembers. Equally as important, Admiral Patrick Dunne, the Executive Secretary of the Task Force and my Assistant Secretary for Policy and Planning, and I met with servicemembers and their families to solicit their input for this Task Force.

The Task Force utilized a "gap analysis" approach to determine the manner and extent to which services and benefits are provided to servicemembers and veterans. This approach defined what currently exists, identified what is needed or desirable, and determined the process to achieve the identified needs. It inventoried Federal services and benefits available to servicemembers and veterans. Work groups assessed and analyzed emerging themes related to the current delivery of services and benefits. The Task Force then developed recommendations that could be implemented within agency authority and existing resources.

The Task Force's 25 recommendations involve collaborative efforts among several federal entities to improve the timeliness, ease of application, and delivery of services and benefits to those who earned them. The Task Force focused on Healthcare, Benefits, Jobs, Education, Housing and outreach to servicemembers and their families about available benefits and services. The Task Force also addressed information technology such as enhancing VA's Computerized Patient Record System, improving VA access to electronic medical records of servicemembers treated in VA healthcare facilities, and the improvement of the electronic enrollment process.

I would like to highlight some of the recommendations in this report which improve services to veterans.

One of the reports' recommendations pertains to evaluating an injured servicemember's disabilities. As part of this effort, DoD and VA will develop a joint process for disability benefit determinations by establishing a cooperative Medical and Physical Evaluation Board process within the military service branches and VA. Meetings have already occurred to begin this process.

Another recommendation will develop a system of co-management and case management to ensure continuity of care, benefits, and services to injured military personnel and disabled veterans. Currently there is no formal policy that outlines the procedures to be used by VA and DoD when their case managers co-manage the care of a patient.

In order to bridge the informational gap around the programs available, the Department of Education staff will participate in selected Department of Labor sponsored job fairs conducted for servicemembers and provide quarterly information for inclusion in VA's GWOT newsletter. Another cross-cutting recommendation is the "Hire Vets First" campaign. For this, the Department of Education will coordinate

with other Federal partners to integrate a campaign with existing job/career fairs to promote awareness of the campaign to employers and servicemembers seeking employment.

The Department of Labor (DoL), along with DoD, has been tasked to improve job qualification, certification, and credentialing opportunities for transitioning servicemembers by working with certifying entities to develop credentials for military training and experience.

The Small Business Administration will work with DoD, DoL, VA and all federal agencies with procurement authority to implement the PatriotExpress Loan Initiative in order to better meet the needs of veterans, service-disabled veterans, activated Reserve Component members, discharging servicemembers, spouses, survivors, and dependents of servicemembers who died in service, or of a service connected disability.

Another example of this Task Force's work is the recommendation to better educate transitioning servicemembers on the benefits available to them with regard to financial aid. For this, a financial aid information module will be developed for the Transition Assistance Program and Disabled Transition Assistance Program (TAP/DTAP). This module can be integrated into any presentations currently provided.

The report was submitted to the President on April 19, 2007 and Admiral Dunne and I briefed him on the Task Force and its recommendations. The President welcomed the Task Force's recommendations and directed me to begin implementation and report back to him in 45 days on their progress. The action plan contained in the report specifies required steps for each recommendation and a timeline for those actions which we are tracking closely. In addition, there were Congressional Committees and VSO briefings on the final report.

Although the report has been completed, the Task Forces' work is not done; only when the gaps noted in the report are successfully closed will we have fulfilled the President's charge as outlined in the Executive Order. I take personal responsibility in assuring Congress, veterans and servicemembers that this report will be accompanied by definitive and measured actions to achieve its goals.

Toward that end, the President asked me to communicate directly with the Commission on Care for America's Returning Wounded Warriors led by former Senator Dole and former Secretary Shalala to ensure both groups exchange ideas, advance reform efforts, and, to the extent possible, provide assistance to their report so they can build upon the work of the Task Force. I have spoken to both Senator Dole and Secretary Shalala about our efforts and my staff has continued contact with the Commission as they proceed with their work.

There is much work to be done but we can and must work together to ensure that our returning heroes receive the best healthcare and the full range of benefits and services they deserve.

In addition to the recommendations identified by Interagency Task Force, VA is focusing on other areas in which we can improve services to veterans independent of this report such as information technology and data security. The VA leads the world in the use of electronic medical records. Every one of our nearly 8 million enrolled patients has an electronic medical record allowing a veteran to access his or her records anywhere in this vast system. Additionally, while Katrina required us to evacuate thousands of people, we didn't lose a patient or a medical record. The same cannot be said of the civilian sector.

Secondly, we have a high rate of diabetes among veterans that we are treating. Nearly a quarter of the veterans we treat have been diagnosed with diabetes. In response, we have initiated educational programs, in collaboration with HHS, to ensure that individuals understand the causes of Type II diabetes and what they can do to control the disease, including weight control.

Thirdly, in response to a U.S.-wide rise in methicillin resistant staph infections, we have begun an initiative in our Pittsburgh facility, which has cut staph infections by 70 percent. This program, which focuses on disciplined sanitation measures, will be enacted throughout our entire system.

I should note that over the years, a number of commissions, advisory panels and government study groups have looked at similar issues and provided recommendations. In addition, numerous Government Accountability Office reviews have encouraged the Departments to pursue cost-effective resource sharing. Many of the recommendations of those studies and reports have been adopted in whole or in part. I would like to take a moment to highlight some of these successes.

For example, past recommendations have suggested changes and improvements in our Education, VocRehab and Outreach efforts. In its 1999 report, the Congressional Commission on Servicemembers and Veterans Transition Assistance, noted the evolution of the delivery of higher education—along with the increasing price tag—since the inception of the Montgomery GI Bill. In partnership with Congress and

the Administration, the VA worked to implement the recommendations needed for a modern and enhanced benefits package for those completing honorable service. For example, VA worked with Congress to broaden the range of Montgomery GI Bill options to include entrepreneurial courses, licensing courses, and high technology certification courses. Benefits for tuition have been increased, including those for high-cost technology courses. An automated enrollment system has been fully operational since July 2001. That commission also pointed out the need for VA to improve the Vocational Rehabilitation and Employment (VR&E) Service and there now is a long-range strategy to emphasize employment outcomes. As for outreach, VA is expanding its outreach to National Guard and Reserve troops with a Post Deployment Health Reassessment and Readjustment Counseling at our Vet Centers with the hiring of an additional 100 OIF/OEF combat veterans as peer counselors.

Past commissions have made healthcare recommendations as well, a number of which we have implemented. One notable example is the 1991 Commission on the Future Structure of Veterans Healthcare's recommendation that VA continue to lead in specialized areas which will lead to VA's advancements in TBI and polytrauma care.

And of course, we have initiated and responded to calls for action to enhance healthcare resource sharing. As you may be aware, VA and DoD created mechanisms to enhance healthcare resource sharing by forming the Joint Executive Council (JEC) in February 2002. The JEC mission seeks to enhance collaboration; ensure the efficient use of federal services and resources; remove barriers and address challenges that impede collaborative efforts; improve business practices; enhance sharing arrangements that ensure high-quality, cost-effective services for both VA and DoD beneficiaries; and develop a joint strategic planning process to guide the direction of joint sharing activities.

On behalf of the Task Force agencies, I can pledge to you that we are all committed to this effort.

Mr. Chairman, this concludes my remarks. I would be happy to answer any questions you may have.

Statement of the Honorable Jeff Miller,
a Representative in Congress from the State of Florida

Thank you, Mr. Chairman.

I appreciate your holding this hearing to review the 25 recommendations made by the President's Task Force on Returning Global War on Terror Heroes.

We, as a grateful nation, depend on the members of our Armed Forces to defend our freedom. Similarly, these brave men and women and their families rely too on their government to deliver the benefits and services they have earned in an effective and forthright manner.

I want to commend the President for his leadership in establishing this Task Force. I also want to thank Secretary Nicholson and the members of the Task Force for their swift and decisive action in undertaking this critical review of how we are providing services to our returning Global War on Terror (GWOT) servicemembers.

As a Member of both the Committee on Armed Services and the Committee on Veterans' Affairs, we have been examining a number of the issues put forth by the recommendations of the Task Force for several years. As Ranking Member of this Committee's Subcommittee on Health, I am particularly interested in the 11 recommendations geared toward the provision of health services to those who serve and have served in the GWOT.

In March, the Health Subcommittee held a hearing to review how the needs of the veterans suffering TBI are being met. Our review found that there are significant barriers between the care provided between the Department of Veterans Affairs (VA) and the Department of Defense (DoD). In response, I joined as an original cosponsor of H.R. 1944, the Veterans Traumatic Brain Injury Treatment Act of 2007. The bill, among other provisions, would require the screening of all veterans for TBI, establish a comprehensive program of long-term care for post-acute TBI in four geographic regions, and create TBI transition offices. It is encouraging to note that several of the Task Force recommendations support the requirements in this legislation.

The Task Force also recommended that VA and DoD, in coordination with HHS expand collaboration and work with Community Health Centers to improve health services provided to Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) servicemembers who live in rural areas, with about 41 percent of our returning OEF/OIF veterans hailing from rural settings.

The target date provided by the Task Force for establishing a working group between VA, DoD, and the Department of Health and Human Services (HHS) was April 30, 2007. This recommendation included that VA, DoD, and HHS would formalize an agreement to determine the needs of OIF/OEF returnees to interact with the CHCs and other HHS supported providers. While I understand that this initiative was tasked to HHS, I hope VA and DoD are tracking these recommendations and encouraging timely action.

VA and DoD are to develop a standard system of co-management and case management. VA and DoD were to have a draft Memorandum of Agreement and complete a charter to standardize processes between the two agencies in regards to case management by April 30, 2007.

Additionally, the Task Force recommended that DoD improve VA access to health records of servicemembers treated in VA facilities. VA and DoD have had the authority to share since 1982, with the enactment of Public Law 97–174, the VA/DoD Health Resources Sharing and Emergency Operations Act. In 2003, Public Law 108–136 created the Joint Executive Committee, an interagency Committee to enhance the sharing between the two Departments. While some progress has been made, I am still disturbed by the sufficient lack of progress that remains.

Both DoD and VA should take notice that we will no longer accept business as usual. Missed deadlines are simply unacceptable. We expect both Departments to own up to the problems and take immediate action to implement the recommendations of the Task Force. I intend, as I am sure everyone will agree, to continue monitoring both the actions of VA and DoD to ensure that no servicemember "slips through a crack."

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

April 19, 2007

The President
The White House
Washington, DC 20500

Dear Mr. President:

The *Task Force on Returning Global War on Terror Heroes* is pleased to submit its report in accordance with your Executive Order of March 6, 2007.

As Task Force Chair, I am pleased to inform you all Task Force agencies worked in a collaborative, interactive manner with the single purpose of improving the delivery of Federal services and benefits to Global War on Terror (GWOT) servicemembers and veterans. Over the past 45 days, we identified Federal services currently provided to returning GWOT servicemembers, and found several existing gaps in such services. During our review, we emphasized closing these gaps, timeliness, ease of application, and efficient delivery of services and benefits.

The recommendations presented for your consideration are actions Federal agencies can undertake within executive authority and within existing resource levels. Of particular note, the Departments of Defense (DoD) and Veterans Affairs (VA) will develop a joint process of assigning disability ratings that can be used to determine fitness for military retention, level of disability for retirement, and VA disability compensation. DoD and VA will also develop a system of co-management and case management that promotes better continuity of care for injured GWOT servicemembers.

Our report also contains a Government-wide Action Plan developed to ensure Federal agencies are communicating and cooperating effectively to implement the Task Force's recommendations.

On behalf of all members on the *Task Force on Returning Global War on Terror Heroes*, we appreciate the opportunity to have been of service to you and our Nation on this mission.

Respectfully yours,

R. James Nicholson

Enclosures

Table of Contents

Executive Summary

On March 6, 2007, President Bush created the *Task Force on Returning Global War on Terror Heroes*. The purpose of the Task Force was to improve the delivery of Federal services and benefits to Global War on Terror servicemembers and veterans.

The President appointed the Secretary of Veterans Affairs as Task Force Chair. Membership consisted of the Secretaries of Defense, Labor, Health and Human Services, Housing and Urban Development, and Education, plus the Director of the Office of Management and Budget, the Administrator of the Small Business Administration, and the Director of the Office of Personnel Management. Under the terms of the President's Executive Order, the Task Force had 45 days to complete the following:

- Identify and examine existing Federal services that currently are provided to returning Global War on Terror (GWOT) servicemembers
- Identify existing gaps in such services
- Seek recommendations from appropriate Federal agencies on ways to fill those gaps
- Ensure that appropriate Federal agencies are communicating and cooperating effectively
- Develop a Government-wide Action Plan that ensures that in providing services to these servicemembers, appropriate Federal agencies are communicating and cooperating effectively

The Task Force utilized a gap analysis approach to determine the manner and extent to which services and benefits are provided to GWOT servicemembers and veterans. The Task Force received over 2,400 comments from veterans, active duty personnel, veterans service organizations, and other interested parties.

The Task Force inventoried Federal services and benefits available to servicemembers. Work groups assessed and analyzed emerging themes related to the current delivery of services and benefits. The Task Force focused on recommendations that could be implemented within agency authority and existing resource levels. A focus of the work groups was on timeliness, ease of application, and efficient delivery of services.

One topic from the analysis pertained to evaluating an injured GWOT servicemember's military readiness in a consistent manner across all military branches in conjunction with the VA disability compensation process. As part of this Task Force effort, DoD and VA agreed to develop a joint process of assigning disability ratings used to determine fitness for military retention, level of disability for retirement, and VA disability compensation.

Prior to the Task Force being established, DoD and VA announced an agreement to collaborate on the development of a joint inpatient electronic health record. This initiative will make health care data on shared beneficiaries immediately accessible within both Departments.

Another area of focus derived from the analysis was for Federal entities to collaborate and, in some cases, to co-manage the delivery of services and benefits to injured GWOT servicemembers and disabled veterans. Currently, there are no formal interagency agreements between DoD and VA to transfer case management responsibilities across the military services and VA. A Task Force recommendation calls for VA and DoD to develop a system of co-management and case management that promotes continuity of care.

While not a specific recommendation, the Task Force worked in partnership with the General Services Administration to unveil a new version of ***www.usa.gov*** to include a specialized section of Internet links to Federal services and benefits available to military servicemembers, veterans, and their families.

The Task Force Report includes 25 recommendations to improve delivery of Federal services to returning military men and women. The recommendations identify responsible agency as well as a discussion, gap analysis, impact statement, and implementation strategy. The Government-wide Action Plan contains steps for individual Department or Agency commitment and incorporates cooperative interaction among those providing complimentary services.

The following recommendations focus on improving the process for receiving services and increased awareness of available benefits among servicemembers and their families:

Health Care

- Develop a system of co-management and case management for returning servicemembers to facilitate ease of transfer from Department of Defense care to VA care.
- Screen all GWOT veterans seen in VA health care facilities for mild to moderate Traumatic Brain Injury.
- Assist the VA enrollment process by modifying the VA 10-10EZ form for GWOT servicemembers, enhance the on-line benefits package to self-identify GWOT servicemember, and expand the use of DoD military service information to establish eligibility for health care benefits.
- Require VA to provide full support at Post-Deployment Health Reassessments for Guard and Reserve members to enroll eligible members and schedule appointments.
- Standardize VA Liaison agreements across all Military Treatment Facilities.
- Expand VA access to DoD records to coordinate improved transfer of a servicemember's medical care through patient "hand-off."
- Enhance the Computerized Patient Record System (CPRS) to more specifically track GWOT servicemembers.
  - Develop a Veterans Tracking Application and identifiers to improve monitoring of returning GWOT servicemembers.
  - Create a Polytrauma identifier to increase recognition of additional needs of those injured servicemembers.
  - Create a Traumatic Brain Injury (TBI) database to track patients who have experienced TBI.
  - Create a DoD/VA interface for health care providers to have access to data on combat theater injured servicemembers.
- Create an "Embedded Fragment" surveillance center to monitor returning servicemembers who have possibly retained fragments of materials in order to provide early medical intervention.
- Enhance capacity for GWOT servicemembers to receive dental care in the private sector as VA continues to improve their capacity for dental services at their facilities.
- Expand collaboration between VA and the Department of Health and Human Services to improve access to returning servicemembers in remote or rural areas.
- VA and the Department of Health and Human Services' Indian Health Service (IHS) will expand coordination on IT interoperability with the goal to adopt standardized data-sharing between the VA and IHS health care partners.

Benefits

- Develop a joint DoD/VA process for disability benefit determinations by establishing a cooperative Medical and Physical Evaluation Board process within the military service branches and VA.
- Extend determination time limit in VA Vocational Rehabilitation and Employment Program beyond 12 months to allow additional time for returning servicemembers to better understand their rehabilitation needs.
- Expedite handling of adapted housing and special home adaptation grants claims by notifying the returning GWOT applicant within 48 hours of rating decision.

Jobs, Education, and Housing

- Expand eligibility of Small Business Administration PatriotExpress Loan to provide full range of lending, business counseling, and procurement programs to veterans, service-disabled veterans, reservists, and families if the desire for a returning servicemember or family is to obtain self-employment.
- DoD and the Department of Labor will collaborate to improve Civilian Workforce Credentialing and Certification allowing for greater exposure of a servicemember's military experience to civilian opportunities.
- The Department of Labor will work with DoD to develop a Wounded Veterans Intern Program to provide valuable work experience to injured GWOT servicemenbers while they are in medical hold status and are transitioning to separate from military service.
- The Department of Housing and Urban Development will expand access to the National Housing Locator (NHL) to be used by servicemembers and veterans through DoD and VA. The NHL was initially launched as a response to needs for victims of Hurricane Katrina. By expanding its use, returning servicemembers will have a resource that provides safe, disability accessible if needed, and affordable housing to ease in the potential re-location to a new geographic area.

Outreach

- Increase attendance at the Transition Assistance and Disabled Transition Assistance Programs (TAP/DTAP) for active duty, Guard, and Reserve.
- The Department of Education, in cooperation with the Department of Labor, will participate in DoD job fairs to provide returning servicemembers and their families with an awareness of the post-secondary education benefits available.
- The Department of Labor, through the Veterans' Employment and Training Service (VETS), will participate in the Workforce Investment System in every state and territory and partner with over 120 private and public sector job fairs to expand the number of employers involved in active veteran recruitment.
- The Department of Labor and DoD will promote awareness of the Uniformed Services Employment and Reemployment Rights Act (USERRA) rights to improve active duty, Guard, and Reservists' understanding of their rights at entry to, during, and exiting from military service.
- The Department of Education will provide education benefits training to the 211 Transition Assistance Program sites serving over 150,000 transitioning servicemembers annually.
- The Office of Personnel Management will expand their military treatment facility outreach to promote the availability of Federal employment and veterans' preference rights.
- The VA Global War on Terrorism newsletter mailed quarterly to returning servicemembers will be modified to provide consistent summaries and awareness of available Federal services and benefits.

In summary, the Task Force focused on actions to improve government performance and results. Agencies will be expected to implement recommendations within agreed upon target dates.

SECTION 1
Introduction

Background

President George W. Bush established the *Task Force on Returning Global War on Terror Heroes* through Executive Order on March 6, 2007. A copy of the Executive Order is provided in Appendix A.

The President appointed Department of Veterans Affairs (VA) Secretary R. James Nicholson to serve as Task Force Chair. Other members of the Task Force included the Secretaries from the Departments of Defense, Labor, Health and Human Services, Housing and Urban Development, and Education as well as the Director of the Office of Management and Budget, the Administrator of the Small Business Administration, and the Director of the Office of Personnel Management.

Mission

The mission of the Task Force, as outlined in the President's Executive Order, was to:

(a) identify and examine Federal services and benefits currently provided to returning Global War on Terror (GWOT) servicemembers;

(b) identify existing gaps in such services;

(c) seek recommendations from appropriate Federal agencies on ways to fill those gaps as effectively and expeditiously as possible using existing resources; and

(d) ensure that, in providing services to these servicemembers, appropriate Federal departments and agencies are communicating and cooperating effectively and facilitate the fostering of such agency communications and cooperation through informal and formal means, as appropriate.

Requirements

The Task Force was given 45 days to submit a Government-wide Action Plan consistent with applicable law that outlines Federal services and benefits for GWOT service men and women, veterans, and families. The charge to the Task Force was to address gaps and to ensure that services and benefits are delivered effectively and as expeditiously as possible. Recommendations of the Task Force were to be constructed within existing executive authority and resources.

Scope

The Task Force review covered the services and benefits currently being provided by the member agencies of the Task Force. The review did not include services and benefits provided at the state and local levels.

Methodology

The Task Force employed a multi-faceted approach to determine the manner and extent to which services and benefits are currently being provided (or should be provided) to GWOT servicemembers, veterans, and families. The primary analytical tool utilized was a gap analysis, a three step process that:

(1) defined what exists,

(2) identified what is needed or desirable, and

(3) determined the process to achieve the identified need.

Several targeted announcements to active duty servicemembers, veterans, family members, and others were posted on VA and Task Force websites and disseminated on VA employee pay statements. The Task Force web page explained the Task Force mission to the public. The site invited the public to provide comments and to share ideas to improve Federal services and benefits to GWOT servicemembers with an emphasis on timeliness, ease of application, and efficient delivery. Communication channels were provided: e-mail, dedicated facsimile, and mailing address. Other entities that sponsor web sites frequented by servicemembers and veterans provided a link to the Task Force web page on their sites. Task Force staff reviewed incoming comments and entered comments into a tracking database. Comments within the scope of the Task Force were arrayed by type of service or benefit.

Task Force members conferred with subject matter experts who either work with or represent servicemembers and veterans to gather insight into the gaps they perceived in the timeliness, ease of application, and efficient delivery of services and benefits. The Task Force also received briefings from the Social Security Administration, the Department of Defense, and the Department of Veterans Affairs on Federal disability processes.

The Task Force established seven work groups composed of representatives from member agencies. These work groups focused on services and benefits in the areas of employment, housing and homelessness, education and vocational rehabilitation, outreach, veterans' health care, veterans' benefits, and VA/DoD collaboration. Based on the gap analysis, the work groups developed preliminary recommendations on ways to quickly and effectively fill identified gaps in service and benefits. Recommendations specify a lead agency along with participating agencies as well as implementation strategies with target dates. A Government-wide Action Plan was developed to advance progress of implementing Task Force recommendations.

SECTION 2

Federal Services and Benefits

A primary requirement for the Task Force was to catalog the services and benefits currently being provided to returning Global War on Terror servicemembers. At the current time, there is no single repository available– in written or electronic format –to find a comprehensive list of the services and benefits available to them.

The needs of GWOT servicemembers, veterans, and their families are addressed by the Federal government through a multiplicity of programs. The two Federal agencies providing the majority of services and benefits to returning Global War on Terror servicemembers are the Department of Defense and the Department of Veterans Affairs. VA and DoD locations delivering health care and benefits are illustrated in Exhibits 1-4.

Within other Federal agencies, there are both direct and indirect services available to returning Global War on Terror servicemembers. Indirect services are those arranged or financed by the agency but not provided by Federal employees such as educational assistance and community medical services. Additionally, the Task Force recognized that states and local government agencies offer veterans and their families many benefits ranging from health care to free college tuition to property tax relief.

The Department of Defense (DoD) provides active duty military personnel with a wide variety of benefits ranging from health care to housing to family support services. DoD offers military personnel many benefits similar to those offered by public and many private sector organizations such as annual leave, convalescent leave, retirement pay, disability retirement, life insurance, educational assistance, and paid time off for holidays. DoD also provides myriad benefits to military personnel, dependents, and retirees beyond standard workplace benefits such as tax-free discount shopping, space available travel, legal assistance, community services, and health and morale programs.

There are approximately 24 million veterans living today and about twenty-one percent of the Nation's population — approximately 61 million people — is potentially eligible for VA benefits and services because they are veterans, eligible family members, or survivors of veterans. A wide range of services and benefits are available from VA to veterans who leave the service after retirement or after their military obligations have been met as well as to individuals meeting certain eligibility requirements such as National Guard and Reserve members who serve in active duty status for a prescribed period of time. (The required length of time in active duty status varies from benefit to benefit and can range from one day to 180 days.) VA provides comprehensive and specialized health care services as well as disability compensation, pension, education, life insurance, home loan, burial, and vocational rehabilitation benefits.

Within the Department of Health and Human Services (HHS), Department of Labor (DOL), Department of Education (ED), Department of Housing and Urban Development (HUD), Small Business Administration (SBA), and the Office of Personnel Management (OPM), there are many services and benefits that can be accessed by all citizens as well as certain services and benefits that are in place specifically for military personnel, veterans, and eligible family members.

Task Force agencies provided descriptions of current services and benefits for active duty personnel, National Guard, Reserves, and veterans for which GWOT servicemembers are eligible for. The Task Force aligned the services and benefits by health care, benefits, outreach, employment, education and vocational rehabilitation, and housing and homelessness. This approach was used to present the information from a Federal delivery system perspective. The inventory of Federal services and benefits in place for servicemembers, veterans, and eligible family members is provided in Appendix B.

In addition, examples of interagency collaborative efforts supporting the delivery of services and benefits to GWOT servicemembers are provided in Appendix B.

Exhibit 1

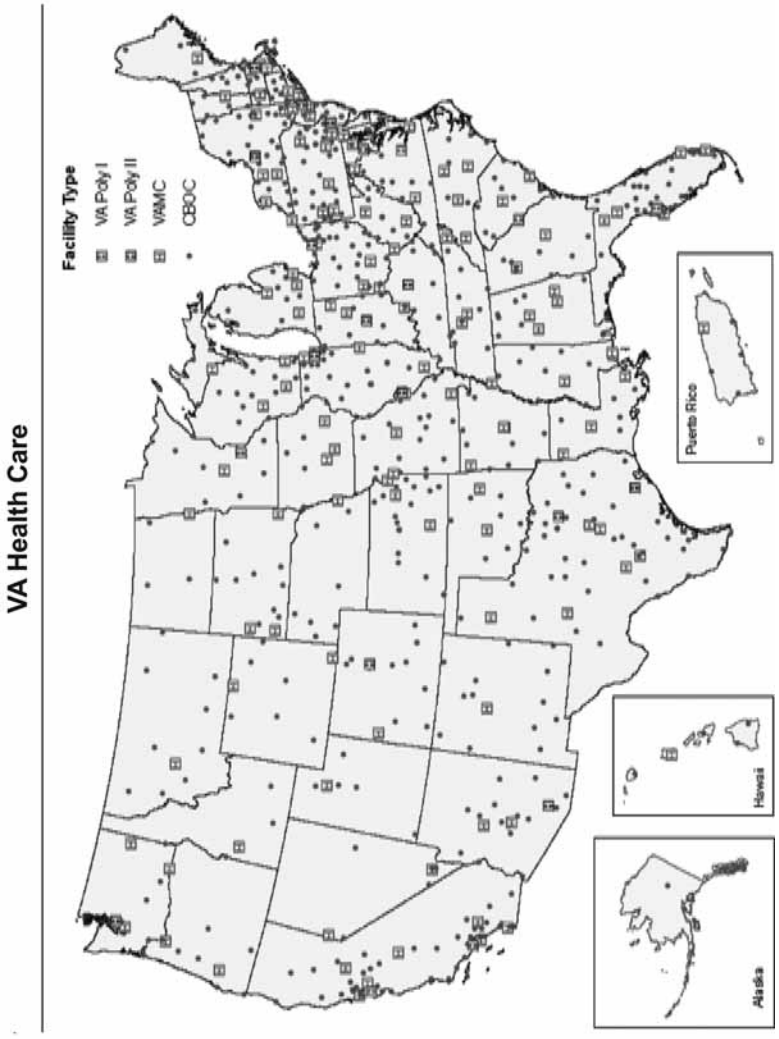

VA Health Care
Facility Type
VA Poly I
VA Poly II
VAMC
CBOC
Puerto Rico
Hawaii
Alaska

Exhibit 2

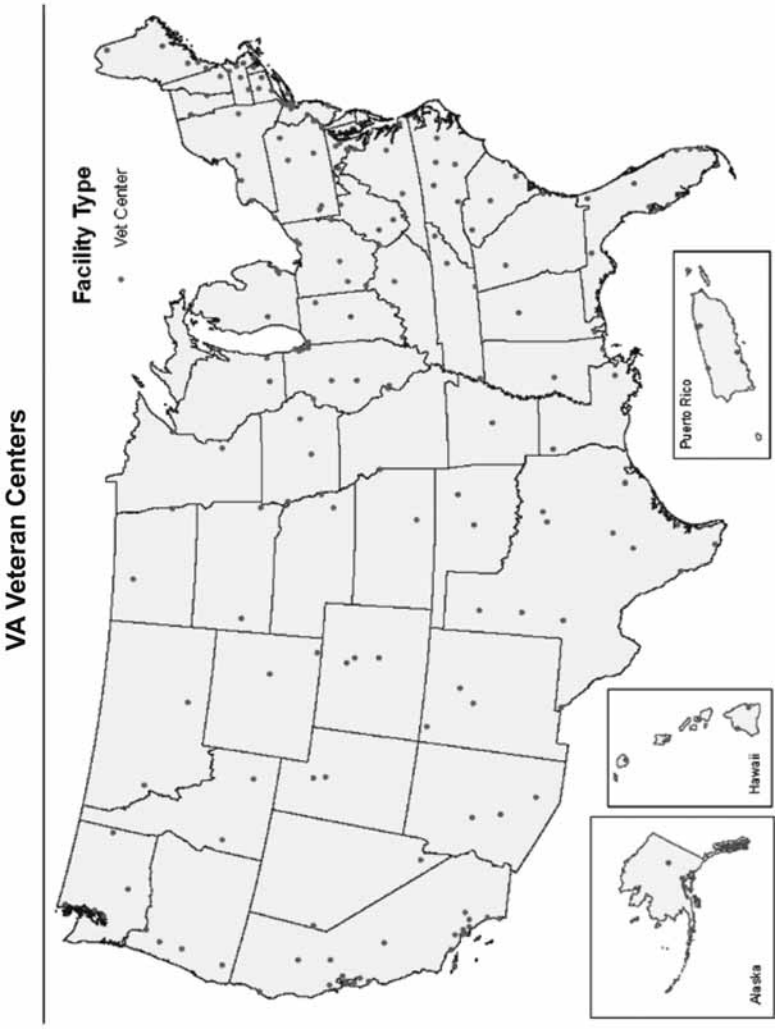

VA Veteran Centers
Facility Type
Vet Center
Puerto Rico
Hawaii
Alaska

Exhibit 3

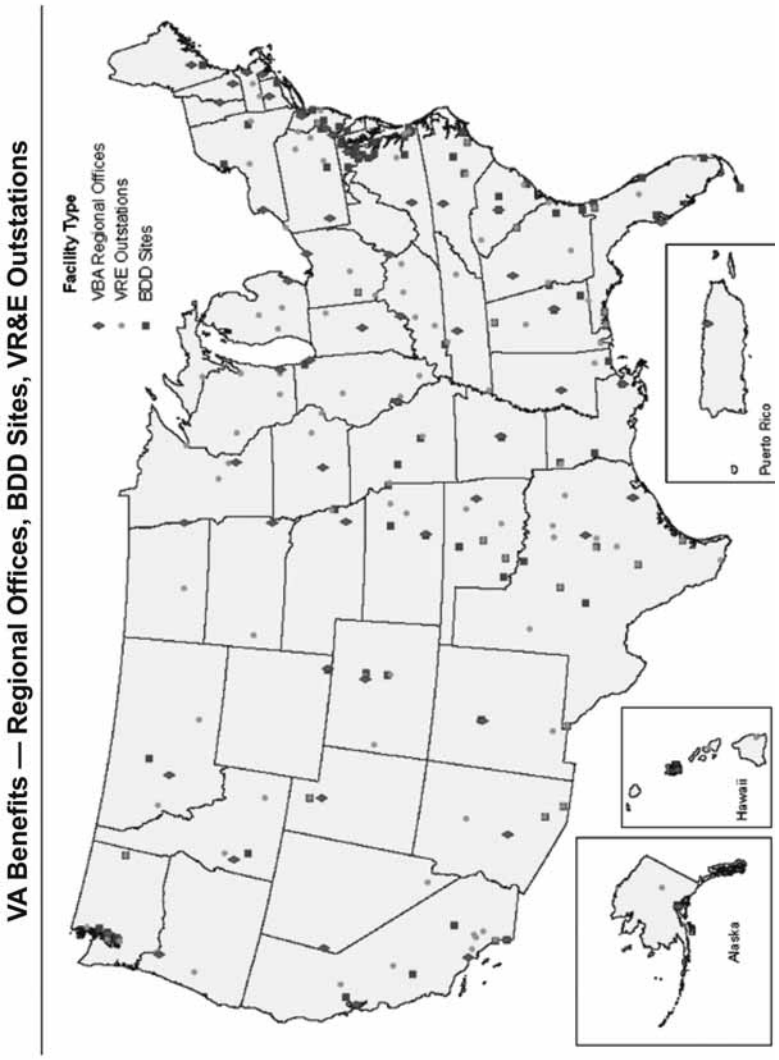
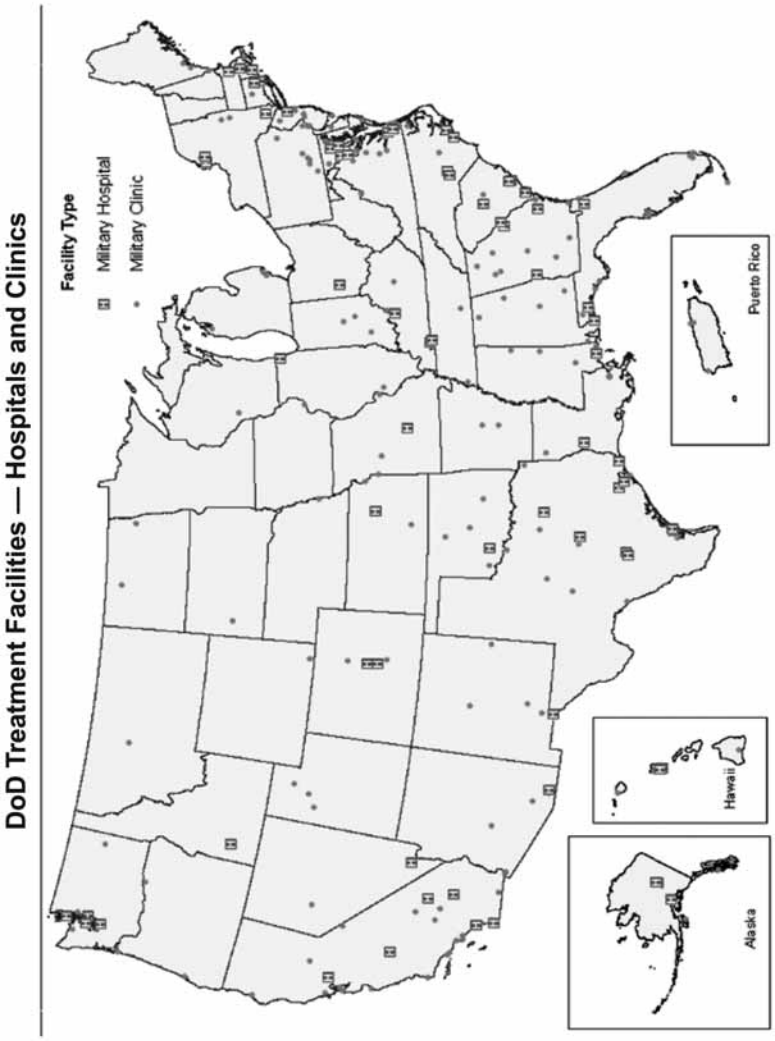

VA Benefits — Regional Offices, BDD Sites, VR&E Outstations
Facility Type
VBA Regional Offices
VRE Outstations
BDD Sites
Puerto Rico
Hawaii
Alaska

Exhibit 4


DoD Treatment Facilities — Hospitals and Clinics
Facility Type
Military Hospital
Military Clinic
Puerto Rico
Hawaii
Alaska

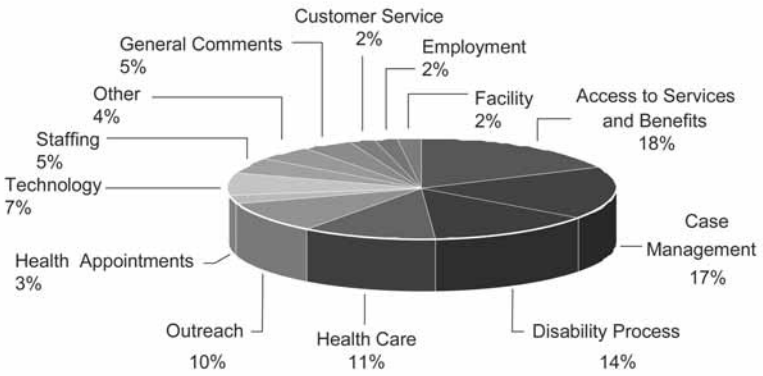
SECTION 3

Summary of Feedback

The Task Force solicited comments on the delivery of Federal benefits and services. Over 2,400 comments were received from GWOT veterans, veterans' advocates, Federal employees, active duty servicemembers, family members, state directors of veterans' affairs, and county service officers. In addition, the Task Force received comments from a number of national veterans service organizations.

Submitted topics covered a wide range of benefits and services as well as requests for intervention in personal cases. The most prevalent themes were about access to benefits and services, case management of transfer from one organization or Department to another, military and veteran disability process, health services including making appointments, outreach (awareness), technology improvements, and perceived need for more staffing. Other topics included employment, customer services, education, and vocational rehabilitation. Many communications included positive comments. Exhibit 5 displays the distribution of comments by topic.

Exhibit 5 - Feedback by Topic



Many constructive suggestions were offered by individuals with wide exposure to the policies and procedures associated with the delivery of Federal services and benefits, especially by Federal employees and veterans' advocates. A large number of these comments would require additional funding or new legislation and were not considered by the Task Force. Also, groups and individuals recommended articles and studies for the Task Force's consideration; many documents were reviewed for relevance to the Task Force's mandate.

Nearly 500 individuals requested intervention in their specific cases; the details were forwarded for action to appropriate organizations within Task Force agencies as individual case resolution was beyond the scope of the Task Force.

Section 4 describes the Task Force recommendations.

SECTION 4

Recommendations

Federal agencies agreed to partner to improve the timeliness, ease of application, and delivery of services and benefits to those who earned them. The 25 recommendations in this report represent a broad range of opportunities for Task Force member agencies over the next several months. Of the 25 recommendations, 18 represent collaborative efforts among Federal entities.

A review of the recommendations indicates the impacts anticipated from planned actions. Recommended actions will improve quality of care, specifically enhanced coordination and handoffs, as well as identification, diagnosis and treatment of traumatic brain injury and exposure to substances, and increased access to dental care. Opportunities will be provided for improved transition services including health care and liaison services, independent living and small business loans, and information regarding education, career training and transition, employment rights and opportunities, financial aid, and housing availability. Recommendations also offer faster, more timely completion of claims for adapted housing, access to health care records, and determination of eligibility for VA health care.

The Task Force identified 15 process and 10 outreach recommendations. Processes such as interagency disability determination, electronic health care record sharing, health screenings, health benefits enrollment, care management, coordination of transfers, and assuring continuity of care all stand to be improved.

As an example, one topic from the Task Force analysis pertained to evaluating an injured or ill GWOT servicemember's military readiness in a consistent manner across all military branches in conjunction with the VA disability compensation process. DoD and VA agreed to develop a joint process of assigning disability ratings used to determine fitness for military retention, level of disability for retirement, and VA disability compensation.

Another issue emerging from the analysis was for Federal entities to collaborate and to co-manage the delivery of services and benefits to injured GWOT military personnel and disabled veterans. Currently, there are no formal interagency agreements between DoD and VA to transfer case management responsibilities across the military services and VA. A Task Force recommendation calls for VA and DoD to develop a system of co-management and case management that promotes continuity of care.

Outreach improvements focus on two areas, the primary beneficiaries or returning servicemembers and their families and secondary beneficiaries, the agencies, industry, community services and health care, and the general public. Primary outreach efforts will fill gaps in employment and career search and transition services including veteran owned businesses, as well as education, vocational rehabilitation, assistance services, financial aid, housing locator, and access to transitional health care services.

Throughout each section of the report, process recommendations are indicated with a capital P while outreach recommendations are indicated with a capital O. Each recommendation is formatted to provide the number of the recommendation and identifying short title, the lead and participating agencies, a brief discussion including a statement of the gap between services offered and the perceived needs, and an implementation plan with a completion target date.

The following recommendations are actions Federal agencies can undertake within existing executive authority and resource levels:

P-1 Develop a Joint Process for Disability Determinations

P-2 Develop a System of Co-Management and Case Management

P-3 Enhance VA Computerized Patient Record System

P-4 Improve VA Access to Health Records of Servicemembers Treated in VA Health Care Facilities.

P-5 Improve the Electronic Enrollment Process

P-6 Use DoD Military Service Information as Part of VA's Enrollment Process

P-7 Create an Embedded Fragment Surveillance Center and Registry

P-8 Develop Memorandum of Understanding and Agreement for VA Liaisons at Military Treatment Facilities

P-9 Screen All Veterans of the Global War on Terrorism for TBI

P-10 Enhance Capacity to Provide Dental Care

P-11 Extend Vocational Rehabilitation Evaluation Determination Time Limit

P-12 Expedite Adapted Housing and Special Home Adaptation Grants Claims

P-13 Participate in Post-Deployment Health Reassessments

P-14 Expand Eligibility of PatriotExpress Loan

P-15 Improve IT interoperability Between VA and HHS Indian Health Service

O-1 Increase Attendance at TAP/DTAP Sessions

O-2 Provide Department of Education Educational Assistance Information

O-3 Integrate the "Hire Vets First" Campaign Into Career Fairs

O-4 Improve Civilian Workforce Credentialing and Certification

O-5 Train Active Duty, Guard, and Reserve on Uniformed Services Employment and Reemployment Rights Act

O-6 Develop Financial Aid Education Module

O-7 Develop a Wounded Veterans Intern Program

O-8 Expand Access to the National Housing Locator

O-9 Provide Outreach and Education to Community Health Centers

O-10 Expand OPM Outreach Efforts

Recommendation P-1: Develop a Joint Process for Disability Determinations

Agencies Responsible for Action: Defense and Veterans Affairs

Lead Agency: Defense

Recommendation: VA and DoD develop a joint process for disability determinations

Background: The Disability Evaluation System (DES) is the mechanism for implementing retirement or separation due to physical disability. There are four elements of DES: physical evaluation, medical evaluation, counseling, and final disposition. The DES physical evaluation has two major components: the Medical Evaluation Board (MEB) and the Physical Evaluation Board (PEB).

VA's Schedule for Rating Disabilities (VASRD) is codified in statute and serves as a guide for the evaluation of disabilities resulting from diseases or injuries incident to military service. There are evaluation criteria for each condition listed, with disability levels ranging between zero and 100 percent, generally at 10 percent increments, as appropriate to the severity of the condition. The disability rating level is linked to a monetary amount determined by Congress.

In a December 1988 report, the then General Accounting Office said there had been no comprehensive review of the VA rating schedule since 1945, that the rating schedule contained outdated terminology and ambiguous classifications, and had not incorporated recent medical advances. The report recommended that VA thoroughly review the schedule and establish a process for an ongoing evaluation and update. VA agreed to do so and has been conducting a comprehensive revision of the schedule ever since. VA published an advance notice of proposed rulemaking for each of the 15 rating schedule body systems and contracted with an outside consultant, who gathered panels of medical experts for each system, to recommend changes in the rating schedule. Eleven of the 15 body systems contained in the schedule have been revised to date.

While both DoD and VA use the VASRD, not all the general policy provisions set forth in the VASRD apply to the military. Consequently, disability ratings may vary between the two. DoD rates conditions determined to be physically unfitting, compensating for a military career cut short. VA rates all service-connected impairments, combinations of impairments, or service-aggravated conditions, thus compensating for loss of earnings capacity resulting from injuries that could impact civilian employability. Another difference is the term of the rating. DoD's ratings are permanent upon final disposition. VA's ratings may change over time, depending upon the progress of the condition(s). Further, DoD disability compensation is affected by years of service and basic pay; VA compensation is a flat amount based upon the percentage disability rating with possible variance related to number of dependents. Appendix C contains charts depicting the DoD and VA disability processes.

Gap Analysis: For DoD, the terms "permanent and stable" are used extensively in Title 10 but are not clearly defined. These words are the basis for important decisions to retire, separate, and temporarily retire servicemembers. The terms require uniform definition to facilitate consistency and fairness. Many medical and disability authorities have questioned the use of a disability retirement threshold. Historically, the disability retirement threshold stems from "A Report and Recommendation for the Secretary of Defense by the Advisory Commission on Service Pay" (December 1948). The historical record

discussion associated with Recommendation 27 (Disability Retirement: Officers, Warrant Officers, and Enlisted Personnel), states:

> *"Therefore, the standards of disability as used by the Veterans Administration* [later became Department of Veterans Affairs], *which are civilian standards, are recommended for classification of disability cases into those which may be considered real disability warranting continuing monetary benefits and minor disability not warranting such benefits".*

Congress ultimately incorporated the recommendation in the Career Compensation Act of 1949. Logically, the disability retirement threshold creates an adversarial situation within the DES, when the DES is primarily charged with deciding fit/unfit status. Servicemembers obviously endeavor to reach the threshold because it results in lifelong benefits such as health care, commissary/exchange privileges, etc., as well as annuity payments. This contributes to tension in the process, adds to servicemember discontent in a system that places the burden of proof on the servicemember who, in many cases, does not have the experience or knowledge, despite assistance, to build a proper case. Additionally, a major challenge is navigating the confusing, inconsistent, and patchwork laws associated with DES. This has resulted in the service branches being inconsistent at times with each other in determining fitness/unfitness and the level of disability.

For VA, examinations performed by DoD for purposes of determining fitness for continued service are generally not adequate for application of the VASRD in determining, for VA disability compensation purposes, the average impairment in earning capacity resulting from all disabilities or diseases incurred in, or aggravated by, service. Unless participating in the Benefits Delivery at Discharge (BDD) program, VA must wait until a servicemember is discharged and files a claim before obtaining service medical records, including any MEB/PEB proceedings, prior to determining if additional examinations are needed. This contributes to the lengthy claims process faced by veterans.

How the Recommendation Addresses the Gap: The development of a joint process whereby VA and DoD cooperate in the assignment of a disability evaluation that would be used in determining fitness for retention, level of disability for military retirement, and VA disability compensation would result in less discontent among servicemembers who believe they are assigned lower disability evaluations by DoD than by VA. This would also help VA provide better service to newly separated veterans by completing their claims in a timelier manner. There are, potentially, a number of provisions that could be undertaken to effect this recommendation, including providing Benefits Delivery at Discharge type service to those servicemembers undergoing the MEB/PEB process.

The impact of implementing this recommendation will be significant. In the near term, having DoD and VA work together to improve the VA disability claims process and the DoD MEB/PEB disability process should provide improvement across the services in consistency of decisions. In the longer term, having full cooperation in the disability claims process should provide improved service to servicemembers and veterans at a lower cost to the Government through increased efficiencies.

Implementation Action and Target Date:

Develop an in-depth plan for VA/DoD collaboration in the MEB/PEB process: Using the present interagency process provided by the Benefits and Joint Executive Committees (BEC and JEC), DoD and VA will develop options presented to leadership in both VA and DoD for review.

Target Date: Begun April 3, 2007; VA to participate in Advisory Council meeting on May 3, 2007.

Recommendation P-2: Develop a System of Co-Management and Case Management

Agencies Responsible for Action: Defense and Veterans Affairs

Lead Agency: Defense

Recommendation: DoD and VA will develop a system of co-management and case management of active duty servicemembers.

Background: Since VA began the Seamless Transition Program in 2003, more than 6,800 active duty servicemembers have been transferred from Military Treatment Facilities (MTFs) to VA medical centers for rehabilitation, specialty inpatient care, and outpatient services. When a servicemember is transferred, the receiving VA medical center assigns health care providers and a case manager. It is not uncommon for a servicemember to return to the MTF for additional evaluation or treatment, and to then be transferred back to the same or a different VA medical center for subsequent care or even to be seen in the private sector.

Gap Analysis: There are no formal agreements as to how active duty servicemembers will be co-managed when they receive health care and services from both DoD and VA. There are no agreements on the definition of case management, the functions of case managers, or how DoD and VA case managers transfer patients to one another to assure continuity of care.

How the Recommendation Addresses the Gap: Implementation of case management will assure that the health care of active duty servicemembers treated by both DoD and VA is well-coordinated and that each servicemember has an identified "primary" Case Manager overseeing all care and services. While the servicemember is on active duty, the MTF will assign a "primary" Case Manager, who will follow the patient across episodes and sites of care, including VA. Assignment of the "primary" Case Manager will include signing a formal agreement with the servicemember indicating the responsibilities of the "primary" Case Manager and the services they will provide to the servicemember. The "primary" Case Manager will coordinate and track services provided to the servicemember, serve as the primary point of contact about that servicemember for the MTF interdisciplinary team, oversee other DoD case managers working with the servicemember (including Community Based Health Care Organization case managers, the Army's Wounded Warrior Program, Marines for Life, the Military Severely Injured Center, etc.), collaborate with the VA medical center case manager, collaborate with the VA Liaison working at the MTF, and communicate regularly with the servicemember and his/her family. Once the servicemember is separated from active duty and becomes a veteran, the "primary" Case Manager responsibilities will transfer to the VA case manager. The transfer to a VA "primary" Case Manager will include the signing of another formal agreement, indicating the transfer of primary case management responsibilities from the DoD "primary" Case Manager to the VA "primary" Case Manager. The DoD former "primary" Case Manager, the VA new "primary" Case Manager, and the veteran (or responsible party) will sign the agreement, which will describe the transfer of case management responsibilities and the plan for continuing health care delivery.

VA and DoD will collaborate on a joint policy document, defining and describing the "primary" case management functions, setting competency standards and training requirements, describing when and how transfers of primary case management responsibilities will happen, and how the "primary" Case Manager will coordinate services and collaborate with the VA case manager, interdisciplinary team members, the VA Liaison at the MTF, the Service Liaison at the VA, and the stakeholders including case managers in other governmental or private sector facilities providing care. The policy document will include a diagram of the DoD case management system, the VA case management system, and the bridge between the two using the "primary" Case Manager. It will also describe coordination with DoD disability evaluation system, and VA benefits counselors and case workers processing claims for non-health care VA benefits.

Implementation Actions and Target Date:

1. **Joint Memorandum of Agreement:** VA and DoD will develop a Memorandum of Agreement for the development of policy on the joint co-management and case management of active duty servicemembers.

   Target Date: Draft of Joint MOA with DoD by April 30, 2007

2. **Standardization of Case Management:** VA and DoD will form a DoD/VA work group to standardize case management processes, including practice guidelines, common use of definitions and functions, and transfers of case management responsibilities across DoD/VA. A charter for the work group has been drafted.

   Target Date: Began work group informally in January 2007. Charter to formalize workgroup sent for comments/concurrence to DoD on April 9, 2007. Projected Completion of Charter by April 30, 2007.

3. **Policy Document:** DoD and VA will form a work group to draft a joint policy document on co-management and case management of active duty servicemembers. The policy document will include: a definition of case manager and "primary" case manager; functions of VA and DoD case managers; competency standards for VA and DoD case managers; training required for VA and DoD case managers; the accountability of "primary" case managers for oversight across episodes and sites of care (including at civilian/private sector care facilities when referred there by VA or DoD); a formal agreement with servicemembers acknowledging when the DoD "primary" case manager is assigned and when the "primary" case manager responsibilities are transferred to the VA "primary" care manager when the servicemember is separated/retired from active duty and becomes a veteran; and implementation plans for the model of case management in each Service and in VA.

   Target Date: Draft of the policy document by July 30, 2007

4. **Primary Case Managers:**
   - Each MTF will assign a "primary" Case Manager to each servicemember who will be transferred to VA for health care services.
   - Each VA Medical Center will assign a nurse or social worker Case Manager to servicemembers transferred from a MTF and others in need of case management services. Once the servicemember is separated or retired from active duty, the VA Case Manager will become the "primary" Case Manager.

   Target Date: To begin by May 30, 2007

5. **Tracking System:** DoD has granted VA access to the Joint Patient Tracking Application (JPTA) to give receiving providers access to patient tracking information on seriously ill/ very seriously ill, and servicemembers that are being transferred to VA or are being treated by VA. This will assure continuity of care.

   Target Date: Began in February 2007

6. **BEC and HEC:** The Benefits Executive Council and the Health Executive Council will collaborate on oversight of implementation of the recommendation and action steps.

   Target Date: To begin by May 30, 2007

7. **VA OEF/OIF Coordinator:** VA will establish an OEF/OIF Team at VA Headquarters to address all OEF/OIF operational and outreach issues at the national level and to support and assist the newly-designated VA Regional Office OEF/OIF Managers.

   Target Date: April 30, 2007

8. **VA Policy Handbook:**
   - The VA's Veterans Health Administration (VHA) will publish a policy Handbook on "Transition of Care and Case Management of OEF/OIF Veterans." It will cover three oversight functions of medical, social, and administration of command case worker issues.

     Target Date: Published March 26, 2007

   - VBA will develop a section to be added to the VHA Handbook describing coordination of benefits and case management of benefits claims.

   Target Date: by May 30, 2007

Recommendation P-3: Enhance Electronic Health Record for Transition of OEF/OIF Veterans

Lead Agency Responsible for Action: Veterans Affairs

Recommendation: VA will enhance the ability of VA medical centers to provide health care services to Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans through information technology (IT) modifications to CPRS.

Background: The Computerized Patient Record System (CPRS) is an integrated, comprehensive suite of clinical applications that work together to create a longitudinal view of the veteran's electronic health record. It is a key part of clinical care in VA and is used by interdisciplinary teams of health care providers to record, create, archive and access electronic information covering all aspects of patient care and treatment. The comprehensive cover screen displays timely, patient-centric information including active problems, allergies, current medications, recent laboratory results, vital signs, hospitalizations, and outpatient clinic history. This information is displayed immediately when a patient is selected in CPRS and provides an accurate overview of the patient's current status before clinical interventions are ordered. CPRS functionality includes electronic order entry and management, free text and template-driven narrative notes entry and browsing, laboratory results display, consultation requests, links to scheduling and reporting, workload documentation, procedure reporting, medical image browsing, pharmacy profiling and medication administration documentation, and alerting for abnormal results, critical events, and services needed in support of clinical guidelines.

CPRS organizes and presents all relevant data on a patient in a way that directly supports clinical decision-making and promotes patient safety. A notification system immediately alerts clinicians about clinically significant events, such as critical lab values. The patient posting system prominently displays to clinicians that information is available in the patient's record regarding crisis notes, warnings, adverse reactions and advance directives. The real-time order checking system alerts clinicians as they enter new orders that a possible problem could exist if the order is processed. The clinical reminder system helps caregivers deliver higher quality care to patients for both preventive health care and management of chronic conditions and ensures that timely clinical interventions are initiated.

CPRS continues to evolve; VA is now re-engineering the system to allow greater customization and support for a wider variety of clinical and business requirements that include quicker, integrated access to clinical information; easier integration with commercial software; and rapid deployment of new functionality.

Gap Analysis: VA identified seven information technology (IT) initiatives that will enhance CPRS and the ability of VA providers to care for OEF/OIF veterans. Current gaps in the system that will be addressed by these new IT initiatives include:

- Access to the demographic and health care data in the Joint Patient Tracking System (JPTA) used by the Department of Defense in order to provide comprehensive services to active duty

servicemembers transferred to VA facilities for rehabilitation and outpatient care.

- The inability to electronically track veterans with traumatic brain injury (TBI) and the care they receive.
- The lack of an interface between the Bidirectional Health Information Exchange (BHIE) and the Clinical Data Repository/Health Data Repository (CHDR) for access to DoD combat theater data.
- No reliable way to identify polytrauma patients in CPRS to ensure priority care and appointment scheduling.
- No reliable way to identify OEF/OIF veterans in CPRS to allow for priority care and appointment scheduling.
- Lack of a process for a smooth "hand-off" of patient information when active duty servicemembers transfer to VA facilities.
- The inability of VA providers to access paper DoD inpatient health records for servicemembers they are treating.

How the Recommendation Addresses the Gap: These IT initiatives will enhance CPRS capability and will allow VA providers easier access to key information on the OEF/OIF patients treated. The initiatives will also improve the seamless transition process when OEF/OIF servicemembers transfer to VA health care facilities and will allow for better tracking of OEF/OIF veterans, including those with TBI.

Implementation Actions and Target Date:

1. **Development of the Veterans Tracking Application (VTA),** VA's version of DoD's Joint Patient Tracking Application (JPTA) and subsequent interface with CPRS using the Bidirectional Health Information Exchange. DoD has provided VA access to the demographic and health care data in JPTA. VTA will make a real-time query using BHIE framework to provide visibility of these data to VA providers, including case managers. The VistA/CPRS Web interface will support the viewing capability of these demographic and critical patient history data collected in the OEF/OIF theater of operation for servicemembers/veterans using both health care systems.

   Target Date: September 2007

2. **Create a Traumatic Brain Injury (TBI) Database** to track patients who have experienced a TBI. DoD and VA should both contribute to the registry. Review of the database will allow VA and DoD to monitor the quality of care, implement improvements in the system

of care, and improve the ability to analyze trends in health care needs of TBI patients to better plan for their needs.

Target Date: September 2007

3. **Create DoD/VA BHIE-CHDR (Theater) Interface:** Creation of this interface will provide VA clinicians with comprehensive access to DoD combat theater data on injured OEF/OIF servicemembers and veterans. The interface will allow VA providers with real-time viewing access to these data from the CPRS application.

   Target Date: September 2007

4. **Create Polytrauma Marker in CPRS** to allow for identification of OEF/OIF servicemembers and veterans with polytraumatic injuries. The marker would include OEF/OIF period of service, discharge date, combat status, and diagnoses that reflect residuals of trauma.

   Target Date: NLT September 2008

5. **Create an OEF/OIF Combat Veteran Identifier in CPRS** to allow easy identification of OEF/OIF veterans to assure priority care and scheduling.

   Target Date: NLT September 2008

6. **Create an Electronic Patient Hand-Off Information System/ Clinical Transfer Form** to allow clinicians in VA and DoD to communicate key patient care information at the time a patient is transferred from one facility to another.

   Target Date: NLT September 2008

7. **Build DoD Scanning Interface with CPRS** to allow VA providers to electronically view the scanned paper inpatient health records of OEF/OIF servicemembers who have been transferred to VA facilities. The Army is funding a pilot program for polytrauma patients treated at Walter Reed Army Medical Center who are transferred to one of the four VA Polytrauma Rehabilitation Centers. This initiative expands that pilot.

   Target Date: NLT September 2008

Recommendation P-4: Improve VA Access to Health Records of Servicemembers Treated in VA Health Care Facilities

Lead Agencies Responsible for Action: Defense and Veterans Affairs

Recommendation: Continue to improve and ensure timely electronic access by VA to DoD paper and electronic health records for servicemembers treated in VA facilities.

Background: In 2004, VA and DoD began sharing electronic health data, including outpatient pharmacy and allergy information, laboratory results and radiology report data, between DoD and VA facilities when patients receive care from both systems. This capability, known as the Bidirectional Health Information Exchange (BHIE), is now operational at all VA medical facilities and at 15 DoD medical centers, 18 hospitals, and over 190 outlying clinics. In order to accelerate the bidirectional sharing of data, VA and DoD are developing a program to ensure that all DoD AHLTA locations and all VA facilities have viewable access to electronic health data. Additionally, VA and DoD are expanding the kinds of information that is to be shared through the interface, including Encounter Notes, Procedures, and Patient Problem Lists.

For servicemembers being transferred to VA facilities, VA social worker liaisons assigned to Military Treatment Facilities (MTF) are ensuring that all pertinent inpatient records are copied and transferred with the patient to the receiving VA facility. To accelerate the sharing of these paper records and to better organize and make them more accessible to VA clinicians, VA and DoD have implemented a scanning pilot at Walter Reed Army Medical Center (WRAMC) and National Naval Medical Center (Bethesda) for seriously injured combat veterans of Operation Enduring Freedom and Operation Iraqi Freedom. In a related effort, a process has been implemented to transmit radiological images from DoD to the VA. These images are currently being transmitted from WRAMC and Bethesda to the Tampa VA Polytrauma Center. Efforts are underway to add Brooke Army Medical Center, as a third DoD facility and to add the other three VA Polytrauma Centers located at Palo Alto, California; Minneapolis, Minnesota; and Richmond, Virginia.

In January 2007, VA and DoD announced a groundbreaking agreement to collaborate on the development of a joint inpatient electronic health record (EHR). This initiative will facilitate the seamless transition of active duty servicemembers to veteran status by making the inpatient healthcare data on shared beneficiaries immediately accessible to both DoD and VA healthcare providers using a common inpatient solution.

Gap Analysis: Since 2003, when VA began the Seamless Transition Program, more than 6,800 Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) servicemembers have been transferred to VA health care facilities for rehabilitation and other inpatient and outpatient care. VA health care providers need access to the health records of servicemembers transferred from MTFs in order to assure continuity of care and delivery of the best possible health care services. Although significant progress has been made on sharing electronic health information, more needs to be done.

How the Recommendation Addresses the Gap: The recommendation will assure that pilot programs for health data exchange are carefully reviewed and expanded across DoD and VA. The recommendation also assures that the Departments continue to partner to resolve the challenges and difficulties with the transfer of health records.

Implementation Actions and Target Date:

1. **Expansion of Electronic Health Record Access:** Develop and implement near term, mid-term,and long-term health IT solutions when appropriate (e.g., Walter Reed Scanning Project, Image Sharing Project between the National Capital Area DoD medical facilities and the VA Polytrauma Centers).

   Target Dates:

   - Near term: Electronic transfer of digital radiographs from Walter Reed and Bethesda medical centers to Tampa VA Polytrauma Center - Completed in March 2007.
   - Mid-term: Electronic transfer of digital radiographs from Walter Reed, Bethesda, and Brooke MTF's to Tampa, Minneapolis, Richmond, and Palo Alto VA Polytrauma Centers – June 30, 2007.
   - Long term: Enterprise-wide sharing of all digital images between all VA and MHS facilities – September 2008 – 2010.

2. **Transmission of Historical DoD Data:** Continue to support the maintenance and enhancement, as appropriate, of existing VA and DoD data exchanges that support the one-way transmission of historical DoD data at the time of separation and the bidirectional sharing of data for shared patients (e.g., adding domains of data to Bidirectional Health Information Exchange (BHIE).

   Target Dates: Represents dates by which additional domains of data will be added to BHIE:

   - Allergies, Outpatient Medications (including Pharmacy Data Transaction Service), Laboratory Results (Chemistry and

Hematology) and Radiology) available from all DoD facilities to all facilities: June 30, 2007.

- Provider Notes, Procedures, and Problem Lists: January 30, 2008.
- Theater Data: January 30, 2008.
- Vital Signs: March 30, 2008.
- Family History/Social History/Other History, Questionnaires and Forms: September 30, 2008.

3. **Long-Term Initiatives:** Continue to identify and collaborate on long-term state of the art information management and technology initiatives that accelerate and support the sharing of health data between DoD and VA (e.g., Joint Inpatient Record Project).

   Target Dates:

   - Initiate independent, 3rd party assessment project (June 30, 2007).
   - Define scope and elements of a joint inpatient EHR (June 30, 2007).
   - Identify "Head-start" opportunities for DoD-VA interoperability and sharing of healthcare information (September 30, 2007).
   - Define Department-unique and joint inpatient EHR functional requirements for potential joint application identified in an operational model (business architecture) at a level sufficient to support subsequent Analysis of Alternatives efforts. (January 31, 2008).

Recommendation P-5: Improve the Electronic Enrollment Process

Agency Responsible for Action: Veterans Affairs

Recommendation: Veterans Affairs will improve the electronic enrollment process for Operation Enduring Freedom/ Operation Iraqi Freedom (OEF/OIF) veterans.

Background: VA provides a comprehensive medical benefits package for enrolled veterans. Veterans who served in combat locations during active military service after November 11, 1998, are eligible for priority enrollment into Priority Group 6 and for free health care for services for conditions potentially related to combat service for two years following separation from active duty. Veterans apply for enrollment by completing a VA Form 10-10EZ, Application for Health Benefits, in person at a VA health care facility, online, or by mailing an application to a health care facility. Paper and online versions of the VA Form 10-10EZ do not allow

for identification of OEF/OIF veterans, nor notify them that they are not required to provide income information as a condition of enrollment. The online application does not provide e-authentication or e-signature capabilities thereby requiring veterans to submit signed applications and complete the entire form, including questions for which information is already available to VA.

Gap Analysis:

- The current VA electronic enrollment form has drop down-boxes to allow the selection of a period of military service. There is no selection option for OEF/OIF veterans.
- VA enrollment forms do not appropriately notify OEF/OIF veterans that they are not required to provide their income information as a condition of enrollment.
- Applicants are burdened to complete the entire online application, including information already available to VA.
- Currently, when a combat veteran receives health care services, the VA provider must make the determination at each episode of care that the care provided is related to the combat experience of the OEF/OIF veteran.

How the Recommendation Addresses the Gap: VA would enhance identification of OEF/OIF veterans, thereby facilitating enrollment processing and access to health benefits. The enhancements also assure that combat veterans do not pay co-payments for health care provided for care of combat-related conditions.

The first action step would improve the enrollment process and allow for easier identification of OEF/OIF veterans who are enrolled for VA health care services. The second action step will streamline the enrollment application process by reducing the burdens on veterans to provide information already available to VA, improving identification of GWOT veterans and improve veterans' access to benefits, and reducing administrative burden. The third action would assure that combat veterans would not receive bills for co-payments for health care provided that is related to their combat experiences. The third action would also eliminate the need for VA providers to annotate that each episode of care was related to combat experience, saving time and provider resources.

Implementation Actions and Target Date:

1. **VA 10-10EZ Form: Revise the existing VA electronic enrollment form** to include a selection option for "OEF/OIF" in the drop down-boxes to indicate period of military service. In addition,

amend the Financial Disclosure Section of the online and paper forms to notify OEF/OIF combat veterans that they are not required to provide financial information in order to be enrolled. These adaptations to the form will not require approval from the Office of Management and Budget.

Target Date: June 30, 2007

2. **Self-Service Application:** Implement an improved online benefit application to enhance access to VA's health care and reduce burden on GWOT veterans seeking benefits or providing updates to their personal information. This enhancement will also reduce administrative burden by automatically retrieving DoD's military service and combat information to establish the veteran's eligibility for VA health care. Features of this application include:
   - E-authentication and e-signature;
   - Integration with My Health*e*Vet;
   - Account creation and allow for partial save;
   - Guided interview;
   - Streamlined application / registration process by implementing queries to authoritative sources (Master Patient Index for ICN, Enrollment System Redesign (ESR) for pre-population of eligibility and enrollment information); and
   - Leverage ESR business rules engine to provide preliminary benefits package information to new applicants and current package to enrollees.

   Target Date: June 30, 2008

3. **Presumed Combat Experience:** Implement an IT enhancement to the electronic enrollment process that presumes the care provided to combat veterans is related to the combat experience.

   Target Date: July 30, 2007

Recommendation P-6: Use Department of Defense (DoD) Military Service Information as part of VA's Enrollment Process

Agency Responsible for Action: Veterans Affairs, Defense

Lead Agency: Veterans Affairs

Recommendation: VA will ensure efficient use of DoD military service information as part of VA's enrollment process.

Background: VA provides a comprehensive medical benefits package for enrolled veterans. Veterans who served in combat locations during active military service after November 11, 1998, are eligible for priority enrollment into Priority Group 6 and for free health care for services for conditions potentially related to combat service for two years following separation from active duty. Veterans apply for enrollment by completing a VA Form 10-10EZ, Application for Health Benefits, in person at a VA health care facility, online, or by mailing an application to a health care facility. VA staff must manually verify the applicant's eligibility for VA health care benefits and enter the data into VistA. Verification of military service is typically accomplished by querying VA, by viewing military service information in VA/ DoD Identity Repository (VADIR) or by the veteran providing a DD-214. VA receives daily feeds of military service information (including combat information) from DoD. This information is stored in VADIR. Appendix C contains a graphic depicting the VA health enrollment process.

Gap Analysis:

- VA must build a service infrastructure around VADIR to make the military service data available to the Enrollment System Redesign (ESR). ESR must also build an interface to the VADIR.
- VA's eligibility verification process is manual and inefficient and fails to leverage available military service data.
- Applicants are burdened to provide proof of military service in order to establish eligibility for VA health care benefits.

How the Recommendation Addresses the Gap: VA would leverage DoD's military service information to establish veteran's eligibility for VA health care benefits and improve identification of OEF/OIF veterans thereby facilitating enrollment processing and access to health benefits.

This enhancement will enable returning GWOT veterans to receive valid and timely determinations of their eligibility and reduce the burden on veterans to provide proof of eligibility for care. Improved usage of military service information will result in increased revenue and decreased administrative burden by improving VA's ability to identify and more easily bill for care provided to patients seen under TRICARE and other sharing agreements.

Implementation Action and Target Date:

Use of Military Service Information: Enhance the Enrollment System Redesign (ESR) to query the VADIR to obtain and use the veteran's military service and combat information to establish the veteran's eligibility for enrollment in the VA health care system.

Target Date: June 2008 to January 2009 and presumes that VA builds a service infrastructure around VADIR.

Recommendation P-7: Create an Embedded Fragment Surveillance Center and Registry

Agency Responsible for Action: Veterans Affairs

Recommendation: VA will expand its mission to include the active surveillance of veterans with embedded fragments containing other potentially hazardous materials.

Background: The current estimate from DoD is that up to 5,000 GWOT servicemembers and veterans have shrapnel or retained fragment wounds. The number continues to grow as more servicemembers receive blast injuries in the combat theaters of Iraq and Afghanistan. Lessons learned have demonstrated that retained metal fragments are not inert in the body and are slowly absorbed over time and can have an effect on one's health. The effects of systemic absorption from embedded metal fragments can be minimized and managed in a surveillance setting.

Gap Analysis: Currently there is no way of easily identifying and tracking such veterans embedded with fragments.

How the Recommendation Addresses the Gap: The Surveillance Center and registry would allow VA to identify and provide clinical surveillance to GWOT veterans with retained fragments and to initiate early intervention for resulting health care problems.

Implementation Actions and Target Date:

1. **Embedded Fragment Surveillance Center:** VA would create and staff the Center, which would provide identification/case-finding and surveillance to improve the care of GWOT veterans with retained fragments from improvised explosive devices or other wounds.

   Target Date: Initiation of Surveillance Center program — April 2008

2. **Registry:** Create a registry of GWOT veterans at risk for health problems from retained embedded fragments.

   Target Date: Initiation of case-finding /out-patient screening — January 2008

Recommendation P-8: Develop Memorandum of Understanding and Agreement for VA Liaisons at Military Treatment Facilities

Lead Agencies Responsible for Action: Defense and Veterans Affairs

Recommendation: VA and DoD will develop a Memorandum of Understanding (MOU) between the two Departments and a separate Memorandum of Agreement (MOA) for each Military Treatment Facility (MTF) with VA Liaisons are assigned and for VA facilities where Service Liaisons are assigned as part of seamless transition.

Background: In 2003, VA implemented the Seamless Transition Program to assist Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) servicemembers in accessing VA benefits and VA health care services. VA worked with DoD to identify the Military Treatment Facilities (MTFs) most in need of VA social worker Liaisons to assist with seamless transition, based on the sites receiving the largest numbers of injured servicemembers from OEF/OIF. VA then assigned full-time social workers as Liaisons to those identified MTFs to help MTF staff with transfers of care to VA medical centers and to educate active duty servicemembers and their families about VA health care benefits. VA Liaisons are currently assigned to:

- Brooke Army Medical Center, Fort Sam Houston (San Antonio, TX);
- Darnall Army Community Hospital (Ft. Hood, TX);
- Eisenhower Army Medical Center, Fort Gordon (Augusta, GA);
- Evans Army Community Hospital (Ft. Carson, CO);
- Madigan Army Medical Center, Fort Lewis (Tacoma, WA);
- National Naval Medical Center (Bethesda, MD);
- Naval Hospital, Camp Pendleton (Oceanside, CA);
- Naval Medical Center (San Diego, CA);
- Walter Reed Army Medical Center (Washington, DC); and
- Womack Army Medical Center (Ft. Bragg, NC).

In addition to VA Liaisons assigned to the 10 MTFs, VA has assigned benefits counselors to those same MTFs to provide information about non-health care related benefits and to assist servicemembers and their families in applying for VA benefits to which they are entitled while still on active duty. VA is open to assigning full or part-time Liaisons and/or benefits counselors at additional MTFs at the request of DoD to support seamless transition activities.

Gap Analysis: VA Liaisons have been assigned to MTF's since August 2003. However, formal MOAs were never developed that described the functions of the Liaisons; responsibilities of VA and of

the MTF in terms of equipment, access to information, the referral process, and office space; supervisory oversight; and other procedural and logistical issues. The informal agreements made with the MTF commanders are subject to change with command changes and do not make levels of support and responsibility on both sides clear. An MOA was developed for the most recent assignment of a Liaison at the Naval Medical Center, San Diego.

How the Recommendation Addresses the Gap: Having a formal MOU with DoD and an MOA with each MTF will assure that VA Liaisons have access to space, equipment, resources, and information needed to perform their duties and be in concert with the VA/DoD Joint Strategic Plan for FY 2007-2009. The MOA will also assure that VA and the MTF and DoD and the VA facility are clear on responsibilities and accountability for the services provided by VA and Service Liaisons.

Implementation Actions and Target Date:

1. **MOU:** DoD and VA will develop and enter into a formal MOU.
   Target Date: May 31, 2007

2. **Concurrence on MOUs:** The VA Sharing Office will assist with concurrence from and signatures by VA and each specific MTF.
   Target Date: MOUs signed with each MTF by June 30, 2007

3. **Access to Information:** As part of the MOA with each MTF, access to pertinent personnel information on servicemembers expected to transition to VA health care services within two to four weeks of discharge will be granted to VA Liaisons for their specific MTF, to include:
   - Name
   - Social Security Number
   - Date of Birth
   - Current location (unit assignment, etc.)
   - Phone number
   - Address
   - Scheduled separation date, if known

   Target Date: MOAs signed with each MTF by June 30, 2007

4. **VA Liaison Services at other MTFs:** Each VA medical center has a master's degree prepared nurse or social worker serving as OEF/OIF Program Manager. The OEF/OIF Program Manager can serve as part-time VA Liaison for MTFs without an assigned VA Liaison.
   Target Date: May 30, 2007

Recommendation P-9: Screen All Veterans of the Global War on Terror For TBI

Agency Responsible for Action: Veterans Affairs

Recommendation: VA will screen all GWOT veterans seen in VA health care facilities for mild to moderate traumatic brain injury (TBI).

Background: The mission of VA's Polytrauma System of Care is to provide and coordinate specialized rehabilitation services for veterans and active duty servicemembers with lasting disabilities due to trauma. It is a tiered system of care consisting of four regional Polytrauma Rehabilitation Centers, which provide acute intensive medical and rehabilitation care for complex and severe polytraumatic injuries; 21 Polytrauma Rehabilitation Network Sites, which manage post-acute sequelae of polytrauma; and 76 Polytrauma Support Clinic Teams, which serve patients with stable polytrauma sequelae and those patients with newly-identified mild or moderate TBI. Specially-trained and experienced VA providers staff the Polytrauma System of Care at all levels, including physiatrists, neurologists, psychiatrists, psychologists, neuropsychologists, physical therapists, occupational therapists, speech-language pathologists, certified rehabilitation nurses, registered nurses, social workers, blind rehabilitation specialists, and therapeutic recreation specialists.

Gap Analysis:

- The majority of the GWOT servicemembers and veterans treated in the VA Polytrauma System of Care have suffered a major TBI and are easily diagnosed, given their symptoms and the extent of their co-morbid injuries. However, given the prevalence of blast injuries in the combat theaters of Iraq and Afghanistan, active duty servicemembers may suffer undiagnosed mild to moderate traumatic brain injuries without displaying obvious symptoms.
- Although TBI is a significant public health problem, currently there are no validated screening instruments accepted for use in clinical practice.

How the Recommendation Addresses the Gap: The action steps that are part of this recommendation will ensure VA providers are adequately trained to screen for and diagnose mild to moderate TBI. Over 50,000 VA providers have already successfully completed the Veterans Health Initiative on TBI. The clinical reminder on TBI has been under

development in VA for several months and will be implemented as part of Computerized Patient Record System (CPRS) in early April 2007. The creation of clinical practice recommendations will help standardize screening, diagnosis, and treatment.

Mild to moderate TBI when undiagnosed can impact the ability of GWOT veterans to obtain and hold gainful employment, interfere with daily functioning, lead to interpersonal and family difficulties, and be misdiagnosed as a mental illness. Screening and appropriately diagnosing mild to moderate TBIs will allow VA providers to treat such injuries.

Implementation Actions and Target Date:

1. **Training:** Train VA providers about mild to moderate TBI, including how to diagnose and how to refer for further evaluation and/or treatment, using a web-based independent study course which is part of the Veterans Health Initiative series of training programs.

   Target Date: Completed March 31, 2007

2. **Clinical Reminder:** Develop an automatic, electronic clinical reminder as part of the VA CPRS to alert VA providers to screen for TBI in GWOT veterans, to include screening protocol and a screening instrument. Provide policy guidance on the clinical reminder and screening protocol and instrument.

   Target Date: April 30, 2007

3. **Clinical Practice Recommendations:** Form a work group comprised of DoD, VA, other public and private sector specialists in Physical Medicine and Rehabilitation, Neurology, Psychiatry, Psychology, Primary Care and Prevention, and in consultation with the Defense and Veterans Brain Injury Center (DVBIC), create clinical practice recommendations for the screening, diagnosis and treatment of TBI. The practice recommendations would include algorithms, checklists, and referral guidance.

   Target Date: September 30, 2007

Recommendation P-10: Enhance Capacity to Provide Dental Care

Agency Responsible for Action: Veterans Affairs

Recommendation: VA will enhance capacity to provide dental care for GWOT veterans by purchasing dental care in the private sector.

Background: Honorably discharged veterans are eligible for one episode of comprehensive dental care to be provided by VA if such care was not provided by the military prior to separation from active duty. Veterans rated 100 percent service-connected or paid compensation at the 100 percent service-connected rate due to their service-connected disabilities are eligible for repeat dental care from VA.

Gap Analysis:

- VA's Dental Service currently provides dental care to approximately 336,000 veterans, which is less than 6.5 percent of all veterans who receive health care from VA. The percentage of patients treated for enduring comprehensive dental care has increased from 43 percent to 55 percent in the last six years.
- The number of veterans seeking one episode of dental care in the past five years has tripled.
- VA Dental Service is limited in the amount of dental care it can provide due to the number of dental providers and difficulties in recruiting such providers.

How the Recommendation Addresses the Gap: VA can purchase care in the private sector for eligible veterans to augment services provided by VA dentists and other dental providers. This recommendation will allow VA to meet the growing demand for dental care.

Implementation Action and Target Date:

Purchase Dental Care: VA will increase immediate dental care capacity by allocating additional short-term funding to purchase care from contract and private sector providers through the VA Fee Services Program.

Target Date: May 30, 2007

Recommendation P-11: Extend Vocational Rehabilitation Evaluation Determination Time Limit

Lead Agency Responsible for Action: Veterans Affairs

Recommendation: VA Vocational Rehabilitation and Employment Service (VR&E) will authorize the immediate extension, to 18 months, for an Individualized Extended Evaluation Plans (IEEP) for those OIF/OEF participants whose severity of injuries warrant additional time to make the determination of current feasibility of achieving an employment goal while continuing to provide independent living services.

Background: The VR&E program provides assistance to veterans with service-connected disabilities and servicemembers awaiting medical discharge from the military to help them prepare for, obtain, and retain employment in the civilian workforce. For those veterans with a serious employment handicap and for whom employment is not currently feasible, the program provides independent living services under an Individualized Independent Living Plan (IILP). When a Vocational Rehabilitation Counselor (VRC) determines that an employment goal is not currently feasible, an evaluation of the veteran's independent living needs will be conducted. The VRC and veteran will work together to identify the individual's needs and an IILP will be developed to provide the services necessary to meet those identified needs. Referral to specialized rehabilitation facilities and/or for consultation with other rehabilitation professionals may be necessary in the development and implementation of an IILP.

When the feasibility of achieving an employment goal cannot be readily determined, independent living services are available to veterans and servicemembers with serious employment handicaps under an IEEP. The purpose of an IEEP is to determine whether it is currently feasible for an individual to achieve an employment goal. Various services to evaluate this feasibility can be provided, including a full-range of independent living services. An IEEP cannot exceed 12 months without VR&E Officer approval. This is applicable to both veterans and servicemembers.

Gap Analysis: Many individuals are returning from the Global War on Terror (GWOT) with very serious injuries, including traumatic brain injury. An individual's feasibility to participate in a program of vocational rehabilitation leading to an employment goal and to overcome a serious employment handicap may not be readily apparent within the 12-month initial period allowed for completion of an IEEP and, therefore, there could be an interruption in services while an extension is evaluated and approved.

How the Recommendation Addresses the Gap: Expediting extensions of extended evaluation plans will allow seriously injured GWOT individuals sustained access to independent living services. It will increase the individual's ability to benefit from rehabilitative services and allow more time to determine the individual's feasibility of achieving an employment goal.

Those veterans and servicemembers with serious employment handicaps resulting from injury or disease incurred in the GWOT, who are so severely disabled that a decision cannot yet be made about whether an employment goal is currently feasible, will have sustained access to independent living services for a period exceeding 12 months, if necessary, until a plan for achieving a suitable vocational rehabilitation goal can be formulated.

Implementation Action and Target Date:

Allow immediate extension of the 12-month limit on extended evaluation plans: VR&E Service will issue a policy letter to field staff allowing approval of requests for extensions of IEEP's for GWOT individuals at the time the extended evaluation plan is developed. VR&E Service will provide instructions regarding the processing of these extensions and direct field staff to consider such factors as the need for ongoing treatment at a medical or rehabilitation facility, readjustment to a post-military lifestyle, and issues regarding re-locating and establishing a stable home of record.

Target Date: April 30, 2007

Recommendation P-12: Expedite Adapted Housing and Special Home Adaptation Grants Claims

Agency Responsible for Action: Veterans Affairs

Recommendation: VA will further shorten processing time for specially adapted housing and/or special home adaptation grants received from GWOT servicemembers or veterans. This will be accomplished by requiring the Specially Adapted Housing (SAH) agent to contact the servicemember/veteran within 24-48 hours after the rating decision awarding eligibility for the grant is received, in order to explain the grant process, determine if there is immediate interest in using the grant, and to set-up a face-to-face interview when appropriate. This change in service covers all servicemembers and veterans deployed in support of the GWOT. This includes all veterans or active duty, National Guard or Reserve veterans who were deployed in Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) theatres or in support of these combat operations, as identified by the Department of Defense (DoD).

Background: Servicemembers and veterans who have a specific service-connected disability or combination of disabilities may be entitled to a grant from VA for the purpose of constructing an adapted dwelling or modifying an existing dwelling to meet the servicemember's/veteran's disability-related needs. The goal of the SAH Program is to provide a barrier-free living environment that affords the servicemember/veteran a level of independent living he or she may not otherwise normally enjoy.

There are three types of grants administered by VA that are available to assist severely disabled servicemembers/veterans in adapting housing to meet their special needs:

- The SAH Grant is available to disabled servicemembers/ veterans who are entitled to a wheelchair accessible home especially adapted for their needs.
- The Special Home Adaptation Grant is available to servicemembers and veterans who are entitled to adaptation because of blindness in both eyes with 5/200 visual acuity or less, or includes the anatomical loss of both hands.
- The Temporary Assistance Grant (TRA) is available only to disabled veterans, not servicemembers, who are entitled to adaptations as listed above for the purpose of adapting a house, owned by a member of the eligible veteran's family, in which the veteran intends to temporarily reside.

Gap Analysis: The SAH grant is designed as a servicemember/veteran preference program; in other words, the servicemember/veteran is empowered to choose most of the business participants involved in the construction and lending aspects of their home adaptation. While VA presently takes every opportunity to expedite these grant cases, it does not have significant control over the timeframe of the servicemember's/veteran's adaptation project.

How the Recommendation Addresses the Gap: VA will expedite service for GWOT servicemembers/veterans in all stages of the grant application process, to include providing timely initial contact and frequent communication. Focusing existing resources on eligible GWOT servicemembers and veterans will allow those individuals to return to their communities sooner rather than later and be housed in a home that will enable them to be either fully or partially independent.

Implementation Action and Target Date:

Procedures for implementation of this recommendation will be to developed and disseminated to appropriate individuals in VA's field stations.

To expedite the process, the SAH agent will begin the notification process by immediately (within 24-48 hours) contacting any GWOT servicemember/veteran as soon as either a rating decision establishing basic entitlement or an application is received rather than waiting to receive both documents.

In addition, the SAH agent will contact the servicemember or veteran at every critical juncture of the grant application process to ensure he or she understands the progress of his or her grant application. Such frequent communication will enable the SAH agent to proactively identify and help resolve issues related to plans/specifications and other construction-related issues early in the grant application process.

Target Date: April 30, 2007.

Recommendation P-13: Participate in Post-Deployment Health Reassessment

Agency Responsible for Action: Veterans Affairs

Recommendation: Department of Veterans Affairs (VA) will require medical center directors to fully support Post-Deployment Health Reassessment (PDHRA) events at Guard and Reserve units in their catchment area.

Background: Following deployments, DoD conducts Post-Deployment Health Reassessments to identify health and mental health problems incurred by Guard and Reserve members. VA staff have been invited to attend the PDHRA events, which are generally held on drill weekends at National Guard and Reserve units, to provide information on VA benefits.

Gap Analysis: Although VA medical centers receive information on planned PDHRA events at Guard and Reserve units in their area, VA medical center support at these events is not uniformly provided. VA staff attending the PDHRA events provide information about VA health care services and assist veterans with enrolling for care.

How the Recommendation Addresses the Gap: If VA issues guidance to VA medical center and Network Directors that they are expected to provide full support to PDHRA events in their catchment areas, VA attendance at PDHRA events will dramatically improve. Having VA staff at the PDHRA events along with trained Military Service representatives will assure Guard and Reserve members have information about the full range of VA and DoD health care benefits, services, and programs and how to access them. VA staff can also enroll eligible Guard and Reserve members and schedule outpatient appointments.

Implementation Actions and Target Date:

1. **Distribution of Schedule of PDHRA Events:** The Military Services will provide the VA Office of Seamless Transition with schedules of the PDHRA events. VA Office of Seamless Transition will send schedules of PDHRA events to VA medical center seamless transition points-of-contact on a monthly basis.

   Target Date: Recurring as these events occur every month

2. **VA Central Office Guidance:** The Deputy Under Secretary for Health for Operations and Management will describe the importance of full support for PDHRA events on a national VA conference call with VA medical center and Network Directors.

   Target Date: April 30, 2007

Recommendation P-14: Expand Eligibility of PatriotExpress Loan

Agencies Responsible for Action: Small Business, Defense, Labor, Veterans Affairs, Management and Budget, all Federal agencies with procurement authority

Lead Agency: Small Business Administration

Recommendation: SBA finishes implementation of PatriotExpress Loan Initiative to better meet the needs of veterans, service-disabled veterans, activated Reserve Component members, discharging servicemembers, spouses, survivors, and dependents of servicemembers who died in service, or of a service-connected disability.

Background: SBA's lending has fallen off proportionately to other small business lending, and its Military Reservists Economic Injury Disaster Loan does not meet the needs of many activating reservist small business owners who suffer economic damage to their business while activated. Further, discharging servicemembers express significant interest in self employment, and spouses of active servicemembers face employment barriers because of relocations of servicemembers.

The loan must be attractive to SBA private lending partners, while having no effect on SBA subsidy rate. This loan will serve as the centerpiece of an agency-wide marketing and outreach initiative to engage veterans, reservists, and other eligible individuals with the full range of SBA programs and services.

Gap Analysis: SBA research shows that most veterans, reservists, and servicemembers do not know about the full range of procurement, lending, and business counseling assistance available from SBA; and the number one concern of veterans and service-disabled veterans is access to financing, along with knowledge of available small business assistance programs.

How the Recommendation Addresses the Gap: SBA, with the support of its other Federal, state and private partners, can better serve existing veteran and reservist small business owners, and the growing population of discharging servicemembers, including those injured in the Global War on Terror (GWOT), in reaching their goal of small business ownership through better marketing, outreach and tailored assistance.

The PatriotExpress Loan is an already designed lending initiative to veterans, service-disabled veterans, reservists, discharging servicemembers, spouses/survivors and SBA lending partners. The Loan Initiative is the centerpiece of broader agency initiatives to provide a full range of lending, business counseling and procurement programs to veterans, service-disabled veterans, reservists, discharging servicemembers and spouses/survivors within existing authority and requires no subsidy.

Implementation Actions and Target Date:

1. **SBA finishes internal clearance.**
2. **SBA/OMB clearance.**
3. **SBA/OMB Paperwork Reduction Act clearance.**
4. **SBA Congressional Notice.**
5. **SBA implements Marketing Plan, with support of other agencies.**
   Target Date: SBA Implements in May/June (5/30, Memorial Day or 6/14, Flag Day)

Recommendation P-15: Improve Information Technology (IT) Interoperability Between VA and Department of Health and Human Services (HHS), Indian Health Service (IHS)

Agencies Responsible for Action: Health and Veterans Affairs

Lead Agency: Health and Human Services

Recommendation: The Department of Veterans Affairs (VA) and the Department of Health and Human Services (HHS) Indian Health Service (IHS) would expand coordination on Executive Branch activities in

support of the President's Executive Order on IT interoperability with the goal of leveraging Federal activities to adopt standardized data-sharing between the VA and IHS health care partners. This exchange will be undertaken as a single portal based on HHS recognized standards.

Background: There is a need to support the patient who seeks care at both the VA and Indian Health Service facilities. One of the ways to support patient care is to provide the clinicians who care for these veterans with all available information. With the increasing numbers of Returning Global War on Terror Heroes, this need will increase.

Gap Analysis: Currently, both VA and IHS have patient health information in electronic format. Without nationally recognized protocols, policies, and standardization of technical transfer of information, these health care partners are faced with three options:

- Develop point-to-point interfaces between various sites with currently available technologies and standardization. This is very expensive for development/maintenance and can not be replicated across various sites.
- Continue low technical work-arounds such as establishing policy and practices to allow clinicians to "view" data in the health partners system. This places extra burden on the clinician to switch between systems with sub-optimal results.
- Partner to support the vision of the Executive Order of August 2006 to establish the needed, nationally accepted and HHS Secretary recognized protocols, policies, and standardization. This will allow VA and IHS to build a single suite of technology tools to query and receive information across the systems in an electronic format. While this option decreases the expense of the first option, it is not negligible. Initial collaboration activities will need to be staffed by Federal domain matter experts currently fully assigned to other tasks. Information Technology development towards a single portal will help leverage other technical development projects, but the inclusion of another partner will add technical cost which will peak in the second half of the multi-year project timeline.
- The preferred choice is the third alternative to partner as outlined in this recommendation.

How the Recommendation Addresses the Gap: Led by HHS, the health care industry is seeing an unprecedented movement toward standardization as envisioned by the Executive Order. Leading by

example to achieve this vision comes with the recognition that the deployment of the solutions:

1) is at least two-three years in the future,
2) is subject to the availability of funds and prioritization, and
3) has dependency on public/private activities that are not entirely within the Federal control.

VA and IHS as Federal providers are uniquely positioned to lead by example in realizing the vision of the Executive Order.

Implementation Actions and Target Date:

1. **Develop and sign an MOU** - to identify the core activities for VA and IHS in this domain.
   Target Date: June 2007

2. **Establish a joint group** - to negotiate rules for direct engagement at lower levels.
   Target Date: June 2007

3. **Develop and sign project-specific agreements** - for cross coordination of OMB Health Interoperability Scorecard Milestones for the achievement of the Executive Order.
   Target Date: August 30, 2007

4. **Reach consensus on standards** - that require joint public/private coordination to develop standards for broad health information exchange. Identify required allocation of specific resources.
   Target Date: August 30, 2007

5. **Conduct joint analysis** - of final architecture design for incorporation of HITSP final implementation standard into the single joint portal.
   Target Date: October 31, 2007

6. **Coordinate participation in HHS managed e-gov Federal Health Architecture** - activities to develop policies and practices of information exchange across Federal partners.
   Target Date: October 31, 2007

Recommendation O-1: Increase Attendance at TAP and DTAP Sessions

Agencies Responsible for Action: Defense, Veterans Affairs, Labor, Education, Business Administration, Personnel Management

Lead Agency: Defense

Recommendation: DoD will increase attendance at Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP) sessions to 85 percent of those separating servicemembers and demobilizing National Guard and Reserve Forces.

DoD will ensure TAP presentations include specific information and materials or schedule a separate session to address the needs of National Guard and Reserve personnel being deactivated.

VA and DoD will ensure DTAP presentations include specific information and materials for injured/disabled servicemembers that are being demobilized, deactivated, or discharged.

Background: The Transition Assistance Program (TAP) was developed to assist in the transitioning of military personnel and family members leaving the service. TAP services are provided on major military installations by transition centers and consist of the following sessions:

a. Department of Labor (DOL): In this 2 ½ day session attendees learn how to write a resume and cover letter, information on skills assessment and job search techniques, and other important information about career and job services available through DOL.

b. **Department of Veterans Affairs (VA):** In this 4-hour session, attendees learn about ***VA benefits*** they may be entitled to including health care, counseling, home loan guaranty program, insurance, education and more.

c. **Disabled Transition Assistance Program (DTAP):** This 2-hour briefing offers information to those who have an injury or illness that is, or may be related to, their military ***service.*** Attendees learn about eligibility for disability compensation, vocational rehabilitation and employment benefits and more.

Gap Analysis: Demobilizing Guard and Reserve servicemembers from the GWOT are eligible to receive a 2-hour pre-separation counseling. Guard and Reserve members are also eligible to receive a DOL Uniformed Services Employment and Reemployment Rights Act (USERRA) and a VA benefits briefing prior to release from active duty including

information about application procedures for vocational rehabilitation and employment assistance. Additionally, Turbo Tap will provide a valuable resource to assist Guard and Reserve members in their information needs via a web based system available on a 24/7.

How the Recommendation Addresses the Gap: This recommendation would ensure that demobilizing Guard and Reserve members and separating injured or disabled members, regardless of component, will be given an overview of the TAP program and the benefits and support available from DOL and VA as well. It is also recommended that spouses be invited to attend.

TAP and DTAP will provide returning GWOT Heroes, regardless of their component and injury status, and their families, the same important information and support. In particular, the employment information and training provided are invaluable tools to support transition back into civilian life and serve as valuable retention tools.

Implementation Actions and Target Date:

1. **Guard & Reserve TAP:** DoD will send letters to The Adjutants General (TAG) and Reserve Forces unit commanders explaining how important it is for all Guard and Reserve members, and their spouses, whenever possible, to attend a TAP or DTAP presentation within 30 days of their return to home units. The time frame is important because certain benefits and services have specific application deadlines.

2. **Injured/Disabled DTAP:** DoD will ensure that injured and disabled servicemembers, regardless of component and "medical hold" status, are informed of and have the opportunity to attend a DTAP presentation, including a session that provides information and materials specifically designed for them.

3. **Marketing TAP/DTAP:** DoD and military components will need to aggressively market TAP through Guard and Reserve family support networks, service organizations, TAG, and others to all the reserve and guard members and their families. TAP overview sessions must be provided at both pre- and post- mobilization assemblies to the servicemembers and spouse, if applicable.

4. **TurboTAP:** should be made a repository for all Federal benefits and services available to servicemembers, veterans, and eligible spouses/family members and should be briefed at all TAP presentations for active duty, Guard and Reserve members.

   Target Date: August 31, 2007

Recommendation O-2: Provide Department of Education Educational Assistance Information

Agencies Responsible for Action: Education, Defense, Labor, Veterans Affairs

Lead Agency: Education

Recommendation: To bridge the informational gap around the programs available, Department of Education (ED) staff will participate in selected Department of Labor (DOL)-sponsored job fairs conducted for servicemembers and provide quarterly information for inclusion in the Department of Veterans Affairs' (VA) GWOT newsletter.

Background: ED provides extensive funding for postsecondary education each year and has many programs and benefits, some of which apply solely to veterans. A limited number of servicemembers take advantage of these programs.

Gap Analysis: Lack of awareness by servicemembers/veterans of existing ED postsecondary education financial aid programs available to them.

How the Recommendation Addresses the Gap: Servicemembers/ veterans may be eligible for a wide range of both state and Federal financial aid including relief from loans due to certain qualifying circumstances relating to military service. Ensuring that transitioning servicemembers and veterans are made aware of Education's programs may encourage them to take advantage of them to meet their educational needs and goals.

ED staff will be available at job fairs to provide financial aid benefits information and respond to servicemembers/veterans inquiries. Additionally, separating servicemembers will receive VA's GWOT Newsletter (formerly OEF/OIF Newsletter) quarterly that will include a "reminder" letter from ED with information about the financial aid benefits available to them and how to take advantage of those benefits. A greater number of servicemembers are likely to use the benefits if they understand them, can interact with someone who can answer their questions, and know how to contact someone who can provide additional information.

Implementation Actions and Target Date:

1. **ED will participate in DOL-sponsored job fairs.**
   a. Identify dates and locations of job fairs – DOL will provide ED the dates, locations, and agendas for the next 12 months of upcoming job fairs conducted for servicemembers.

b. Support – ED will identify staff to participate in selected job fairs. If it's not feasible to ED staff to attend the job fair, informational materials will be sent.

Target Date: Personnel to be available by May 1, 2007

2. **ED will provide quarterly information for inclusion in VA's GWOT Newsletter.**
   - **a.** Informational Section – ED will provide content within 30 days for the GWOT Newsletter that will be sent to separating servicemembers and their families informing them of the financial aid programs available to them and with contact information if they have questions.
   - **b.** Identify timeframe to sending content – ED will cooperate with VA to finalize any outstanding issues for the next Newsletter scheduled for printing & distribution in July.
   - **c.** Update Header to OEF/OIF Newsletter **–VA** Change header to GWOT and maintain newsletter continuity by keeping (OEF/OIF).
   - **d.** Print and mail GWOT Newsletters –VA will print the newsletters with the ED information.
   - **e.** Follow-up –VA will feature a "What's New" column that will survey new &/or revised veterans programs, benefits, and services provided by other Federal agencies.

   Target Date: Next mailing of Newsletters scheduled for July 2007.

Recommendation O-3: Integrate the "Hire Vets First" Campaign Into Existing Job and Career Fairs

Agencies Responsible for Action: Labor, Defense, Veterans Affairs, Small Business, Education, Personnel Management

Lead Agency: Labor

Recommendation: The Department of Labor (DOL) will coordinate with other Federal partners to integrate the "HireVets First" campaign with existing job/career fairs to promote awareness of the campaign to employers and servicemembers seeking employment.

a. Federal agencies hosting or sponsoring job fairs will incorporate the "HireVetsFirst" logo, material, and messaging.

b. DOL's "HireVetsFirst" co-branded job fairs will incorporate information from participating Federal agencies to improve awareness and access to programs and services for veterans and transitioning servicemembers

Background: The Department of Labor, through the Veterans' Employment and Training Service (VETS), is raising employer awareness of the training and skills that veterans possess at all ranks and occupational specialties and of the value these men and women bring to business through the "HireVets First" national campaign. The "Hire Vets First" Web site, the cornerstone of this campaign, enables employers to find veteran job seekers. The Web site (*www.HireVetsFirst.gov*) includes a guide for employers, a translator that provides the civilian application of military skills, and links to job sites with veteran resumes, such as America's Job Bank (*www.ajb.org*) and USA Jobs (*www.usajobs.opn.gov*).

Additionally, a key focus on the "Hire Vets First" outreach efforts include the co-branding of hundreds of Veterans-only job fairs. In addition to using the campaign logo, messaging, and material, "HireVets First" staff are integrating assistance from the national workforce system, and increasing continuity of effort through adoption of the HireVets First campaign brand and message. In 2007, over 120 job fairs will be open only to veterans and transitioning servicemembers. Additionally, "HireVets First" will partner with the Workforce Investment System in every state and territory during the month of November 2007 to raise national awareness of the value veterans bring to the workforce, and to dramatically expand the number of employers involved in active veteran recruitment.

Gap Analysis: Many Federal agencies host or participate in a number of recruitment activities, including targeting veterans and transitioning servicemembers. These efforts are not broadly coordinated, nor matched with specific messaging designed to assist Federal employers to better understand and utilize special veteran hiring authorities. Additionally, veteran-only job fairs provide a critical point of access to job seeking veterans for Federal agencies with key services and benefits.

How the Recommendation Addresses the Gap: Coordination of information and message branding will simplify servicemember understanding and access to the information they need during transition to succeed in their civilian job search. Centrality of information distribution via web and at veteran only job fairs will further enhance the power of the "HireVets First" message and brand, and improve resources available to veterans and servicemembers seeking civilian and Federal employment opportunities.

Implementation Actions and Target Date:

1. **Federal agencies hosting or sponsoring job fairs:**
   - DOL/Federal agencies meet to identify and develop joint marketing material.
   - Federal agencies identify events and locations for publishing on "HireVets First" website to attract servicemembers and veterans. Special content sections may be developed for Federal hiring managers or veteran job seekers.
   - Federal agencies desiring "HireVets First" booth presence or general marketing material: submit time/location request and reserve booth space.

   Target Date: June 30, 2007

2. **Provide Information to "Hire Vets First" Job Fairs:**
   - DOL / Federal agencies set meeting to determine material content and delivery (hard copy or digital via web distribution).
   - Federal agencies: supply material for distribution at co-branded job fairs.
   - Federal agencies: identify and budget for booth space at private-sector job fairs.

   Target Date: To begin May 2007

Recommendation O-4: Improve Civilian Workforce Credentialing and Certification

Agencies Responsible for Action: Defense, Labor

Lead Agency: Defense

Recommendation: Improve job qualification, certification, and credentialing opportunities for transitioning servicemembers by working with certifying entities to develop credentials for military training and experience.

Background: Determining basic qualifications for a position, as well as occupational certification and licensing, are official recognition of meeting a set of defined standards, generally through education, training, experience, and testing. They are intended to provide assurance that those qualified and credentialed professionals engaged in specific occupations meet acceptable standards of quality. In many cases, the range of civilian occupations and occupational certification and licensing requirements vary greatly, often in the case of licensure, from state to state.

Military personnel receive extensive high quality training in a wide range of military occupational specialties. The training, combined with military work experience, contributes significantly to a highly skilled workforce. Transitioning servicemembers often have difficulty articulating and getting credit for military acquired knowledge, skills, and abilities that may be transferable into civilian credentials.

Gap Analysis: The Department of Defense (DoD) spends billions each year for training the military. Many of the skills and experience of military members can be used in civilian employment but often veterans do not receive proper credit, if any at all, for their knowledge, skills and abilities gained based on their military service and training. DoD Services created *Crosswalks*, *Army Cool* and *Navy Cool*, to assist in demonstrating the gaps. However, additional analysis needs to be conducted for the Air Force and the Marines to assist all members transitioning from the military.

How the Recommendation Addresses the Gap: Servicemembers leaving the military seeking employment may be able to qualify and secure high quality jobs if they were to apply their military experience and skills toward a license or certification. Employers are seeking to hire trained and qualified workers. This recommendation puts the multi-billion dollar investment in military training to work in the civilian sector.

More opportunities for veterans to get credentials in the civilian workforce based on their military experience, training and service is a force multiplier because it supports both recruitment and retention. This also leverages the billions spent on military education and training to the civilian workplace where employer needs for skilled workers can be met with minimum investment by employers to train employees who are veterans. This would also serve as an incentive to seek and hire veterans.

Implementation Actions and Target Date:

1. **Organize Work Group** – A DoD/DOL Workgroup was formed and meetings scheduled. This workgroup will a strategy to work with the Service Schools, industry, and certifying entities to develop qualifications and certifications for transitioning servicemembers.

2. **Identify 10 Military Occupational Specialties** – The Services will identify to DoD specialties that may require minimal additional training or training adjustments within the Service Schools to support certain qualifications and certifications or that could be established as a certification.

3. **Work with training schools and certifying entities** – Services will identify points of contact from one or more Service Schools to assist

the work group and act as a liaison to the Services. The work group will then work with industry to determine what certifications for military service are relevant to the civilian workplace. The work group will also seek minor curriculum changes in military schools that would support qualifications and certifications. The workgroup will work with certifying entities to develop qualifications and certifications that take advantage of military skills and experience.

4. **DoD / DOL target 10 military occupations** to receive a certification or be recognized by existing certifications currently in effect.
   Target Date: Begin June 2007

Recommendation O-5: Train Active Duty, Guard and Reserve Personnel on the Uniformed Services Employment and Reemployment Rights Act (USERRA)

Agencies Responsible for Action: Defense, Labor

Lead Agency: Labor

Recommendation: DOL will coordinate with DoD to promote awareness of the Uniformed Services Employment and Reemployment Rights Act (USERRA) provisions and benefits to servicemembers within Active Duty, Guard and Reserve components and veterans at entry to, during and exit from military service.

Background: USERRA protects civilian job rights and benefits for veterans and members of Reserve components. USERRA also makes major improvements in protecting servicemember rights and benefits by clarifying the law, improving enforcement mechanisms, and adding Federal Government employees to those employees already eligible to receive DOL assistance in processing claims.

DOL, through the Veterans' Employment and Training Service (VETS), provides assistance to all persons having claims under USERRA. USERRA clarifies and strengthens the Veterans' Reemployment Rights (VRR) Statute.

Gap Analysis: Due to the complexity of the law, servicemembers may not be aware of all of their rights under USERRA. They need a resource that informs them of their rights and explains how to receive information and representation when seeking assistance.

How the Recommendation Addresses the Gap: Servicemembers leaving the military or being demobilized may not be aware of the law that protects their employment rights. Training and other reinforcement will make servicemembers more aware of their rights and serve as a recognizable benefit of military service, especially for members of the Guard and Reserve.

As the number of cases per mobilized servicemember is reduced, there could be a positive impact on recruiting and retention especially in the Reserve Components. Servicemembers will have confidence that their employment and reemployment rights are secure.

Implementation Actions and Target Date:

1. **Develop a pocket guide** and interactive program to train DoD personnel on USERRA.
2. **Provide USERRA awareness training** in the Transition Assistance Employment Workshop.
3. **Continue training** of Employer Support of the Guard and Reserve personnel.
4. **Continue to improve training** of USERRA Senior investigators to provide outreach.
5. **Continue USERRA training** to the Judge Advocate General Corps.

   Target Date: Begin June 2007

Recommendation O-6: Develop Financial Aid Education Module

Agencies Responsible for Action: Labor, Defense, Education

Lead Agency: Labor

Recommendation: To better educate transitioning servicemembers on the benefits available to them with regard to financial aid, a financial aid information module will be developed for the Transition Assistance Program and Disabled Assistance Program (TAP/DTAP). This module can be integrated into any presentations currently provided.

Background: A limited number of servicemembers take advantage of the existing benefits available to current or prior servicemembers. Information about these benefits is not currently presented during TAP/DTAP presentations and may not be readily available for transitioning servicemembers.

Gap Analysis: The Department of Education (ED) provides extensive funding and financial aid each year. Veterans account for a relatively small amount of funding available. ED has many programs and benefits; some apply solely to veterans. The gap is the lack of awareness by servicemembers of these programs and benefits for which veterans or servicemembers may be eligible.

How the Recommendation Addresses the Gap: Servicemembers may be able to qualify for a wide range of financial aid and other benefits such as some relief from loans due to certain qualifying circumstances relating to military service. Ensuring these transitioning servicemembers are made aware of these programs and benefits may encourage them to take advantage of these educational assistance programs to meet their educational needs and goals.

More opportunities for veterans to get aid for education is a force multiplier because it supports both recruitment and retention. This also leverages the information about resources available at-large and the benefits to veterans or servicemembers based upon their military service and status. Employer needs for skilled and educated workers can be supported by resources available and special provisions for veterans or military service. The success measure for providing information on the Education Module will be the number of veterans/active duty servicemembers that apply for Federal student aid using the *Free Application for Federal Student Aid* (FAFSA).

Implementation Actions and Target Date:

1. **Brief Transition Assistance Program Steering Committee.**

2. **Form an ED and DOL work group** to develop the information to be covered in the TAP/DTAP Employment Workshops. DOL will develop teaching materials and a course addendum to include the Education material with the assistance of the National Veterans' Training Institute.

3. **Material reviewed by the Transition Assistance Program Steering Committee** and ED for approval. Once approved, begin providing instructions for trainers worldwide to provide the revised workshop at the over 211 sites and to over 150,000 transitioning servicemembers.

   Target Date: August 31, 2007

Recommendation O-7: Develop a Wounded Veterans Readjustment Work Experience Program

Agencies Responsible for Action: Defense, Labor, Transportation, Personnel Management

Lead Agency: Labor

Recommendation: Department of Labor (DOL) will work closely with Department of Defense (DoD) and Department of Veterans Affairs (VA) to promote awareness of the Warfighter program and develop a pilot or pilots in coordination with Federal agencies to give injured and recovering servicemembers the opportunity to participate.

Background: DoD Military Severely Injured Center (MSIC), in partnership with the DOL Recovery and Employment Assistance Program, is sponsoring Operation Warfighter (OWF), a temporary assignment program for members of the Military Services who are undergoing treatment or rehabilitation at select Military Medical Treatment Facilities. The OWF is designed to provide recovering injured or wounded servicemembers with meaningful activity outside the hospital environment and offer them an opportunity to explore career options in the Federal workforce. The DOL administers the program on behalf of DoD.

Operation Warfighter allows injured servicemembers to work several hours a week while undergoing treatment and therapy for their injuries suffered in combat. Wounded veterans may voluntarily work 15-30 hours per week for three to four month periods.

Gap Analysis: Experience shows veterans generally enjoy a favorable employment rate in the Nation's job market; however, many veterans initially find it difficult to compete successfully in the labor market. The OWF Program helps address this wounded veteran re-adjustment issue by allowing veterans an opportunity to work in a civilian occupation and environment, and gain experience, confidence, and possibly permanent employment in the Federal, state or local government. The Department of Transportation is seeking to integrate its American Hero Support Program into the OWF and support wounded veterans through internships in state departments of transportation and local government agencies.

How the Recommendation Addresses the Gap: Wounded and injured servicemembers on medical hold may be positioned to take advantage of opportunities to gain valuable work experience before leaving military service. This will also help them to make the emotional and physical adjustment to the civilian work place.

The impact is national in scope. In addition to having some hiring opportunities, Federal agencies can leverage their relationships and networking linkages with the states, the District of Columbia, and Puerto Rico to make available a supportive work environment in almost any part of the country. Positions range from blue collar to white collar and from high tech to low tech. This environment would be a perfect match for an "intern" type of program that would allow the transitioning servicemember to "test drive" the working environment in a geographical location that is most suitable for their recovery.

The success of this initiative can be gauged by the number of Federal Departments participating, the number of participants, and the number of participants entering employment after discharge.

Implementation Actions and Target Date:

1. **Develop an information brief** for injured and wounded candidates and a clearinghouse for prospective participants.
2. **Develop a Warfighter Program information guide and briefing** for Federal Departments.
3. **Request that each Cabinet level Department establish a pilot program.**
4. **Establish a tracking program** to measure success.
5. **Encourage Departments to be creative, expand and establish a best practices** repository in their program and publish progress and updates on Department's website.
6. **Three-Phased implementation** from Development Phase and Pilot Phase to Full Implementation.

   Target Date: Begin June 2007

Recommendation O-8: Expand Access to the National Housing Locator

Agencies Responsible for Action: Housing and Urban Development (HUD), Veterans Affairs, Defense

Lead Agency: Housing and Urban Development

Recommendation: Expand access to the National Housing Locator (NHL) to allow use by servicemembers and veterans through DoD and VA. HUD, in support of State and Local Housing Authorities, and other First Responders, launched the intergovernmental National Housing Locator (NHL) web site in January 2007 as a response to lessons learned from Hurricane Katrina and related disasters.

Background: The NHL is a searchable, web-based clearinghouse of over 20,000 rental housing vacancies available nationwide and growing. It allows users to set a number of search criteria, to include desired location, by city, area code; price range; acceptance of vouchers; accessibility; assisted and/or elderly accommodations; number of bedrooms; area fair market rents; geo-spatial by radius, and other criteria. Once the criteria are set, a rapid search is conducted nation-wide with designated partners, and the information about available housing is presented in a report format. In most cases, pictures of the housing, a geocoded map – to include ranges illustrating locations of available housing, and contact information, is provided.

Gap Analysis: Presently, there are several different housing locators available to assist servicemembers and veterans but there is no single-source national database available to them. Access to the NHL is currently limited to State Housing Authorities, Public Housing Authorities, and others designated as first responders to a disaster.

How the Recommendation Addresses the Gap: Transitioning servicemembers and veterans frequently re-locate to new geographical areas. Many need assistance with quickly finding safe, affordable housing. Having access to the NHL, an easily searchable nation-wide repository of available housing, would greatly assist transitioning servicemembers and veterans in this endeavor.

Implementation Actions and Target Dates:

1. **Identify and gather portal details.**
   Target Date: May 4, 2007.

2. **Develop Standard Methodology to add participating portals.**
   Target Date: May 18, 2007.

3. **Define business and technical requirements.**
   Target Date: June 8, 2007.

4. **Design standardized access method for target users.**
   Target Date: July 6, 2007.

5. **Implement standard access method to support Pilot Veterans Service Organization access to NHLS via VIP.**
   Target Date: August 3, 2007

6. Engineer/Build standard authorization interfaces with authentication portals.
   Target Date: October 26, 2007.

7. Test and deploy NHL for participating portals.
   Target Date: Ongoing, as new portals are added.

Recommendation O-9: Provide Outreach and Education to Community Health Centers

Agencies Responsible for Action: Health, Veterans Affairs, and Defense

Lead Agency: Health

Recommendation: VA, HHS, and DoD will improve access to quality health care and services for returning OEF/OIF servicemembers, especially for veterans in remote or rural areas. The goals of the collaboration would be to:

1) improve beneficiary access to quality health care and services, especially for veterans in remote or rural areas;
2) familiarize providers with the VA and DoD services available to returning veterans to enable appropriate referrals; and
3) improve communication between VA and DoD health care providers and Health Center providers regarding the health care needs of returning veterans.

Background: Recognizing that some veterans returning from GWOT may seek primary and behavioral health care assistance at Health Centers, HHS, VA, and DoD will create opportunities to coordinate and improve services for returning OEF/OIF servicemembers. For example, HHS, VA, and DoD could provide training to Health Centers to familiarize providers with the VA and DoD services available to returning veterans, in order to enable appropriate referrals. Additionally, VA and DoD could develop training for Health Center clinicians related to the specific health needs of returning veterans, such as screening to identify the areas where referral would be warranted, e.g. environmental infectious agents, mental health issues (such as Post-Traumatic Stress Disorder or PTSD), and Traumatic Brain Injuries (TBI) that may be more common for veterans of the current conflict. Because the diagnosis and treatment of highly complex diagnoses like TBI or the differential diagnosis of TBI versus PTSD takes a full team of neuro-psychologists/psychologists, neurologists, physiatrists, OT/PT, social workers and primary care providers (MD, NP or PA), referral to a VAMC where this full team is available is crucial to assure the full battery of tests, assessments, and treatment is available to the veteran, as appropriate.

How the Recommendation Would Address the Gap: Educating Health Center providers on the benefits and services available to veterans through VA and DoD could improve the appropriateness and number of referrals to VA and DoD. Additionally, the expertise of VA and DoD health service providers would be tapped to provide guidance to Health Centers regarding the specific health care needs of returning veterans, e.g. screening for PTSD and TBI. Processes will be developed to assure that care is not fragmented or duplicative and referrals are easy to manage so that the veteran does not have a gap in services.

Implementation Actions and Target Date:

1. **Establish a working group** of key VA and DoD program staff and HHS/Health Resources and Services Administration (HRSA) program staff. VA, HHS, and DoD will formalize an agreement to:
   (a) determine the greatest needs among OEF/OIF returnees likely to interact with Health Centers and other HRSA-supported provider organizations and
   (b) explore the range of opportunities for training and collaboration between VA and DoD health services and HRSA's Health Center program as well as other HRSA-supported provider organizations.

   Target Date: April 30, 2007

2. **Identify a set of possible initiatives** that would address the needs of GWOT veterans and enhance coordination of services for returning GWOT servicemembers. Possible activities may include, but are not limited to:

   - Assess the Health Center providers' familiarity with VA and DoD health services and access points, and the Health Centers' need for materials and trainings related to VA and DoD health services;
   - Develop a VA Health Services Resource Guide for GWOT Veterans that includes a description of VA health services, eligibility criteria for VA health services, and access points for VA health services;
   - Develop a DoD Health Services Resource Guide for GWOT servicemembers that includes a description of DoD health services and access points for DoD health services;
   - Develop a structured opportunity for Health Centers and VA and DoD facilities to identify local referral resources and establish formal referral arrangements, including training and opportunities for interface;

- Develop trainings for Health Center clinicians related to the specific health needs of returning veterans, such as screening to identify the areas where referral would be warranted, e.g., environmental infectious agents, mental health issues (such as Post-Traumatic Stress Disorder or PTSD), and Traumatic Brain Injuries (TBI) that may be more common for veterans of the current conflict; and
- Explore options for tracking the number of veterans seen in Health Centers such as through the inclusion of a data element on veteran status in HRSA's Uniform Data System (UDS).

Target Date: July 30, 2007

3. **Based on conclusions of the work group, draft MOU/agreement(s) between VA, DoD, and HHS** detailing the agreed upon activities, if necessary.

   Target Date: October 31, 2007

4. **Explore opportunities for additional outreach** to the Health Center community regarding available health services offered through VA (e.g. the annual Health Care for the Homeless Conference and other such HHS and VA sponsored events) and DoD.

   Target Date: Ongoing

Recommendation O-10: Expand OPM Outreach Efforts

Agencies Responsible for Action: Personnel Management, Labor, Defense

Lead Agency: Personnel Management

Recommendation: Office of Personnel Management (OPM) will reach agreement with a military hospital/installation to place an OPM outreach specialist at that location in FY 2007.

Background: OPM has established veterans' outreach offices at Walter Reed Army Medical Center in Washington, DC, and Brooke Army Medical Center (BAMC) in San Antonio, TX. The OPM office at Walter Reed opened in December 2005 and is staffed by an OPM employee. The BAMC office opened in December 2006 and is staffed by an Air Force employee detailed to OPM.

OPM's work at Walter Reed and BAMC is done in conjunction with DoD's Career Transition Assistance Program (C/TAP), which helps wounded veterans recover physically and psychologically and transition back to civilian life. To support this effort at Walter Reed and BAMC, OPM provides the following services to wounded servicemen and women:

- Coordinate outreach activities with each hospital's C/TAP programs;
- Provide Federal job information and counseling directly to veterans and help them find and apply for jobs;
- Offer classes that teach resume-writing and offer tips on how to translate military accomplishments into a set of knowledge, skills, and abilities (KSAs) that are marketable in the Federal Government;
- Work directly with Federal agencies to match their talent needs with qualified veterans, many of whom possess the skills agencies need to close mission critical staffing gaps;
- Promote *www.USAJOBS.gov* as the Federal government's one-stop employment information system; and
- Educate veterans on their veterans' preference rights and what those rights mean for them.

Gap Analysis: Data for the Walter Reed office (Brooke has only been open a short time) indicates that the program is well received and expansion would benefit our wounded warriors.

- OPM has provided job information to more than 1,000 military personnel and spouses and offered classes to more than 700.
- OPM has directly counseled almost 800 people through its Walter Reed outreach office. Many of these attended a monthly resume-writing/KSA workshop where OPM helps veterans establish a "MY USAJOB" account.
- 113 people have been hired, 68 by the private sector and 45 by the Federal government.

Expand OPM outreach efforts to an additional hospital/installation in 2007.

How the Recommendation Addresses the Gap: An additional office would expand Federal employment education and information to a larger percentage of our wounded warriors.

Implementation Action and Target Date:

OPM will evaluate opportunities at the following Military Hospitals/Military Installations:

- Evans Army Community Hospital, Fort Carson, Colorado;
- Darnall Army Medical Center, Fort Hood, Texas;
- Camp Pendleton Naval Hospital, Camp Pendleton, California; and
- Madigan Army Medical Center, Tacoma, Washington.

- Site visit conducted at Fort Carson, Colorado March 28, 2007.
- Schedule additional site visits as appropriate.
- Continue to work with contacts to establish a clear understanding of requirements and determine level of interest.
- Explore alternate proposals to expand outreach efforts.

  Target Date: Obtain an agreement with one hospital/installation by June 30, 2007.

SECTION 5

Government-wide Action Plan

Overview

This Government-wide Action Plan directs and schedules program enhancements to improve the timeliness, ease of application, and efficient delivery of Federal services and benefits to returning Global War on Terror servicemembers.

Agency Performance

The key factor to timely implementation of Task Force recommendations is follow-up and accountability. Success will be measured in accordance with the performance criteria contained in the President's Executive Order dated March 6, 2007:

> *Ensure that in providing services to these service members, appropriate Federal agencies are communicating and cooperating effectively, and facilitate the fostering of agency communications and cooperation through informal and formal means, as appropriate.*

Each agency determined how to implement its portion of a recommendation. For actions requiring interagency coordination, a lead agency was identified. The lead agency will ensure the Action Plan is properly coordinated with partner agencies.

Implementation Strategies and Target Dates

Detailed strategies provided by Federal agencies for implementing each recommendation appear in Section 4. A summation of implementation actions with target dates for each recommendation is provided in Exhibit 6.

Oversight

Agencies will conduct periodic progress reviews to ensure recommendations are implemented. The frequency of independent reviews will vary depending upon on progress made, problems encountered, and potential barriers for timely implementation.

Exhibit 6

#	Recommendation	Agencies	Lead Agency	Implementation Actions	Target Date for Implementation
P-1	Develop a Joint Process for Disability Determinations	DoD, VA	DoD	Develop in-depth plan for VA/DoD collaboration in MEB/PEB process	Begun April 3, 2007
					VA to participate in Advisory Council meeting May 3, 2007
P-2	Develop a System of Co-Management and Case Management	DoD, VA	DoD	1. Joint MOA - draft	1. April 30, 2007
				2. Standardize Case Mgt ; develop charter	2. April 30, 2007
				3. Policy Document	3. Draft by July 30, 2007
				4. Primary Case Managers	4. Begin May 30, 2007
				5. Tracking System	5. Started February 2007
				6. BEC and HEC oversight	6. Begin May 30, 2007
				7. VBA GWOT Coordinator	7. April 30, 2007
				8. VA Policy Handbook	8. VHA Published March 26, 2007; VBA by May 2007
P-3	Enhance Electronic Health Record for Transition of GWOT Veterans	VA	VA	1. Develop tracking & interface	1. September 2007
				2. Create TBI database	2. September 2007
				3. Create DoD/VA interface	3. September 2007
				4. Create Poly-trauma markers	4. NLT September 2008
				5. Create GWOT marker	5. NLT September 2008
				6. Create clinical transfer system	6. NLT September 2008
				7. Build DoD CPRS scanning interface	7. NLT September 2008

#	Recommendation	Agencies	Lead Agency	Implementation Actions	Target Date for Implementation
P-4	Improve VA Access to Health Records of Servicemembers Treated in VA Health Care Facilities.	DoD, VA	DoD, VA	1. Expand Electronic Health Record Access:	
				a- Walter Reed & Bethesda to Tampa	a- Completed March 2007
				b- Walter Reed, Bethesda, and Brooke to Tampa, Palo Alto, Minneapolis, and Richmond	b- June 30, 2007
				c- All	c- FY 2008 - 2010
				2. Transmission of Historical DoD Data:	
				a- Release 1 – Meds & Labs	a- June 30, 2007
				b- Release 2 – Provider notes	b- January 30, 2008
				c- Release 3 – Theater data	c- January 30, 2008
				d-Release 4 – Vital signs	d- March 30, 2008
				e. Release 5 – Patient histories	e- September 30, 2008
				3. Long-Term Initiatives:	
				a- Assessment	a- June 30, 2007
				b- Scope and elements	b- June 30, 2007
				c- DoD-VA interoperability	c- September 30, 2007
				d- Analysis of Alternatives	d- January 31, 2008
P-5	Improve the Electronic Enrollment Process	VA	VA	1. VA 10-10EZ Form	1. June 30, 2007
				2. Self-Service Application	2. June 30, 2008
				3. Presumed Combat Experience	3. July 30, 2007
P-6	Use DoD Military Service Information as Part of VA's Enrollment Process	VA	VA	Enhance the Enrollment System Redesign	June 2008 to January 2009
P-7	Create an Embedded Fragment Surveillance Center and Registry	VA	VA	1. Establish Embedded Fragment Surveillance Center	1. April 2008
				2. Establish Registry	2. January 2008
P-8	Develop Memorandum of Understanding and Agreement for VA Liaisons at Military Treatment Facilities	DoD, VA	DoD, VA	1. MOU	1. May 31, 2007
				2. Concurrence on MOUs	2. Sign with each MTF by June 30, 2007
				3. Access to information	3. Sign with each MTF by June 30, 2007
				4. VA Liaison Services at other MTFs	4. May 30, 2007

#	Recommendation	Agencies	Lead Agency	Implementation Actions	Target Date for Implementation
P-9	Screen All Veterans of the Global War on Terrorism for TBI	VA	VA	1. Training	1. Completed March 31, 2007
				2. Clinical Reminder	2. April 30, 2007
				3. Clinical Practice Recs	3. September 30, 2007
P-10	Enhance Capacity to Provide Dental Care	VA	VA	Purchase Dental Care	May 30, 2007
P-11	Extend Vocational Rehabilitation Evaluation Determination Time Line	VA	VA	Allow immediate extension of the 12-month limit on extended evaluation plans	April 30, 2007
P-12	Expedite Adapted Housing and Special Home Adaptation Grants Claims	VA	VA	Develop and disseminate implementation procedures to VBA's field stations	April 30, 2007
P-13	Participate in Post-Deployment Health Reassessment	VA	VA	1. Distribute Schedule of PDHRA Events	1. Recurs monthly
				2. VHA conducts system-wide conference call	2. April 30, 2007
P-14	Expand Eligibility of PatriotExpress Loan	SBA, DoD, VA, ED, OMB, and all Federal agencies with procurement authority	SBA	1. SBA complete internal clearance	SBA Implements in May/June 2007 (May 30 Memorial Day or June 14, Flag Day)
				2. SBA/OMB clearance	
				3. SBA/OMB Paperwork Reduction Act clearance	
				4. SBA Congressional Notice	
				5. SBA implements Marketing Plan with support of other agencies	
P-15	Improve IT Interoperability	HHS VA	HHS	1. Sign MOU	1. June 2007
				2. Establish joint group	2. June 2007
				3. Agreement on standards	3. August 30, 2007
				4. Sign agreements	4. August 30, 2007
				5. Conduct joint analysis	5. October 31, 2007
				6. Participate in Federal architecture activities	6. October 31, 2007

#	Recommendation	Agencies	Lead	Implementation Actions	Target Date for
O-1	Increase Attendance at TAP/DTAP Sessions	DoD, VA, DOL, ED, SBA, OPM	DoD	1. Guard & Reserve TAP	1. August 31, 2007
				2. Injured/Disabled DTAP	2. August 31, 2007
				3. Marketing TAP/DTAP	3. August 31, 2007
				4. TurboTAP	4. August 31, 2007
O-2	Provide Department of Education Educational Assistance Information	ED, DoD, DOL, VA	ED	1. Participates in job fairs a- Identify dates/locations b- Training c- Identify participants	1. a-c- Personnel available May 1, 2007
				2. Provide information to VA for GWOT Newsletter	2. Quarterly; next mailing July 2007
O-3	Integrate the "Hire Vets First" Campaign into Career Fairs	DOL, DoD, VA, SBA, ED, OPM	DOL	1. Federal agencies host or sponsor job fairs	1. June 2007
				2. Provide information to "Hire Vets First" Job Fairs	2. Begin May 2007
O-4	Improve Civilian Workforce Credentialing and Certification	DoD, DOL	DoD	1. Organize DoD/DOL Work Group 2. Identify 10 Military Occupational Specialties 3. Work with training schools and certifying entities 4. DoD/DOL target 10 military occupations to receive a certification	Begin June 2007
O-5	Train Active Duty, Guard, and Reserve on Uniformed Services Employment and Reemployment Rights Act (USERRA)	DoD, DOL	DOL	1. Develop a pocket guide and interactive program 2. Provide USERRA awareness training in the TAP/DTAP Workshop 3. Continue training of Employer Support of Guard and Reserve personnel 4. Improve training of USERRA investigators 5. Continue USERRA training to JAG Corps	Begin June 2007
O-6	Develop Financial Aid Education Module	DOL, DoD, ED	DOL	1. Brief TAP Steering Committee. 2. Form ED/ DOL work group to develop TAP Employment Workshops 3. Material reviewed by TAP Steering Committee and ED for approval. Give trainers instructions for revised workshop.	August 31, 2007

#	Recommendation	Agencies	Lead	Implementation Actions	Target Date for
O-7	Develop a Wounded Veterans Intern Program	DoD, DOL, DOT, OPM	DOL	1. Develop a briefing for injured and wounded candidates and a clearinghouse for participants	Begin June 2007
				2. Develop a Warfighter Program information guide and briefing	
				3. Request each agency establish pilot program	
				4. Establish a tracking program	
				5. Encourage Departments to establish a best practices repository on their websites	
				6. Three-Phased implementation	
O-8	Expand Access to the National Housing Locator	HUD, VA, DoD	HUD	1. Identify and gather portal details	1. May 4, 2007
				2. Develop standard methodology	2. May 18, 2007
				3. Define business and technical requirements	3. June 8, 2007
				4. Design standardized access method	4. July 6, 2007
				5. Implement standard access method for VSO pilot program	5. August 3, 2007
				6. Build standard authorization interfaces with authentication portals	6. October 26, 2007
				7. Test and deploy NHL for participating portals	7. Ongoing, as new portals are added
O-9	Provide Outreach and Education to Community Health Centers	HHS, VA	HHS	1. Establish working group	1. April 30, 2007
				2. Identify set of initiatives	2. July 30, 2007
				3. Draft MOU/Agreement(s) between VA, DoD, and HHS	3. October 31, 2007
				4. Explore opportunities for additional outreach	4. Ongoing
O-10	Expand OPM Outreach Efforts	OPM, DOL, DoD	OPM	1. Conduct site visit	1. March 28, 2007
				2. Understand requirements and level of interest and explore expansion of outreach	2. Requirements analysis complete; assessing interest.
				3. Reach agreement	3. June 30, 2007

Appendix A
Executive Order Establishing Task Force

Federal Register

Thursday,
March 8, 2007

Part II

The President

Executive Order 13426 — Establishing a Commission on Care for America's Returning Wounded Warriors and a *Task Force on Returning Global War on Terror Heroes*

Federal Register
Vol. 72, No. 45
Thursday, March 8, 2007

Presidential Documents

Title 3—

The President

Executive Order 13426 of March 6, 2007

Establishing a Commission on Care for America's Returning Wounded Warriors and a Task Force on Returning Global War on Terror Heroes

By the authority vested in me as President by the Constitution and the laws of the United States of America, and to provide a comprehensive review of the care provided to America's returning Global War on Terror service men and women from the time they leave the battlefield through their return to civilian life, it is hereby ordered as follows:

Section 1. *Establishment of Commission.* There is established the President's Commission on Care for America's Returning Wounded Warriors (Commission).

Sec. 2. *Membership of Commission.* The Commission shall be composed of nine members appointed by the President. The President shall designate two Co-Chairs from among the members of the Commission.

Sec. 3. *Mission of Commission.* The mission of the Commission shall be to:

(a) examine the effectiveness of returning wounded service members' transition from deployment in support of the Global War on Terror to successful return to productive military service or civilian society, and recommend needed improvements;

(b) evaluate the coordination, management, and adequacy of the delivery of health care, disability, traumatic injury, education, employment, and other benefits and services to returning wounded Global War on Terror service members by Federal agencies as well as by the private sector, and recommend ways to ensure that programs provide high-quality services;

(c) (i) analyze the effectiveness of existing outreach to service members regarding such benefits and services, and service members' level of awareness of and ability to access these benefits and services, and (ii) identify ways to reduce barriers to and gaps in these benefits and services; and

(d) consult with foundations, veterans service organizations, non-profit groups, faith-based organizations, and others as appropriate, in performing the Commission's functions under subsections (a) through (c) of this section.

Sec. 4. *Administration of Commission.*

(a) The Secretary of Defense shall, to the extent permitted by law, provide administrative support and funding for the Commission. To the extent permitted by law, office space, analytical support, and staff support for the Commission shall be provided by the Department of Defense.

(b) Members of the Commission shall serve without any compensation for their work on the Commission. Members of the Commission appointed from among private citizens of the United States, while engaged in the work of the Commission, may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by law for persons serving intermittently in Government service (5 U.S.C. 5701–5707), consistent with the availability of funds.

(c) The Co-Chairs of the Commission shall select an Executive Director to coordinate administration of the Commission.

(d) The heads of executive branch departments and agencies shall, to the extent permitted by law, provide the Commission with information as requested by the Co-Chairs.

(e) The Co-Chairs of the Commission shall convene and preside at the meetings of the Commission, determine its agenda, and direct its work.

(f) The functions of the President under the Federal Advisory Committee Act, as amended (5 U.S.C. App.)(Act), except for those in section 6 of that Act, that are applicable to the Commission, shall be performed by the Secretary of Defense, in accordance with the guidelines that have been issued by the Administrator of General Services.

Sec. 5. *Report of Commission.* The Commission shall report its recommendations to the President through the Secretary of Defense and the Secretary of Veterans Affairs. The Commission shall issue a final report by June 30, 2007, unless the Co-Chairs provide written notice to the President that an extension is necessary, in which case the Commission shall issue the final report by July 31, 2007.

Sec. 6. *Termination of Commission.* The Commission shall terminate 30 days after submitting its final report, unless extended by the President prior to that date.

Sec. 7. *Establishment of Task Force.* The Secretary of Veterans Affairs (Secretary) shall establish within the Department of Veterans Affairs for administrative purposes only an Interagency *Task Force on Returning Global War on Terror Heroes* (Task Force).

Sec. 8. Membership and Operation of Task Force. The Task Force shall consist exclusively of the following members, or their designees who shall be at the Under Secretary level (or its equivalent) or higher:

(a) the Secretary of Veterans Affairs, who shall serve as Chair;

(b) the Secretary of Defense;

(c) the Secretary of Labor;

(d) the Secretary of Health and Human Services;

(e) the Secretary of Housing and Urban Development;

(f) the Secretary of Education;

(g) the Director of the Office of Management and Budget;

(h) the Administrator of the Small Business Administration; and

(i) other officers or employees of the United States, as determined by the Secretary.

The Secretary or the Secretary's designee shall convene and preside at meetings of the Task Force and direct its work. The Secretary shall designate an official of the Department of Veterans Affairs to serve as the Executive Secretary of the Task Force, and the Executive Secretary shall head any staff assigned to the Task Force.

Sec. 9. *Mission of Task Force.* The mission of the Task Force shall be to:

(a) identify and examine existing Federal services that currently are provided to returning Global War on Terror service members;

(b) identify existing gaps in such services;

(c) seek recommendations from appropriate Federal agencies on ways to fill those gaps as effectively and expeditiously as possible using existing resources; and

(d) (i) ensure that in providing services to these service members, appropriate Federal agencies are communicating and cooperating effectively, and (ii) facilitate the fostering of agency communications and cooperation through informal and formal means, as appropriate.

Sec. 10. *Administration of Task Force.* The Secretary of Veterans Affairs shall, to the extent permitted by law, provide administrative support and funding for the Task Force.

Sec. 11. *Action Plan of Task Force.* Consistent with applicable law, the Task Force shall outline a Government-wide action plan that identifies existing Federal services for returning Global War on Terror service men and women and that ensures the provision of such services to those service members as effectively and expeditiously as possible. The Task Force shall submit the action plan to the President within 45 days of the date of this order.

Sec. 12. *Termination of Task Force.* The Secretary, with the approval of the President, shall terminate the Task Force upon the completion of its duties.

Sec. 13. *General Provisions.*

(a) Nothing in this order shall be construed to impair or otherwise affect (i) authority granted by law to an agency or the head thereof, or (ii) functions of the Director of the Office of Management and Budget relating to budget, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity, against the United States, its departments, agencies, entities, officers, employees, agents, or any other person. person.

THE WHITE HOUSE,
March 6, 2007.

[FR Doc. 07–1137
Filed 3–7–07; 10:57 am]
Billing code 3195–01–P

Appendix B
Inventory of Federal Services and Benefits

Health Care

Agency	Title	Description
DoD	Air Evacuation	Provide trained Air Evacuation teams and Critical Care Air Transport teams to move patients to Home Station.
DoD	Assess Tuberculosis Risk	Provide tuberculosis risk assessment questionnaire and perform skin testing, if indicated.
DoD	Bidirectional Health Information Exchange (BHIE)	Sharing clinical data: BHIE enables real-time sharing of the following health data elements viewable between DoD BHIE sites and all VA Treatment Facilities for patients treated in both DoD and VA: Patient demographic data (name, patient category, social security number, gender, and date of birth), DoD and VA outpatient pharmacy data (Military Treatment Facility data for all shared beneficiaries, DoD mail order pharmacy and retail pharmacy network for separated servicemembers, and VA pharmacy data), Allergy information, Radiology text reports and Laboratory results, including surgical pathology, cytology, microbiology, chemistry, and hematology.
DoD	Care Coordination	Provide care coordination for patients with catastrophic injuries/illnesses.
DoD	Clinical Data Repository/ Health Data Repository (CHDR)	Sharing clinical data: CHDR exchanges the following standardized, computable health data elements between DoD's CDR and VA's HDR for patients treated in both DoD and VA: Outpatient Pharmacy Data and Medication allergy data. Exchanging computable pharmacy and allergy data supports the ability to conduct drug-drug and drug-allergy order checking for shared patients using data from both DoD and VA.
DoD	Conduct Occupational and Environmental Health (OEH) surveillance	Ongoing surveillance of the deployed environment to detect potential health hazards so early intervention to prevent illness can occur. Documentation of Occupational Environmental Health surveillance data is placed in the servicemember's deployed medical record.

Agency	Title	Description
DoD	DoD Electronic Heatlh Record	AHLTA, DoD's Electronic Health Record, provides the following functionality: Encounter documentation and coding, outpatient laboratory, pharmacy, and radiology, problem list/health history, allergies, immunizations, wellness reminders, medical alerts, pre and post-deployment health assessments, and medical readiness status.
DoD	Family member screening	Universal use of screening mechanism at all pediatric visits to screen for deployment-related issues impacting family members (mental health, financial, etc.) Results recorded in AHLTA. Referrals to Family Support Services, and to Social Workers, Family Advocacy, Case Management as indicated.
DoD	Medical Care	Provide healthcare as needed. Provide medical care or immunizations, as needed, in deployed setting.
DoD	Medical Education	Provide outpatient education for health sustainment including tobacco cessation, skin/foot care, heat/cold injuries.
DoD	Post-Deployment face-to-face provider encounter	Required patient encounter for all deployers to review DD Form 2796, receive debrief on deployed health hazard exposures, and instructions on completion of terminal malaria chemoprophylaxis, if required.
DoD	Post-Deployment Health Reassessment (DD Form 2900)	Screening mechanism to identify any health issues potentially related to deployment that may not manifest themselves until a few months after return from deployment. Additional medical follow-up may occur based on answers to questions on form.
DoD	Pre-Deployment Health Assessment (DD Form 2795)	Screening mechanism to identify any health issues just prior to a deployment that may prevent personnel from being able to deploy. Additional medical follow-up may occur based on answers to questions on form.
DoD	Post-Deployment Health Assessment (DD Form 2796)	Screening mechanism to identify any health issues that manifested during or upon return from a deployment. Additional medical follow-up may occur based on answers to questions on form.
DoD	Pre-Deployment Medical Screening	Review of servicemember's status, completion of DD2795, administration of any additional immunizations, drawing of pre-deployment serum sample, prescription for Force Health Protection Prescription Products (such as malaria drugs) and any additional examinations specific for the deployment.
DoD	Preventive Health Assessment	Screening questionnaire and appropriate clinical preventive services or diagnostics to identify potential health issues.
DoD	Rehabilitative Care	Medical/Surgery/Physical & Occupational Therapy to return to maximum function prior to Disability Evaluation.
DoD	Defense and Veterans Brain Injury Center	To care for active-duty servicemembers with Traumatic Brain Injury (TBI) through innovative medical care, clinical research, and educational programs. Provision of individualized case management for each patient to maximize function and decrease TBI-related disability; includes evaluation, treatment, and follow-up care. Vocational rehabilitation to help the patient return to duty and work.

Agency	Title	Description
DoD	Comprehensive Combat Casualty Care Center	Center based on models for amputee care developed at Walter Reed Army Medical Center and Brooke Army Medical Center, but expanded to include PTSD, TBI and other types of injuries. Scheduled to open Summer 2007.
DoD	Clinical Counseling	Assessment and short-term, solution-focused clinical counseling for conditions and circumstances in which short-term counseling is appropriate Beneficiaries presenting with more significant psychiatric disorders are referred to TRICARE or the Military Treatment Facility.
DoD	Deployment Health Clinic	Deployment Health Clinics provide primary care and mental health services to members whose medical concerns were identified during the Post-Deployment Health Reassessment process. servicemembers can be referred outside the Deployment Health Clinic for specialty care.
DoD	Individual Medical Readiness	Tracking and administration of appropriate immunizations, lab screenings, dental screening, and medical equipment (spectacle inserts for gas mask) to ensure members are medically ready to deploy.
DoD	Oversight of Physical Evaluation Board process for the Department of the Navy (DON)	Oversees the Physical Evaluation Board process for the Department of the Navy (DON).
DoD	Post-Deployment Serum SSample	Post-deployment serum specimen for storage in Department of Defense repository.
DoD	Prescribe Force Health Protection Prescription Products (FHPPP)	Provides deploying servicemember medications specific for deployment. These may include malaria chemoprophylaxis or drugs to counter effects from a possible nerve agent attack.
DoD	Prescribe other medications	Prescribe enough medications other than FHPPP, if indicated for servicemember's medical condition, to cover the duration of deployment, up to 180 days.
DoD	Surgical/Critical Care	Provide surgical and critical care services to the seriously ill/wounded including aeromedical evacuation.
DoD	Incapacitation Program	Authorizes medical and dental care for members of the National Guard and Reserve who incur or aggravate injury, illness, or disease in line of duty and provides pay and allowances during treatment and recovery from line of duty injury, illness, or disease, or who demonstrate loss of earned income as a result of injury, illness, or disease incurred or aggravated in line of duty.
DoD	Operational Stress Control and Restoration (OSCAR) Program	2D MARDIV designed and implemented an organic operational stress control and restoration (OSCAR) program to address mental health related problems. OSCAR includes Staff Non-Commissioned Officers, chaplains, and mental health professionals in a fully integrated multi-disciplinary team providing proactive management for operational stress and related mental health problems.
DoD	Sexual Assault Prevention & Response Program	Provides awareness and prevention training before deployment and in the case of an assault, services from SARC and victim advocate, with a warm handoff to the SARC at the home base.

Agency	Title	Description
DoD	Medical Threat Brief	Briefing to inform personnel of potential health hazards present in the deployed location and what preventive measures should be taken to decrease risk of exposure, such as wearing insect repellant or taking malaria chemoprophylaxis medication.
DoD	Medical Disability Evaluation	Write summary of medical injuries and perform continuous assessment to update disability system.
DoD	Issue Appropriate Force Protection Equipment	Provide appropriate equipment/supplies for force protection - this may include body armor, helmets, protective goggles, insect repellant, sunscreen, and mosquito netting and poles.
Dept of Education (ED)	Traumatic Brain Injury Model Systems Program	Through 16 funded centers nationwide, the program provides comprehensive systems of brain injury care to individuals who sustain TBI, and they conduct TBI research, including clinical research and the analysis of standardized data in collaboration with other related projects.
HHS	National Institute of Child Health and Human Development (NICHD)	Supports a broad range of basic, clinical, and translational science with the goal of enhancing the daily functioning of adults and children with disabling conditions including, spinal cord and traumatic brain injuries. Is relevant to our returning veterans as they are working towards improving artificial limbs.
HHS	National Institute of Diabetes, Digestive and Kidney Diseases (NIDDK)	National Institute of Diabetes, Digestive and Kidney Diseases supports 22 research projects related to veterans of military service. These projects involve both scientists located at and patients drawn from VA medical facilities. Conditions researched include the liver and gastrointestinal diseases, kidney disease and diabetes.
HHS	National Institute of General Medical Sciences (NIGMS)	Aims to improve understanding of the biological processes invoked after traumatic or burn injury; brings basic scientific observations and principles into the clinical arena.
HHS	National Institute of Health (NIH), National Institute on Dental and Craniofacial Research (NIDCR)	Ongoing research in tissue engineering and regeneration, Bioengineering for wounds to the head and face. This has the potential to be of great service to veterans by improving the state of the science involved in repair and regeneration of combat wounds as well as other craniofacial defects.
HHS	National Institute on Deafness and Other Communicative Disorders (NIDCD)	Studying the molecular mechanisms that cause the loss of hearing from exposure to loud noise.

Agency	Title	Description
HHS	National Institute on Mental Health (NIMH)	Extramural projects on trauma and Post-Traumatic Stress Disorder that involve active duty or veteran populations or that are directly relevant to developing science-based approaches to minimizing adverse mental health outcomes' of trauma and violence experienced in military and civilian contexts.
HHS	National Institutes of Health (NIH)	Comparing the effectiveness of different treatment strategies for Post-Traumatic Stress Disorder among combat veterans, a comparison of the benefits and outcomes of different post-surgical amputation rehabilitation services available to the VA.
HHS	Substance Abuse and Mental Health Services Administration Partnership with National Guard Bureau	In September 2006, the Substance Abuse and Mental Health Services Administration (SAMHSA) began a partnership with the National Guard Bureau to help strengthen the overall effectiveness of the National Guard's total workforce and enhance combat readiness by deterring illegal and illicit drug use by its members.
HHS	U.S. Public Health Service (USPHS) Office of the Surgeon General	Healthier Vets, the Surgeon General's joint Health and Human Services (HHS)/Department of Veterans Affairs (VA) initiative is designed to help veterans and their families remain physically active after they have separated from the military. The program provides veterans with obesity prevention materials supplied by HHS and includes a volunteer corps that provides local support for the program.
HHS	Substance Abuse and Mental Health Services Administration Suicide Hotline	Linkage of the Substance Abuse and Mental Health Services Administration National Suicide Prevention Lifeline to the Department of Veterans Affairs Mental Health Homepage. Placing the link to information on the lifeline and the toll-free number on this important homepage enables veterans in crisis to quickly connect with a network of over 200 crisis counseling centers throughout the country.
HHS	Chronic Fatigue Syndrome	Military and other high stress occupations suffer an inordinate occurrence of medically/psychiatrically unexplained fatiguing illnesses that are similar to Chronic Fatigue Syndrome (e.g., Gulf War illness). The Centers for Disease Control Chronic Fatigue Syndrome Research Program is collaborating with Miami University to evaluate gene expression profiles in Gulf War illness.
HHS	Vaccine Analytic Unit	The Center for Disease Control established the Vaccine Analytic Unit in 2003 in collaboration with the DoD's Army Medical Surveillance Activity and the Food & Drug Administration to provide data analysis of potential adverse events associated with vaccines which the troops would get prior to deployment. Located on the Walter Reed Army Medical Center Campus, the Vaccine Analytic Unit uses data from the Defense Medical Surveillance System to assess whether specific longer term adverse events are associated with Anthrax Vaccine Adsorbed and other biodefense vaccines.

Agency	Title	Description
HHS	National Center for Injury Control and Prevention (NCIPC)	The National Center for Injury Control and Prevention has collaborated with veteran's groups, such as Defense and Veterans Brain Injury Center on providing a physicians toolkit on concussion management, assisting with a follow-up study of military survivors of traumatic brain injury to document the problems they experience after a Traumatic Brain Injury.
HHS	CDC Birth Defects and Developmental Disabilities, Limb Loss- National Limb Loss Information Center	Strives to ensure that people with limb loss are included in all programs designed to improve the health and well-being of people with disabilities, develop additional interventions aimed at promoting general health and improved quality of life for people with limb loss and limb deficiency, expand research on vulnerable populations such as ethnic minorities and people with diabetes.
HHS	Center for Disease Control (CDC) - National Center on Birth Defects	This information and resource center: (1) gathers demographic and statistical research with a focus on the prevalence, causes, and extent of secondary conditions, (2) facilitates health promotion activities among people with paralysis addressing primarily physical activity and exercise, nutrition, depression/isolation issues, weight management, and tobacco cessation to enhance physical and emotional health, (3) provides outreach to youth, older adults, men and women, and ethnic minorities with paralysis, and (4) develops collaborative national relationships with rehabilitation facilities, hospitals, and disability advocacy and voluntary support groups.
VA	Vet Centers- Bereavement Services and Readjustment Counseling	Readjustment counseling is delivered via 209 Vet Centers that are situated outside the grounds of VA Medical Centers in areas that are easily accessible to veterans. The Veteran Readjustment Center program currently provides readjustment counseling to include post-traumatic stress disorder and outreach services to all veterans who served in any combat zone. Services are also available for their family members for military-related issues. Veterans have earned these benefits through their service and all are provided at no cost to veterans or their families. The Vet Center program has recently hired 100 Operation Iraqi Freedom/Operation Enduring Freedom veteran outreach workers to contact and work with their fellow veterans at active military demobilization and National Guard and Reserve sites, as well as at other community events frequented by veterans and their families. Vet Centers have provided bereavement counseling to surviving family members of servicemembers killed while on active duty.
VA	Automobile Adaptations	Provides veterans the opportunity to enter / exit vehicles and safely operate them on highways. This equipment compensates for the loss of use of extremities related to service-connected injuries.
VA	Civilian Health and Medical Program (CHAMPVA)	CHAMPVA provides reimbursement to certain dependents and survivors of veterans for medical expenses.

Agency	Title	Description
VA	Clinical Guidelines	Two clinical guidelines on combat veteran health issues, one on general post-deployment health, and one on unexplained pain and fatigue have been developed in collaboration with DoD. They are on line at *www.va.gov/EnvironAgents* under Environmental Health Clinicians.
VA	Dental Care	Priority care is being given to Operation Iraqi Freedom/Operation Enduring Freedom veterans within VA Dental services and on the Electronic Waiting List.
VA	Domiciliary Residential Rehabilitation and Treatment Program (DRRTP)	Provides residential and clinical treatment to patients with a wide range of medical, psychiatric, vocational, educational, or social needs.
VA	Employee Continuing Education and Training	Education and training for care of Operation Iraqi Freedom/ Operation Enduring Freedom veterans includes caring for war wounded and national conference on providing health care to combat veterans returning from Operation Iraqi Freedom/ Operation Enduring Freedom and other materials.
VA	Epidemiological Surveillance	Longitudinal epidemiological surveillance on mortality and morbidity of Operation Iraqi Freedom/Operation Enduring Freedom veterans will follow those who were in Operation Enduring Freedom and those who were not deployed over the long term to observe consequences of military deployment in illness and death, including special health problems, and reproductive problems.
VA	Facial Restorations	Facial restoration is a service offered to veterans who may have facial disfigurement caused by burns, shrapnel, or other means.
VA	Family support services	Family members of enrolled veterans are provided screening of caregiver ability, adequacy of home environment, respite services (30 days/ year), homemaker services, adult day care 5 days/ week, referral to community agencies, support groups.
VA	Foreign Medical Program (FMP)	FMP provides reimbursement of medical expenses related to a veteran's service connected condition while the veteran resides or travels overseas.
VA	General Inpatient and Outpatient Care	General inpatient and outpatient care is delivered in more than 1,300 sites of care, including hospitals, community clinics, nursing homes, domiciliaries, readjustment counseling centers, and various other facilities.
VA	Long Term Care	VA provides long-term care in nursing home services through three national programs: VA owned and operated nursing homes, State veterans' homes owned and operated by the state, and contract community nursing homes. Each program has its own admission and eligibility criteria.
VA	Mental Healthcare	Veterans eligible for VA medical care may apply for general mental health treatment including specialty services such as PTSD and substance abuse.
VA	Monitoring Utilization of Healthcare	Rosters of active duty reserves and guard veterans who have separated are being maintained and monitored to anticipate and answer questions to outside organizations about healthcare needs of veterans.

Agency	Title	Description
VA	My HealtheVet	My HealtheVet portal is a web-based application that enables veterans to create and maintain a personal health record with VA. My HealtheVet staff and the Seamless Transition Committee coordinate content and entry points for returning servicemembers. My HealtheVet links to other federal agencies and organizations that offer related benefits and services.
VA	National Rehabilitation Special Events	VA sponsors a number of special events as part of recreation therapy provided to veterans under VA care. VA's four national rehabilitation special events provide disabled and elderly veterans with challenging opportunities to accomplish feats many may have believed were no longer available to them because of their disabilities or their age. For example: The National Disabled Veterans Sports Clinic promotes rehabilitation of disabled veterans by instructing them in adaptive Alpine and Nordic skiing and by introducing them to other adaptive recreational activities and sports. The Clinic offers many newly injured Operation Iraqi Freedom/Operation Enduring Freedom veterans their first experience in winter sports, inspiring them to take their rehabilitation to a higher level.
VA	Outpatient Pharmacy	VA provides outpatient pharmacy services to enrolled veterans through VA pharmacies located in VA health care facilities or through one of the seven regional Consolidated Mail Outpatient Pharmacies (CMOPs).
VA	Patient Contract for Care at the Polytrauma Centers	A patient contract has been developed to be provided to Operation Iraqi Freedom/Operation Enduring Freedom polytrauma patients who are admitted to Polytrauma Rehabilitation Centers. The contract describes VA's commitment for enhanced support services, communication, education, and information relevant to the patient and his/her family.
VA	Polytrauma Call Center	All Operation Iraqi Freedom/Operation Enduring Freedom veterans and family members can use a telephone call system for 24/7 access to VA health care and benefit information. Urgent/Emergent issues are addressed immediately; in regard to VA issues, the appropriate VA case manager is expected to call back within 24 hours.
VA	Polytrauma Network Sites	The polytrauma system of care includes four centers, 21 polytrauma network sites, support clinic teams, points of contact and case management.
VA	Post Deployment Health Reassessment Program (PDHRA)	VA provides health reassessments 90-120 days after return from deployment. VA provides information on VA care and benefits, and arranges appointments for referred servicemembers.

Agency	Title	Description
VA	Prosthetic and Sensory Aids	VA Prosthetic and Sensory Aids Service (PSAS) provides the entire range of devices needed by returning servicemembers, including wheelchairs, recreational equipment, Global Positioning Systems and PDA's.Veterans may receive VA prosthetic appliances, equipment and devices, such as artificial limbs, orthopedic braces and shoes, wheelchairs, crutches and canes and other durable medical equipment and supplies. They may receive home improvements, automobile adaptations, clothing, and facial restorations. VA will provide hearing aids and eyeglasses to veterans who receive increased pensions based upon the need for regular aid and attendance or being permanently housebound, receive compensation for a service-connected disability or are former prisoners of war. Hearing aids and eyeglasses are provided only in special circumstances, and not for normally occurring hearing or vision loss. Social Work liaisons with PSAS and Physical Medicine to ensure a seamless transition of care. Servicemembers are given contact info for these services at their local VAMC.
VA	PTSD Services and Research	VA has expanded staffing to provide Post-Traumatic Stress Disorder clinical teams or specialists at each medical center. Current research is underway on the development of new pharmacological and psychosocial treatments for Post-Traumatic Stress Disorder (PTSD).
VA	Registries	VA maintains health registries to provide special health examinations and health-related information to veterans. Registries include: Gulf War Registry, Depleted Uranium Registry, Agent Orange Registry, Ionizing Radiation Registry. Certain veterans can participate in a VA health registry and receive free medical examinations, including laboratory and other diagnostic tests deemed necessary by an examining clinician.
VA	Research Projects	Projects currently "in place" focus on topics of neurotrauma, polytrauma and blast-related injuries amputation and prosthetics, rehabilitation for vision, artificial skin, and hearing, mental health, women and Post-Traumatic Stress Disorder, long term needs of veterans with Traumatic Brain Injury.
VA	Services for Blind Veterans	A wide variety of Blind Rehab services are currently provided by VA. Operation Iraqi Freedom/Operation Enduring Freedom veterans may suffer wounds and and traumatic brain injury trauma that can result in blindness.
VA	Social Work Education Initiatives	Social Work initiatives have been developed, and include: All Social Workers complete Traumatic Brain Injury training; 6 training conference calls on Seamless Transition, polytrauma, working with Operation Iraqi Freedom/Operation Enduring Freedom veterans; Collaboration with Services to care for Operation Iraqi Freedom/Operation Enduring Freedom veterans.
VA	TBI Training Initiative	Training module to train VA providers on the Operation Iraqi Freedom/Operation Enduring Freedom Clinical Reminder Traumatic Brain Injury Screening Tool.
VA	Embedded Fragment Surveillance Center	Currently, in this center treatment of personnel with sustained injuries is focused on depleted uranium.

Agency	Title	Description
VA	VA Electronic Patient Record	E-Record allows VA clinicians to view the following types of data on separated Operation Enduring Freedom/Operation Iraqi Freedom veterans: Inpatient and outpatient laboratory results (clinical chemistry, blood bank information, microbiology, surgical pathology, and cytology); Inpatient and outpatient radiology reports; Outpatient pharmacy data from military treatment facilities, DoD retail network pharmacies, and DoD mail order pharmacies; Allergy information; Inpatient discharge summaries (inpatient history, diagnosis, and procedures); Inpatient admission, disposition, and transfer information (admission and discharge dates with length of stay); Consultation reports (referring physician and physical findings); DoD's Standard Ambulatory Data Record (SADR) (diagnosis and procedure codes, treatment provided, encounter date and time, clinical services); and Patient demographic information (name, Social Security number, date of birth, gender, race, religion, patient category, marital status, primary language, and address); Pre- and Post- PDHRA.
VA	VA Health Care Enrollment	VA's enrollment system provides comprehensive medical benefits package for enrolled veterans. Veterans are enrolled into priority groups based on eligibility criteria.
VA	Functional Capacity Evaluation (FCE) for Veterans with Service-Connected Disabilities or Injuries	For safe, dependable results for veterans, interdisciplinary FCE (in addition to vocational rehabilitation) is required. Functional assessment involves an interdisciplinary team approach including biomechanics/ ergonomics assessment of the essential functions of the job, Registered Nurse, Occupational Therapist, Physical Therapist, or Rehabilitation assessment, medical and psychological/psychiatric evaluation and interpretation of the test results in light of the person's illness, injury and environmental context, and legal ethical considerations.

Benefits

	Title	Description
DoD	Youth Camp Program	Residential, on-site, and specialty camps for youth ages 6-18 yrs provide youth opportunities to strengthen self-confidence, enhance skills, and build resiliency during parent deployment.
DoD	Family Child Care Subsidy Program	Decreases the cost of child care for parents unable to receive care in the on-base child development center.
DoD	Air Force Home Community Care Program	Free child care provided during drill weekends.
DoD	Dependency Statement	Parent of Soldier can submit application to dependency status.
DoD	Deployed Spouse and Families Meal at the Dining Facilities	Deployed spouse meal E4 and below pay discount fee - does not pay the additional operating charge. Provides a low cost total quality meal.
DoD	*DisabilityInfo.gov*	*DisabilityInfo.gov* is a federal government-sponsored website that provides a direct connection to information and resources on a wide range of disability-related topics.

Agency	Title	Description
DoD	Personal Effects Claim	Injured Soldiers can file a claim for personal effects left behind in theater. Receipts are not required. Maximum reimbursement is $3,000 Upon return of the unit, another claim can be filed for up to $5,000.
DoD	Waiting List Priority for Deployed Parents	Families who withdraw their child from Child Development Centers or YP program are given priority enrollment upon return.
DoD	Extended Duty Child Care (EDC) Program	Free child care provided during non-traditional hours when parental workloads increase due to longer duty hours.
DoD	Marine Corps Wounded Warrior Regiment and Wounded Warrior Barracks	The Wounded Warrior Regiment was established at Quantico Marine Base in March/April 2007. The barracks are projected for Marine Corps Base Camp Lejeune and Marine Corps Base Camp Pendleton.
DoD	TRICARE Survivor Benefits for Active Duty Family Members	Family members are entitled to TRICARE benefits as transitional survivors or survivors if their active duty service sponsor who died while serving on active duty for a period of more than 30 days. TRICARE pays transitional survivor claims at the active duty family member payment rate and pays survivor claims at the retiree payment rate. Transitional survivors pay no enrollment fees or co-payments to use TRICARE Prime. They will, however, pay cost shares and deductibles at the active duty family member rate to use TRICARE Standard or TRICARE Extra.
DoD/ VA	Traumatic Servicemembers Group Life Insurance (TSGLI)	Traumatic injury protection through the Servicemembers' Group Life Insurance (TSGLI) provides monetary assistance to Soldiers and their families who have suffered an injury resulting in a traumatic loss (i.e. loss of limbs, sight, hearing, traumatic brain injury, etc.). This assistance is vital and enables family members to be with them during their recovery time from such an injury.
DoD	Combat-Related Injury Rehabilitation Pay	Availability of special pay of $430 per month for servicemembers during rehabilitation from wounds, injuries, and illnesses incurred in a combat operation or combat zone designated by the Secretary of Defense.
DoD	Incapacitation Pay	Provides pay and allowances during treatment and recovery from service connected injury, illness, or disease, or who demonstrate loss of earned income as a result of injury, illness, or disease incurred or aggravated in line of duty.
DoD	Non-Medical Counseling	Short term counseling for servicemembers (Guard and Reserve) and their families at or near the installation.
DoD	Housing Allowance	Housing allowance for surviving dependents provides housing allowance or Government quarters for surviving dependents for 365 days after member's death (37 USC §403(l)).
DoD	Family Travel to Burial	Transportation for one round trip and per diem for 2 days at the burial site for eligible relatives of a deceased member to attend the member's burial ceremony (37 USC §411f).
DoD	Family Travel to Hospital	Transportation for one round trip and per diem for up to 3 family members to visit a very seriously ill or injured (VSI) or seriously ill or injured (SI) member hospitalized anywhere in the world. For not seriously injured (NSI), transportation for family members of a member hospitalized in a medical facility in the U.S. is provided only if the member was injured in combat (37 USC §411h).

Agency	Title	Description
DoD	Family Travel	Family travel to selected home involves travel and transportation allowances, including HHG shipment, for the dependents of a member who dies on active duty (37 USC §406(f)).
DoD	Meals in Military Hospitals	Members are exempt from the requirement to pay for meals while at the hospital on an out-patient basis for medical recuperation or therapy due to an injury incurred while in OEF, OIF, or operations and areas designated by the Secretary as combat operations or zones (authorized through December 2007).
HHS	Administration For Children and Families- Childcare	Provides child care fee assistance for National Guard and Reserve who are activated or deployed and whose children are enrolled in non -Department of Defense licensed child care programs and for deployed, Active-Duty Military whose children are enrolled in Non-DoD licensed child care programs.
OPM	Federal Long Term Care Insurance Program (FLTCIP)	Federal employees called to active duty and enrolled in the program can keep this coverage as long as they continue to pay the premiums directly to FLTCIP.
OPM	Federal Employees Dental and Vision Insurance (FEDVIP)	Federal employees called to active duty and enrolled in the program can keep this coverage as long as they continue to pay the premiums directly to FEDVIP.
OPM	Federal Employees Health Benefits (FEHB)	Coverage is extended for up to 24 months while the veteran employee is mobilized and on leave without pay from the civilian position. Premiums for both the employee's share and the agency share are paid by the agency for this extended period. An employee who returns to active Federal service following active duty has his or her Federal Employees Health Benefits coverage automatically reinstated upon return to employment.
OPM	Transitional TRICARE Coverage	Employees whose Federal Employees Health Benefits enrollment terminates while on active duty may waive immediate reinstatement upon return to civilian duty if they don't want Federal Employees Health Benefits coverage while using transitional TRICARE.
OPM	Federal Employees' Group Life Insurance (FEGLI)	Coverage is extended for Basic and all forms of optional life insurance for which enrolled for up to 12 months at no cost while the veteran employee is mobilized and on Leave Without Pay. The mobilized employee is not required to pay the premium during this period. Upon returning to Federal service, the employee may get back whatever type(s) of life insurance he or she had before going into Leave Without Pay as long as the position is not excluded from Federal Employees' Group Life Insurance coverage.
OPM	Flexible Spending Accounts (FSA)	Federal employees called to active duty have the option of pre-paying any Flexible Spending Account accounts, freezing Flexible Spending Account accounts or terminating FSA accounts. When the employee returns to their Federal position, they have 60 days from the date of return to duty (and before October 1 of any year) to reenroll if the Flexible Spending Account was cancelled. If their Flexible Spending Account was frozen, the account is reinstated and no new election is allowed.

Agency	Title	Description
VA	Disability Compensation	VA Disability Compensation is a monetary benefit paid to veterans who are disabled by injury or disease that was incurred or aggravated during active military service.
VA	Dependency and Indemnity Compensation	May be paid to surviving spouses who have not remarried, surviving spouses who remarry after age 57, unmarried children under 18, helpless children, those between 18 and 23 if attending a VA-approved school, and low-income parents of deceased servicemembers or veterans.
VA	Improved Pension	Improved pension is a monetary benefit payable to war-time veterans with low incomes who are permanently and totally disabled or are age 65 or older.
VA	Servicemembers' Group Life Insurance (SGLI)	The Servicemembers Group Life Insurance (SGLI) program provides $400,000 of low-cost term insurance protection to servicemembers and reservists. SGLI coverage continues for no charge for 120 days following separation, or up to two years for members who are totally disabled at the time of separation.
VA	Family Servicemembers' Group Life Insurance	Family SGLI coverage is available for the spouses (up to $100,000) and dependent children ($10,000 of free coverage) of active duty servicemembers and reservists who are insured under SGLI.
VA	Veterans Group Life Insurance	Veterans' Group Life Insurance provides for the conversion of SGLI to a renewable term policy of insurance protection after a servicemember or reservist's separation from service.
VA	Service-Disabled Veterans Insurance Program	The Service-Disabled Veterans Insurance program is a life insurance for veterans who have received a service-connected disability compensation rating from the VA. The basic program insures eligible veterans for up to $10,000 in coverage. Totally disabled veterans may apply for additional coverage up to $20,000 under the Supplemental Service-Disabled Veterans Insurance program.
VA	Veterans Mortgage Life Insurance	The Veterans' Mortgage Life Insurance program is for veterans with certain very severe injuries and is designed to provide financial protection to cover up to $90,000 of the veteran's home mortgage in the event of death.
VA	Clothing Allowance	VA may pay an annual clothing allowance to a veteran if he/she has a service-connected disability or condition that requires the veteran to wear or use a prosthetic or orthopedic device that wears out or tears clothing. Additionally, the clothing allowance is payable to any veteran whose service-connected skin condition requires prescribed medication that irreparably damages his or her outer garments.
VA	Headstones and Markers	VA provides at no cost to the veteran's family a gravesite, headstone or marker, a Presidential Memorial Certificate, U.S. Flag, and when buried within a national cemetery, the perpetual care of the gravesite as well as the opening and closing of the grave.
VA	Burial Allowance	Generally, VA can pay a burial allowance for veterans who die of service related causes. For certain other veterans whose death was not due to service related causes, VA can pay a smaller allowance for burial and funeral expenses as well as a burial plot allowance.

Outreach

	Title	Description
DoD	Airman & Family Readiness Center (A&FRC) Deployment Support	Readiness Non Commissioned Officer in each Airman & Family Readiness Center; Morale/video calls; Email and video phones; Workshops about family separation; Spouse employment support; Key Spouse volunteers and support groups; Junior Deployment Lines; Hearts Apart Morale Calls; Social and educational activities; HeartLink Orientation ("blues" spouses); Pre-deployment briefing/ education: Financial planning, Combat stress education, Children's issues, Importance of communication; Reintegration training: communication, reintegration stress awareness into workplace and home; Family reunion education; Relationship enhancement programs; "Eyes on" with Commander.
DoD	Air Force Palace HART (Helping Airmen Recover Together)	Air Force Program that supports Airmen wounded/ill/injured in support of OEF/OIF. Palace HART continues until at least 5 years post separation. The program partners with the Air Force Survivor Assistance Program, Airman & Family Readiness Centers, civilian personnel, casualty, VA, DOL and the Disability Evaluation System. Eligible Airmen and families receive multiple services and are tracked individually through the process by a team from the Air Force Personnel Center.
DoD	Family Resource Groups	Organized volunteer centers provide referrals and support to families after National Guard units deploy.
DoD	Family Support Services	List of deployed families maintained by Airman/Family Readiness flight, working with Chaplain Services and Military Treatment Facilities for referral. Targeted support activities (e.g., newsletters, dinners, video/computer support).
DoD	Defense Soldier Support System	Integrates existing support services programs and systems for severely disabled Soldiers and their families through phases. These phases include; Phase I: Notification and Evacuation, Phase II: Medical Care and Board Evaluation, and Phase III: Reintegration into the Army or transition to civilian employment. The DS3 provides personal outreach and advocacy to disabled soldiers to ensure accessibility and responsiveness of DoD, VA, and civilian services, including medical care, family services, and other support services.
DoD	Family Assistance Centers	Family Assistance Centers provide outreach, emotional support, and referrals for families.
DoD	Military One Source (MOS)	MOS is a 24/7/365 information and referral service available via toll free telephone and Internet access (see below). A personal and family readiness tool, MOS extends the existing Family Support system for all service branches' Active Duty, Reserve and Guard (regardless of activation status) and their immediate family members at no cost to participants. Programs provided are especially beneficial to those geographically separated from installation services or those who are unable to seek assistance during traditional working hours.Referrals for non-medical short-term solution-focused, face-to-face counseling within a close proximity to home or work.

Agency	Title	Description
DoD	Military Severely Injured Heroes to Hometowns Program	To prepare severely injured servicemembers to return to duty or to reintegrate successfully into their home towns.
DoD	Military Severely Injured Joint Support Operations Center	Case Management, Advocacy, Hospitalization, employment, education, retraining, rehabilitation, discharge, family support, interface with VA, Department of Labor, Office of Personnel Management, and orporate America.
DoD	Financial Counseling	Financial assistance available includes: financial planning and counseling.
DoD	Homecoming Programs	Provided in theater, on ship and for families at home, to include families of wounded casualties, specifically address: opportunities/challenges of homecoming, single servicemembers returning from deployment, reunion and relationships, new parents of infants returning to children, financial readiness, returning from hazardous duty, stress management (how to recognize symptoms of combat operational stress, Post-Traumatic Stress Disorder and Traumatic Brain Injury).
DoD	Relocation	Provides guidance for permanent change of station moves and assists the servicemember and family on what the new duty station has to offer such as: cost of living, housing availability, medical care and treatment facilities, schools, and employment opportunities. These services can be accessed by family members or servicemembers. Services also include: information on the exceptional family member program, spouse employment opportunities, culture adaptation, stress management, shipment and storage of household goods (including motor vehicles and pets), settling in services, with emphasis on available government living quarters, and private housing, home finding services, with emphasis on services for locating adequate, affordable temporary and permanent housing.
DoD	Family Member Education	Provide proactive educational resources developed by AFMS physicians in cooperation with American Academy of Pediatrics for adolescent family members of deployed personnel.
DoD	Medical Family Assistance Center	To provide compassionate, coordinated services to patients, next of kin and extended family members, with a primary focus on those affected by missions in support of Global War on Terror.
DoD	Navy Safe Harbor	Navy Safe Harbor provides personalized support and assistance to severely injured sailors and their families. Objectives of the program include: operate a proactive outreach/visitation service; address needs by identifying and providing access to existing support capabilities and resources; partner with Marine for Life (Injured Support) for sailors assigned to Marine units; establish and maintain liaison with the sailor's command; encourage active duty retention continuing support for sailors with 30% or more disability rating (typically amputation, traumatic brain injury, spinal cord injuries, loss of vision, loss of hearing, severe burns) transitioning to civilian life.

Agency	Title	Description
DoD	Family Services Programs	Family services programs teach life skills and provide educational opportunities. Morale, welfare and recreation programs provide activities that build a sense of community and encourage social interaction. Exchange programs provide goods and services. The Marine for Life program provides transition assistance, injured support, reserve medical entitlements, and network of businesses willing to help.
DoD	Family Readiness Group (FRG)	Unit sponsored command organizations that support families of deployed and assist in preparing for homecomings. Family Readiness Groups plan, coordinate and conduct social, informational, care-taking, and morale building activities to enhance family readiness. Family Readiness Groups can also support families of wounded by assisting spouses and children as they prepare for the homecoming of their loved one.
OPM	Outreach and Employment Assistance	Staff at Walter Reed Army Medical Center and Brooke Army Medical Center coordinate outreach with Walter Reed Transition Assistance Program and serve as point of contact for other agencies seeking to provide employment information, opportunities, and counseling. Publish Annual Report to Congress on Employment of Veterans in Federal government, Delegated Examining Operations Handbook, web-based VETGUIDE for human resources practitioners, and review agency requests for Direct Hire Authority.
SBA	Small Business Counseling and Training	SBA offers counseling, training and guidance to veterans and others interested in small business through a nationwide network of over 200 SBA field offices and SBA-funded training partners, including 5 Veteran Business Outreach Centers which counseled 15,000 veterans and reservists in 2006.
VA	Center for Women Veterans and Center for Minority Veterans	Serve in advisory and advocacy roles through outreach activities.
VA	Outreach Letters	Over 658,000 letters sent via the letter writing system from the Secretary of VA to returning members to provide information about benefits.
VA	Casualty Assistance	Outreach services are available to surviving family members of servicemembers who die on active duty. Casualty Assistance Officers are designated at each regional office to work with the military Casualty Assistance Call Officers to provide claims assistance to surviving spouses or other family members.
VA	Outreach to Target Populations	Within VBA regional offices, outreach coordinators are assigned to assist women veterans, homeless veterans, former prisoners of war, active duty servicemembers, etc. Outreach events, mailings, etc., are designed to provide specialized information and assistance to each of these groups of veterans.

Employment

Agency	Title	Description
DoD	Marine for Life	The Marine for Life Injured Support Program is a transition assistance program that helps Marines and their families get settled back in the community when they leave active duty. The program taps into the network of Marine veterans and Marine-friendly businesses, organizations and individuals that are willing to lend a hand to a Marine who has served honorably. Services provided include networking and assistance with employment, education, housing, childcare, veterans' benefits, and other support services needed to make a smooth transition back to the community.
DoD	Computer & Electronic Accommodation Program	Computer & Electronic Accommodation Program is going to the hospitals showing wounded servicemembers assistive technology, telling them about new IT opportunities.
DoD	Spouse Employment	Assistance to military spouses in cooperation with DOL developing and improving their personal and professional careers while sharing in the military member's mobile lifestyle. Eligible patrons also include spouses who seek temporary employment or have become unemployed. Services include: information on employment, education, and volunteer opportunities; assisting military spouses in planning careers that are compatible with the mobile military lifestyle; teaching military spouses how to develop and use job search skills and strategies; connecting spouses with employers, business, professional, and support networks; and assisting military spouses in finding employment opportunities that meet their needs.
DOL	Hire Vets First Campaign	Raises employer awareness of the training and skills veterans posses at all ranks and occupational specialties and of the value they bring to business.
DOL	Keys to Career Success Initiative	Provides access to returning veterans to a wide array of employment and training services available through One-Stop Career Centers nationally. The "key" is provided as part of the Transition Assistance Employment Workshops. The "key" identifies the veteran at the One Stop and signals their entitlement to priority services for all DOL funded programs delivered by One-Stop Centers.
DOL	Translating Military Experience and Training to Civilian Credentials	Targets licensure and certifications in high growth industries and for military occupations with limited civilian equivalence.
DOL	Uniformed Services Employment & Reemployment Rights Act (USERRA)	Protects civilian job rights and benefits for veterans and members of reserve components by prohibiting employer discrimination due to military obligations and by providing reemployment rights to eligible returning servicemembers. Services provided: mobilization, demobilization briefings; workplace poster; employer training; online law Advisor; investigation activities; remediation activities.
DOL	Veterans Only Job Fairs	Integrates assistance from the national workforce system and increases continuity of effort through adoption of the "Hire Vets First" campaign brand and message.

Agency	Title	Description
DOL	Veterans' Preference in Federal Hiring	Preference applies for virtually all federal jobs whether in the competitive service or excepted service. A DOL online interactive advisor is available for individual assistance.
DOL	Career One-Stop Service System	State Workforce Agencies nationwide operate centers that provide employment and workforce information services in local communities at no cost to employers or job seekers who access the services available. They also provide priority of service and supplementary assistance to veterans and disabled veteran job seekers.
DOL	Recovery and Employment Assistance Lifelines (REALifelines)	National network of workforce and transition specialists provide direct personal assistance to severely injured servicemembers and their families from military treatment facility to direct placement services with employers in their home town communities. An online interactive advisor is available for individuals.
HHS	CDC - Malaria, Leishmaniases, etc.	The Center for Disease Control's National Center for Environmental Health has drafted a new Career Resource Guide for Uniformed Services Environmental Health Practitioners. The Guide is designed to assist veterans to consider a career in environmental public health.
OPM	Veterans Recruitment Appointment (VRA)	A special hiring authority by which agencies can appoint an eligible veteran without competition. VRA is an excepted appointment to a position that is otherwise in the competitive service. After 2 years of satisfactory service, the employee is converted to a career-conditional appointment.
OPM	30 Percent or More Disabled Veterans	These veterans may be given a temporary or term appointment to any position for which qualified. After demonstrating satisfactory performance, the veteran may be converted at any time to a career-conditional appointment.
OPM	Disabled Veterans Enrolled in VA Training Programs	VA vocational rehabilitation program to gain work experience at an agency under the terms and agreement between the agency and VA. The veteran is not a Federal employee for most purposes while enrolled, but is a beneficiary of the VA. Upon successful completion, the veteran will be given a Certificate of Training showing the occupational series and grade level for which she/he was trained which allows any agency to non-competitively appoint the veteran for a period of 1 year on a Special Tenure Appointment which is then converted to career-conditional appointment with the OPM approval.
OPM	Excepted Service Schedule A Appointment	Facilitates appointment of persons with disabilities who, with or without accomodation, can perform the essential functions of the position. Highly useful in appointing disabled veterans, especially those rated at less than 30%. Positions filled under this schedule may be excepted from competitive procedures.
SBA	Military Reservist Economic Injury Disaster Loan	Disaster loans for small businesses that suffer or may suffer substantial economic injury when a reservist owner or key employee is activated.

Agency	Title	Description
SBA/ DOL	Service-Disabled Veteran Owned Small Business	Oversight to assess compliance in achieving the Federal contracting for Service-Disabled Veteran-Owned Small Businesses. All Federal agencies have the responsibility to achieve a minimum 3% procurement goal for Service-Disabled Veteran-Owned Small Businesses.
SBA	Small Business Loans	Loans guaranteed by the Small Business Administration to veterans and reservists to start, expand or grow a small business.
VA	Center for Veterans Enterprise	Center for Veterans Enterprise provides individual counseling, and assistance for veterans in business or interested in starting businesses.
VA	Coming Home to Work Initiative	Civilian work experience is made available to vocational rehabilitation and employment eligible servicemembers who are pending medical separation from active duty at major military treatment facilities.

Education & Vocational Rehabilitation

Agency	Title	Description
DoD	Credentialing Opportunities On-Line	COOL (Credentialing Opportunities On-Line) explains how Army Soldiers can meet civilian certification and license requirements related to their Military Occupational Specialties (MOSs). Army, Navy, and Marines have on line systems. The systems find civilian credentials related to military occupational specialties, explains what it takes to obtain the credentials, and identifies available programs that will help pay credentialing fees.
DoD	Tuition Assistance	While in the Service, military members continue their civilian education during off duty periods. DoD provides tuition assistance, $4,500 per year, for servicemembers to earn a certification, license, or college degree(s). Courses may be taken in the traditional classroom setting or via distance learning.
DoD	Library Support	Learning Resource Centers; Paperback and periodical kits.
ED	Federal Student Loan Programs	Education's student aid programs include Stafford Loans, Perkins loans, and Pell grants. Department of Education has identified approximately 146,000 student aid applicants as veterans based on matched records with VA.
ED	Veterans Upward Bound	Provides funds to institutions of higher education and other organizations for veterans who have not yet pursued postsecondary education.
ED	Educational Opportunity Centers Program	Provides information regarding financial and academic assistance to individuals who want to enroll in a postsecondary education program and assists those individuals in applying for admission to institutions that offer programs of postsecondary education.
ED	Talent Search Program	Identifies individuals between the ages of 11 and 27 with potential for education at the postsecondary level. Encourages them to complete secondary school and undertake a program of postsecondary education. Works to publicize the availability of student financial assistance. Encourages those individuals who have begun but failed to complete secondary school or enroll in a postsecondary institution to re-enter an educational program.

Agency	Title	Description
ED	Student Support Services	Provides support services to increase the number of disadvantaged low-income college students, first generation college students, and college students with disabilities in the United States who successfully complete a program of study at the postsecondary level of education. Services provided should increase retention and graduation rates, facilitate transfer from two-year to four-year colleges and foster an institutional climate supportive of their success.
ED	Troops-to-Teachers	Assists eligible members of the Armed Forces to obtain certification or licensing as elementary school teachers, vocational or technical teachers and to become highly qualified teachers. This program is administered through a memorandum of agreement with the Department of Defense.
ED	State Vocational Rehabilitation and Supported Employment Programs	Awards formula grants to States to help individuals with disabilities prepare for, obtain, and retain employment through the provision of employment-related services. These grants support a wide range of services including vocational evaluation, counseling, mental and physical restoration, education, vocational training, job placement, rehabilitation technology, and supported employment services. Priority is given to serving individuals with the most significant disabilities. Veterans are eligible for these programs, but are not specifically targeted.
ED	Centers for Independent Living (CILs)	This program provides services to individuals with significant disabilities through State agencies and Centers for Independent Living (CILs). These service providers provide the core services of information and referral, independent living skills training, individual and systems advocacy, and peer counseling in addition to other independent living services. Veterans are eligible for these programs, but are not specifically targeted.
VA	Veterans' Educational Assistance Program (VEAP)	Veterans' Educational Assistance Program (VEAP). provides education benefits that may be used while on active duty or after separation from active duty. Servicemembers who entered active duty for the first time after December 31, 1976 and before July 1, 1985 were eligible to enroll Veterans' Educational Assistance Program.
VA	Dependents' Educational Assistance	Dependents' Educational Assistance provides educational and training opportunities to eligible dependents of veterans who meet certain requirements.
VA	Montgomery GI Bill-Active Duty	Montgomery GI Bill Active Duty (MGIB) provides education benefits that may be used while on active duty or after separation from active duty.
VA	Montgomery GI Bill-Selected Reserve	Montgomery GI Bill- Selected Reserve (MGIB-SR) provides education benefits to members of the reserve elements of the Army, Navy, Air Force, Marine Corps and Coast Guard, and to members of the Army National Guard and the Air National Guard.
VA	National Call to Service Program (NCS)	The NCS provides education benefits to certain individuals who enter the military through the National Call to Service (NCS) program.

Agency	Title	Description
VA	Reserve Educational Assistance Programs.	Reserve Educational Assistance Program provides 36 months of education benefits to members of the reserve elements of the Army, Navy, Air Force, Marine Corps and Coast Guard, and to members of the Army National Guard and the Air National Guard. Members must have been called or order to active service in response to war or national emergency, as declared by the President or Congress.
VA	Vocational Rehabilitation and Employment Program: 5-Tracks to Employment	This program provides assistance to veterans with service-connected disabilities and servicemembers awaiting medical discharge from the military to help them prepare for, obtain, and retain employment in the civilian workforce. The 5-Tracks to Employment process provides veterans and servicemembers the opportunity to return to work or improve their independence in daily living. For veterans with a serious employment handicap and for whom employment is not currently an option, the program provides a wide range of independent living services. Counseling and guidance are also provided to eligible family members.
VA	Vocational-Educational Counseling	Vocational counseling and educational testing for servicemembers who are within six months of discharge from active duty or veterans who are within one year following discharge from active duty under other than dishonorable conditions.

Housing & Homelessness

Agency	Title	Description
DOL	Homeless Veterans Reintegration Program	Provides services to assist in reintegration of homeless veterans into meaningful employment and to stimulate the development of effective service delivery systems to address complex problems facing homeless veterans.
HUD	Housing Choice Voucher Program	Provides rental assistance for low and very low- income families, the elderly and persons with disabilities to afford decent, safe, and sanitary housing in the private market.
HUD	Ginnie Mae - Mortgage Lender	Ginnie Mae's guarantee lowers the interest rates that Veterans are able to get on their VA mortgages. During FY06 and FY07, Ginnie Mae guaranteed securities that included over 130,000 and 50,000 VA loans, respectively. As of February 2007, there are a total of approximately 1,035,000 VA loans included in mortgage-backed securities guaranteed by Ginnie Mae.
HUD	HUD Veteran Resource Center (HUDVET)	The Department's website and a principal vehicle for providing veterans and their families with information about the many community-based programs and services funded by HUD.
HUD	Special Needs Assistance Program (SNAPS)	Provides funding, by competitive and formula grants specifically for the homeless.
HUD	Community Development Block Grant	Provides funding, by formula grant for housing rehabilitation, homeownership assistance, fair housing, design costs for barrier-free housing and short-term financial assistance to prevent homelessness.
HUD	HOME	The HOME program makes available, by formula, down-payment assistance and rental assistance.

Agency	Title	Description
HUD	Homeownership Voucher Assistance Program (Section 8 Homeownership)	Helps existing Housing Choice Voucher Program participants purchase a home.
HUD	Indian Housing Loan Guarantee	The Section 184 program provides Native Americans access to capital, acts as a credit enhancement mechanism for lenders, and provides private funding opportunities to tribal housing agencies. It offers eligible borrowers a 100 percent guarantee on loans to build, acquire, rehabilitate, or refinance a home in an Indian area.
HUD	Loan Guarantees for Native Hawaiian Housing	The Section 184A program provides access to private financing for Native Hawaiian families who would otherwise have difficulty obtaining mortgages due to the unique legal status of Hawaiian Home Lands. It offers eligible borrowers a 100 percent guarantee on loans to build, acquire, rehabilitate, or refinance a home in the Hawaiian Home Lands.
HUD	Project-Based Voucher Program	Provides rental assistance for eligible families who live in specific housing developments or units.
HUD	Public Housing Program	Provides decent, safe and sanitary housing to eligible low-income families, and persons with disabilities.
HUD	Section 32 Homeownership Opportunity	Provides families earning less than 80% of Adjusted Median Income (AMI) the opportunity to purchase public housing units and pay 35% of income for PMI, utilities, taxes and other housing related expenses.
U.S. Interagency Council on Homelessness	Federal Response to Homelessness	The U.S. Interagency Council on Homelessness is charged with coordinating the federal response to homelessness and is comprised of 20 member agencies. A working group within the council will be formed to explore permanent housing opportunities for homeless veterans.
VA	Loan Guaranty	VA Loan Guaranty Service provides home loan guaranties to help eligible servicemembers, veterans, reservists and unmarried surviving spouses purchase and retain homes in recognition of their service to the Nation.
VA	Specially Adapted Housing	Veterans who have specific service-connected disabilities may be entited to a "Specially Adapted Housing" grant for the purpose of constructing an adaptive home or modifying an existing home to meet their adaptive needs. The grant is currently $50,000 and is generally used to create a wheelchair accesssible home. VA also has a Special Home Adaptation grant for $10,000. This grant is generally used to assist veterans with mobility throughout the home.
VA	Homeless Services Programs	This integrated network of services address the treatment, rehabilitation, and residential needs of homeless veterans. Programs include the Domiciliary Care for Homeless Veterans Program (DCHV); the Compensated Work Therapy/ Transitional Residence Program (CWT/TR); and Health Care for Homeless Veterans Program (HCHV) and its components (the Homeless Providers Grant and Per Diem [GPD] Program, the Supported Housing [SH] Program; the Housing and Urban Development-Veterans Affairs Supported Housing Program [HUD-VASH]), and the Mutli-Family Loan Guarantee Programs and Community-Level Needs Assessment and Planning (CHALENG).

Agency	Title	Description
VA	Home Improvement and Structural Alteration (HISA) Program	The Home Improvement and Structural Alteration program is a grant allowing veterans to make modifications to their homes to allow them to enter and exit via ramps, widen doorways, and make bathroom / kitchen modifications.

Interagency Collaboration

Agency	Title	Description
DoD VA	Cooperative Separation Process/ Examinations for DoD/ VA at Benefits at Delivery Discharge Sites	All military servicemembers participating in transition seminars are informed of the VA claims application procedures. Those wishing to participate in the cooperative separation examination process must complete VA Form 21-526, Application for Compensation or Pension (or the electronic equivalent), and submit it, along with a copy of their service medical records to VA. (Service medical records, in DoD terminology, are health treatment records.) Servicemembers can file claims for disability compensation, pension, vocational rehabilitation, automobile allowance, and specially adapted housing prior to their separation from military service. Under the BDD program claims are processed within days following separation.
DoD VA	DEERS to Veteran Information System	Sharing servicemember data.
DoD VA	DoD VA Deployment Health Work Group	Chartered to: Examine opportunities for collaboration between DoD, VA, and HHS to maintain, protect, and preserve the health of servicemembers. Focus is on health of military members, veterans and their families during and after mobilization, combat and other operations. Include allied nations as appropriate. Coordinate Interagency reports. Make recommendations to Health Executive Council. Facilitate health risk communication. Identify and foster sharing of information and resources.
DoD VA	Electronic Transfer of Pre- and Post-Deployment Screening Results through FHIE	Transfers Pre- and Post-Deployment Health Assessments and Post-Deployment Health Reassessments screening results from DoD to VA.
DoD VA	Federal Health Information Exchange (FHIE)	Sharing clinical data: DoD transfers the following types of data on separated servicemembers to VA: Inpatient and outpatient laboratory results (clinical chemistry, blood bank information, microbiology, surgical pathology, and cytology); Inpatient and outpatient radiology reports; Outpatient pharmacy data from military treatment facilities, DoD retail network pharmacies, and DoD mail order pharmacies; Allergy information; Inpatient discharge summaries (inpatient history, diagnosis, and procedures); Inpatient admission, disposition, and transfer information (admission and discharge dates with length of stay); Consultation reports (referring physician and physical findings); DoD's Standard Ambulatory Data Record (SADR) (diagnosis and procedure codes, treatment provided, encounter date and time, clinical services); Patient demographic information (name, Social Security number, date of birth, gender, race, religion, patient category, marital status, primary language, and address); Pre- and Post-Deployment Health Assessment data; and Reassessment data.

Agency	Title	Description
DoD VA	Joint Seamless Transition Program	Case managers are assigned upon admission to interact with the health care team to establish the patient's needs for care. VA social work personnel work on-site at the Military Treatment Facilities to establish appointments at a VA Medical Center near the patient's intended residence. They coordinate transfer of care and maintain follow-up with patients to verify success of the discharge plan, and to ensure continuity of therapy and medications. They also refer patients to Veterans Benefits counselors and Vocational Rehabilitation Counselors. Case managers ensure that patients know about the full range of VA services, including readjustment programs, and educational and housing benefits.
DoD VA	MOU on Sharing of Personal Health Information	The purpose of this memorandum is to state throughout the Department of Defense and the Department of Veterans Affairs (VA) those circumstances in which it is appropriate to share Protected Health Information and other individually identifiable information. In addition, the memorandum is intended to establish the respective responsibilities and authorities of DoD and VA to share data as defined by the Health Insurance Portability and Accountability Act, the Privacy Act, and other applicable authority. This Memorandum Of Understanding addresses the transfer of information, including protected health information, on all servicemembers who transition from the DoD health system to VA healthcare, or who are being evaluated on eligibility for VA benefits.
DoD VA	OEF/OIF Outreach counselors	The outreach counselors brief servicemen and women leaving the military about VA benefits and services available to them and their family members. They also encourage new veterans to use their local Vet Center as a point of entry to VA and its services.
DoD VA	Policy on Expediting Veterans Benefits to Members with Serious Injuries and Illnesses	Information to be reported is the member's name, social security number, unit identification, current location and contact information, and brief explanation of condition. This information shall be sent promptly, securely (virtual private network or secure system) and electronically from the services to Office of the Assistant Secretary of Defense (Health Affairs) /TRICARE Management Activity, then to the VA.
DoD VA	Roster on Active Duty Servicemembers in the Physical Evaluation Board/ Medical Evaluation Board (PEB/MEB) Process	Information to be reported is the member's name, social security number, unit identification, current location and contact information, and brief explanation of condition. VA and DoD collaborate to ensure that VA is notified of ill or injured servicemembers transitioning to VA care and civilian life. DoD sends a monthly list of servicemembers being referred to the Physical Evaluation Board, which enables VA to contact servicemembers and provide information on VA benefits and services.

Agency	Title	Description
DoD VA	Roster on Recently Separated OEF/OIF Veterans- Active duty and Reserve Components	Defense Manpower Data Center (DMDC) began routinely providing VA rosters of Operation Iraqi Freedom and Operation Enduring Freedom veterans who have separated from active duty in September 2003. Originally, DMDC used proxy pay-files to identify individuals who were potentially deployed to those combat theaters. In June 2004, DMDC instituted a new process that more accurately identified those deployed to the Operation Iraqi Freedom and Operation Enduring Freedom combat theaters, but that process lost the ability to differentiate which individuals were Operation Enduring Freedom and which were OIF. VA uses this roster to develop and release reports on utilization of VA health care by OIF/OEF veterans.
DoD	Preseparation Counseling for all Servicemembers	The following subjects are reviewed with the servicemember (DD Form 2648 and 2648-1), Employment assistance, USERRA, ESGR, Life Insurance, Finances, and Benefits.
DoD DOL VA	Transition Services	Prepares all separating servicemembers, including those returning from combat, the wounded, and their families with the skills, tools, and self-confidence necessary to assist in successful reentry into the Nation's civilian work force. Jointly, DoD, DOL, and VA provide extensive one-on-one assistance in the areas of: resume and cover letter writing, electronic job banks and internet access, VA benefits and review, job fair information, Federal employment workshop, employment counseling, job search processes, resume preparation, post military employment networking, relocation assistance for separating members, government partnerships for employment and training, benefits for members who are involuntarily separated, veterans benefits (including Disability), TAP/DTAP after Medical Evaluation Board/Physical Evaluation Board.
DoD DOL OPM SSA VA	Severely Injured Marines and Sailors (SIMS) Pilot Program	The Severely Injured Marines and Sailors Program was designed to maximize disability benefits and compensation available for severely injured Marines and Sailors. Through the acceleration of the disability evaluation process, SIMS and their families are able to simultaneously utilize the disability benefits provided by DoD, VA, DOL, Social Security Administration, and OPM while remaining part of the Navy-Marine Corps team. The SIMS pilot was performed at the National Naval Medical Center Bethesda and was evaluated in March 2007.
DoD DOL TSA VA	Military Severely Injured Center	The Center includes four Federal Agencies operating together under one roof (DoD, DOL, VA DHS/ TSA) to assist the severely injured and families by providing family support to meet non-medical needs and serving as a resource clearinghouse (e.g., immediate financial, employment, VA benefits, child care, counseling, community support, assistance with military service-specific issues such as travel claims, personal property, moves, awards).

Agency	Title	Description
DoD VA	Support for Returning Global War on Terror Victims- Active Duty Servicemember in Veteran Health Administration Medical Centers	One active duty Army servicemember is in each of four VA Polytrauma Rehabilitation Centers. This Army Medical VA Polytrauma Liaison Program facilitates continuity of care between military and VA medical treatment facilities. The assigned servicemembers serve as the interface between case management and administratitive matters, while functioning as the primary point of contact in the transition process for injured soldiers and their family members during transfer from military treatment facilities to VA medical centers. The liaison functions much like VA personnel that are present in DoD facilities. They partner with VA staff to ensure the easy and seamless transfer of patients from DoD to the VA Medical Center. They advocate for patients and their families assisting their understanding of the VA process and capabilities while maintaining contact with their parent military service and health care system.
HHS VA	Indian Health Services	On February 25, 2003, a Memorandum of Understanding was established between the Department of Health and Human Services and the Department of Veterans Affairs (VA) that promotes collaboration and sharing of information, services, information technology, and continuing medical training of staff between the departments in order to enhance access to health care services and improve the quality of care of American Indian and Alaska Native veterans.
HHS VA	National Institute on Neurological Disorders and Stroke (NINDS)	The National Institute on Neurological Disorders and Stroke works extensively with the VA and DoD on Neuropsychological outcomes of traumatic brain injury in Vietnam veterans and Iraq veterans.
HHS VA	United States Public Health Service, Office of the Surgeon General	The Surgeon General's joint Health and Human Services (HHS)/ Department of Veterans Affairs (VA) initiative is designed to help veterans and their families remain physically active after they have separated from the military. The program provides veterans with obesity prevention materials supplied by the Department of Health & Human Services and includes a volunteer corps that provides local support for the program.
DoD VA	VA Seamless Transition	VA has stationed personnel at major military hospitals to assist wounded servicemembers as they transition from military to civilian life. Operation Iraqi Freedom/Operation Enduring Freedom servicemembers who have questions about VA benefits or need assistance in filing a VA claim or accessing services can also contact the nearest VA office or call 1-800-827-1000.

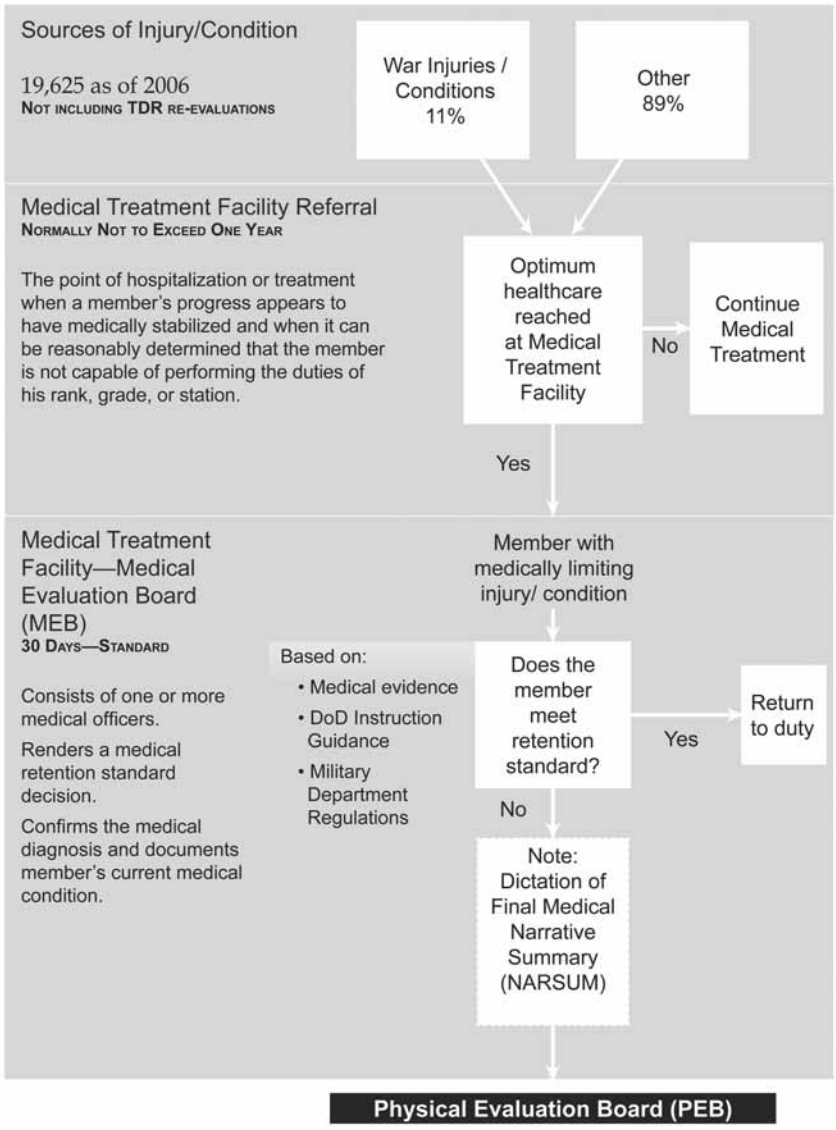
Appendix C
Process Maps

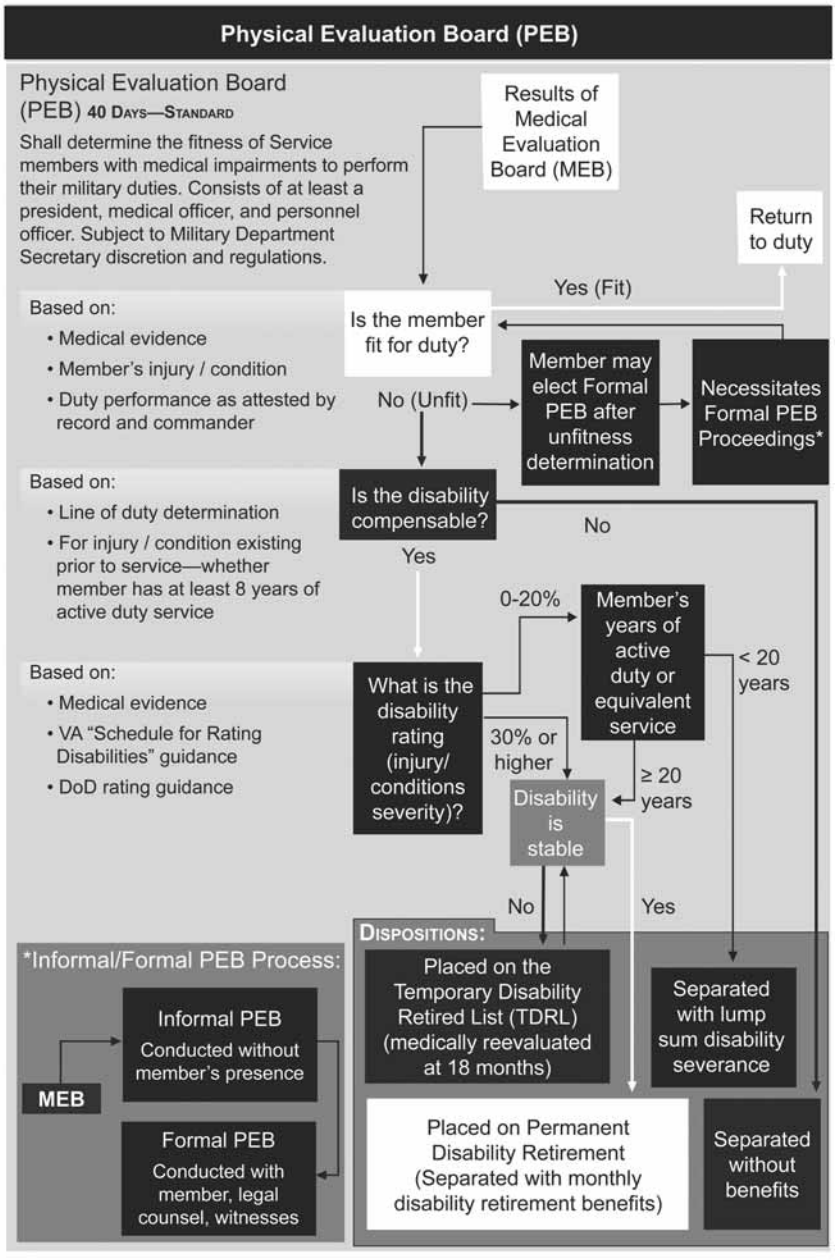
DoD Disability Process

VA Health Enrollment Process

VA Disability Claims Process

DoD Disability Evaluation System




Physical Evaluation Board (PEB)
Physical Evaluation Board (PEB) 40 DAYS—STANDARD
Shall determine the fitness of Service members with medical impairments to perform their military duties. Consists of at least a president, medical officer, and personnel officer. Subject to Military Department Secretary discretion and regulations.
Results of Medical Evaluation Board (MEB)
Return to duty
Yes (Fit)
Based on:
• Medical evidence
• Member's injury / condition
• Duty performance as attested by record and commander
Is the member fit for duty?
No (Unfit)
Member may elect Formal PEB after unfitness determination
Necessitates Formal PEB Proceedings*
Based on:
• Line of duty determination
• For injury / condition existing prior to service—whether member has at least 8 years of active duty service
Is the disability compensable?
No
Yes
Based on:
• Medical evidence
• VA "Schedule for Rating Disabilities" guidance
• DoD rating guidance
What is the disability rating (injury/ conditions severity)?
0-20%
Member's years of active duty or equivalent service
< 20 years
30% or higher
≥ 20 years
Disability is stable
No
Yes
DISPOSITIONS:
Placed on the Temporary Disability Retired List (TDRL) (medically reevaluated at 18 months)
Separated with lump sum disability severance
Placed on Permanent Disability Retirement (Separated with monthly disability retirement benefits)
Separated without benefits
*Informal/Formal PEB Process:
MEB
Informal PEB
Conducted without member's presence
Formal PEB
Conducted with member, legal counsel, witnesses

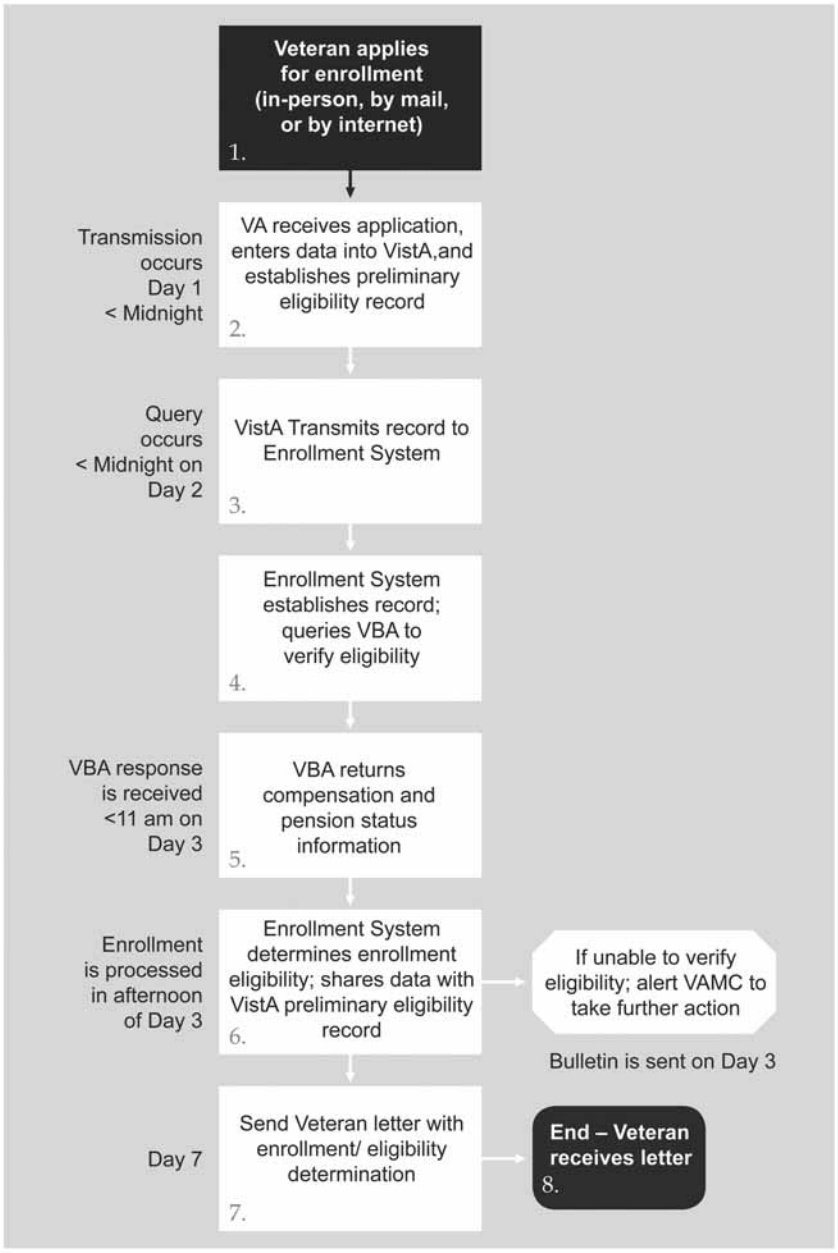
VA Health Enrollment Process

This **HEALTH ENROLLMENT** process map addresses such questions as how does a veteran enroll with VA for medical care and how much time is required for each step?

The enrollment process in this chart is for veterans who are new to VA and represents the critical path at a high level. The associated times are estimated and may fluctuate depending on the time the application entered the enrollment system and the volume of activity in the system. The goal is to send the letter to the veteran in **7 days,** but it could range to 10 days. The health enrollment process consists of the following steps.

1. The veteran may apply for enrollment in person at a VA health care facility, by mail, or by completing an on-line application. VHA uses the military service, demographic and, as applicable, financial information collected on the application form as the basis for determining whether the veteran qualifies for VA health care benefits.
2. The local VA health care facility receives the application for enrollment and intake staff enters the data into the Veterans Integrated System Technology Architect (VistA). VistA automatically queries the Master Patient Index (MPI) to determine if a record has already been established, if not it uniquely identifies the veteran record.. At this time, the intake staff may also query VBA for compensation and pension and/or known military status information. Typically, the veteran is provided a preliminary eligibility determination at the conclusion of an in-person application for enrollment.
3. VistA transmits the veteran data to the Eligibility and Enrollment System (national system).
4. The Eligibility and Enrollment System establishes the veteran record and queries the SSA to verify the veteran's SSN. ***Note:*** *SSN verification does not occur in real time and is not on the critical path.*
5. The Enrollment System queries VBA to reconfirm the compensation and pension and/or military status. Currently, this is done in a batch mode, however, when VHA deploys Enrollment System Redesign (ESR), the Enrollment System will immediately trigger a query to VBA; as a result the cycle time, noted above, for the enrollment process will be reduced by another day.
6. The Enrollment System verifies the veteran's enrollment eligibility and shares this data with VistA (at the local level). ***Note:*** *If the Enrollment System is unable to verify eligibility, then the system sends the local VA Medical Center a bulletin to alert them to take further action (i.e. confirm whether the veteran has qualifying military service). The Enrollment System establishes an enrollment record upon transmission of verifying data by the local station.*
7. The Enrollment System produces the letter to the veteran with the official enrollment determination.
8. The veteran receives the letter from VA telling him or her about their eligibility and enrollment determination.

VA Health Enrollment Process



VA Disability Claims and Appeals Process

This **DISABILITY COMPENSATION** claim process map outlines the steps involved in the disability compensation claim process including how much time is required for each step. Applications for disability compensation are processed using the Claims Processing Improvement (CPI) model. The CPI model was developed in 2001 by the Claims Processing Task Force to increase efficiency in processing disability compensation benefit claims and to reduce the number of errors. The model requires triage of incoming mail and analysis of incoming claims. It promotes specialization that improves quality and expeditious handling of claims. VA employees who process claims for disability compensation are organized into specialized teams that perform the triage, pre-determination, rating and post-determination functions. The following describes the sequence of the disability compensation claims and appeals processes.

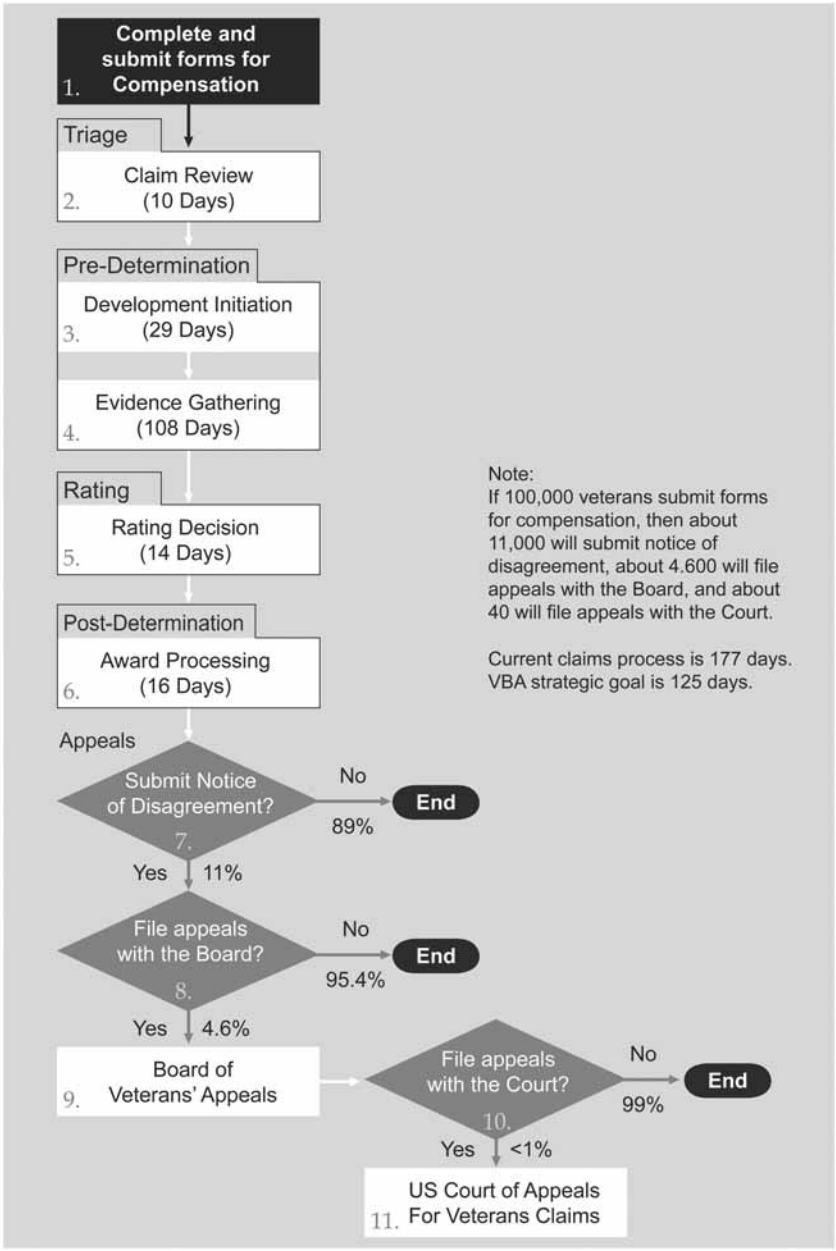
1. **Application:** The veteran begins the process by completing and submitting an application for disability compensation benefits with the VBA.
2. **Triage:** The triage team has the responsibility for reviewing, controlling, and processing all incoming mail. Team members are responsible for deciding whether a claim can be processed immediately or it will need additional development.
3. **Pre-Determination:** (Development Initiation): The pre-determination team's primary function is to develop evidence for disability compensation claims. At this time, a VA examination may be scheduled if medical evidence obtained by such an examination is necessary for a fair determination of the claim
4. **Pre-Determination:** (Evidence Gathering): During this phase, team members obtain all pertinent military medical records.
5. **Rating:** VA rating specialists make decisions on claims that require consideration of medical evidence.
6. **Post-Determination:** After a rating specialist has decided a claim for disability compensation, members of the post-determination team process awards for disability compensation benefits and they notify claimants of decisions.
7. **Appeals:** The primary function of the appeals team is the expeditious processing of appeals and remands. The team is responsible for establishing and monitoring appealed claims, developing issues on appeal and preparing revised ratings when a review indicates that the appeal can be favorably decided based upon the evidence of record.

8-9. **Appeals:** If the veteran is not satisfied with adjudication of their claim by the VBA, the veteran can file an appeal with the Board of Veterans' Appeals

10-11. **Appeals:** If the veteran is not satisfied with a decision rendered by the Board of Veterans' Appeals, the veteran can file an appeal with the US Court of Appeals for Veterans Claims.

Not shown on the chart is the public contact team. VA conducts personal interviews with, and answers telephone calls from, veterans and beneficiaries seeking information regarding benefits and claims. VA directs claims and evidence to triage via personal interviews, telephone calls, e-mails, and other outreach activities.

VA Disability Claims and Appeals Process



Appendix D
List of Acronyms

Acronyms

A&FRC	Airman & Family Readiness Center (DoD)
AARP	American Association for Retired Persons
ADA	Americans with Disabilities Act (1990)
AE	Air Evacuation (DoD)
AFAS	Air Force Aid Society (DoD)
AHLTA	The military's electronic health record system; replaced CHCS (DoD)
AICD	Automated implantable cardiac defibrillators
AMEDD	Army MEDical Department; joint appointment as Army surgeon general and commanding general of Medical Command (DoD)
AMI	Adjusted Median Income
AOA	Agency on Aging (HHS)
ASAP	Absence of Alcohol and Substance Abuse Programs (DoD)
ASEP	Army Spouse Employment Program (DoD)
BAMC	Brooke Army Medical Center
BDD	Benefits Delivery at Discharge (VA/DoD)
BEC	Benefits Executive Council (VA/DoD)
BHIE	Bi-directional Health Information Exchange (VA/DoD)
C&P	Compensation & Pension service in VBA (VA)
CARF	Commission on Accreditation of Rehabilitation Facilities
CAT	Computer access training

CBHCO	Community Based Health Care Organizaztion
CBOC	Community Based Outpatient Clinics (VA)
CDC	Center(s) for Disease Control
CDR	Clinical Data Repository (DoD)
CFS	Chronic Fatigue Syndrome
CHAMPVA	Civilian Health and Medical Program of VA (VA)
Chapter 30	MGIB; active duty educational assistance program; Title 38 USC (VA)
Chapter 31	Vocational Rehabilitation and Employment program; Title 38 USC(VA)
Chapter 35	Survivors' and Dependents' educational assistance program; Title 38 (VA)
Chapter 36	Administration of educational benefits; Title 38 USC(VA)
Chapter 1606	MGIB for Selected Reserve; Title 10 USC (DoD)
Chapter 1607	Reserve Educational Assistance Program (REAP); Title 10 USC (DoD)
CHCS	Combined Health Care System; replaced by AHLTA (DoD)
CPRS	Computerized Patient Record System (VA)
CHDR	Clinical Health Data Repository (VA/DoD)
CHTW	Coming Home to Work (VA)
CIS	Clinical Information System
CMC	Community Medical Center (HHS)
CMOP	Consolidated Mail Outpatient Pharmacy (VA)
CO	Central Office; headquarters (VA)
COOL	Credentialing Opportunities On-Line (DoD)
COPD	Chronic obstructive pulmonary disease
COS	Combat Operational Stress
CPRS	Centralized Patient Record System (VA)
CRSC	Combat-Related Special Compensation (DoD)
CSAVR	Council of State Administrators of Vocational Rehabilitation
CVE	Center for Veterans Enterprise (VA)

CWINRS	Corporate case management system used by VA's vocational rehabilitation program
DD-214	Report of Separation (Certificate of release or discharge from active duty)
DD-2795	Pre-deployment Health Assessment form (DoD)
DD-2900	Post-deployment Health Assessment form (DoD)
DEA	Dependents' Educational Assistance; Chapter 35, Title 38 (VA)
DES	Disability Evaluation System (DoD)
DIC	Dependency and Indemnity Compensation (VA)
DMDC	Defense Manpower Data Center (DoD)
DoD	Department of Defense
DOL	Department of Labor
DON	Department of Navy
DTAP	Disabled Transition Assistance Program
DU	Depleted Uranium program
DVBIC	Defense and Veterans Brain Injury Center
DVOP	Disabled Veterans Outreach Program (DOL)
ED	Department of Education
EHR	Electronic Health Record
ESR	Enrollment System Redesign
FAC	Family Assistance Centers (DoD)
FAFSA	Free Application for Federal Student Aid (ED)
FCE	Functional Capacity Evaluation (VA)
FEGLI	Federal Employee Group Life Insurance (OPM)
FEHBP	Federal Employees Health Benefits Program (OPM)
FGLI	Family Group Life Insurance (VA)
Fannie Mae	Federal National Mortgage Association (HUD)
FHA	Federal Housing Administration (HUD)
FHIE	Federal Health Information Exchange (DoD) usually to VA
FHPPP	Force Health Protection Prescription Products (DoD)
FMP	Foreign Medical Program (VA)
Freddie Mac	Federal Home Loan Mortgage Corporation (HUD)

FRG	Family Readiness Group (DoD)
FTE	Full-Time Equivalent (employee)
GAO	Government Accountability Office (Congress)
Ginnie Mae	Government National Mortgage Association (HUD)
GME	Graduate Medical Education (VA) (DoD)
GWOT	Global War on Terror
HDR	Health Data Repository (VA)
HEC	Health Executive Council (VA/DoD)
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HISA	Home Improvement and Structural Alteration (VA)
HOPWA	Housing Opportunities for People with Aids (HUD)
HRSA	Health Resources & Services Administration (HHS)
HTR	Health Treatment Records (DoD); same as VA's SMR
HUD	Department of Housing and Urban Development
HUDVET	HUD Veteran Resource Center
IEEP	Individualized Extended Evaluation Plans
IILP	Individualized Independent Living Plan
IRR	Individual Ready Reserves
IT	Information Technology
JAG	Judge Advocate General (DoD)
JEC	Joint Executive Council (VA/DoD)
JEHRI	Joint Electronic Health Records Interoperability program (VA/DoD)
JIF	Joint Incentive Fund for health care coordination projects (VA/DoD)
JPTA	Joint Patient Tracking Application
JSP	Joint Strategic Plan (VA/DoD)
LVER	Local Veterans' Employment Representative (DOL)
LVOP	Local Veterans' Outreach Program
MCCF	Medical Care Collection Fund, formerly MCCR, Medical Care Cost Recovery (VA)
MD	Medical Doctor

MEB	Medical Evaluation Board (DoD)
MGIB	Montgomery GI Bill active duty educational assistance program; 38 USC Ch 30 (VA)
MGIB-SR	Montgomery GI Bill education assistance program for reservists 10 USC Ch 1606 (VA)
MOA / MOU	Memorandum of Agreement / Understanding
MSIC	Military Severely Injured Center
MTF	Military Treatment Facility (DoD)
My Health*e*Vet	Web-based product providing veterans with information and tools to improve their health (VA)
NCA	National Cemetery Administration (VA)
NCIPC	National Center for Injury Control and Prevention (HHS)
NCSHA	National Council of State Housing Agencies
NDAA (06)	National Defense Authorization Act (for fiscal year 2006)
NP	Nurse Practitioner
NGR	National Guard and Reserve
NHL	National Housing Locator (HUD)
NICHD	National Institute of Child Health and Human Development (HHS)
NIDCD	National Institute on Deafness & Other Communicative Disorders (HHS)
NIDCR	National Institute on Dental and Craniofacial Research (HHS)
NIDDK	National Institute of Diabetes, Digestive & Kidney Diseases (HHS)
NIGMS	National Institute of General Medical Sciences (HHS)
NIH	National Institute(s) of Health (HHS)
NIMH	National Institute of Mental Health (HHS)
NINDS	National Institute on Neurological Disorders and Stroke (HHS)
NNMC	National Naval Medical Center, Bethesda, MD
O&P	Orthotic(s) and prosthetic(s)
OEF	Operation Enduring Freedom

OEH	Occupational and Environmental Health surveillance (DoD)
OIF	Operation Iraqi Freedom
OMB	Office of Management and Budget
OPM	Office of Personnel Management
OSCAR	Operational Stress Control and Restoration program
OST	Office of Seamless Transition (VA)
OWF	Operation Warfighter
P&CLO	Prosthetics and Logistics Office (VA)
PACT	Preservation amputation care and treatment (VA)
PCS	Permanent change of station (DoD)
PDHRA	Post Deployment Health Reassessment Program (VA)
PA	Physician's Assistant
PEB	Physical Evaluation Board (DoD)
PHI	Protected Health Information
PMRS	Physical Medicine & Rehabilitation Service (VA)
PNS	Polytrauma Rehabilitation Network Sites (VA)
PRC	Polytrauma Rehabilitation Centers (VA regional centers)
PSAs	Public Service Announcements
PSAS	Prosthetic and Sensory Aids Services (VA)
PSCT	Polytrauma Support Clinic Teams (VA)
PTF	President's Task Force (2003); refers to task force and/or its report
PTSD	Post-Traumatic Stress Disorder
REAP	Reserve Educational Assistance Program; Title 10 USC Ch 1607 (DoD)
RHC	Returning Home Childcare program (Air Force)
RO	Regional office
SAA	State Approving Agencies (VA)
SAH	Specially Adapted Housing grants (VA)
SAMHSA	Substance Abuse & Mental Health Services Administration (HHS)
SARC	Sexual Assault Prevention and Response program (DoD)

SBA	Small Business Administration
SC	Service-Connected (as in disability)
SCI	Spinal Cord Injury
SDVI or S-DVI	Service Disabled Veterans Life insurance program (VA)
SDVOSB	Service-Disabled Veteran-Owned Small Business (SBA)
Section 184A	Native American Housing Loan Guarantee (HUD)
Section 184A	Native Hawaiian Housing (HUD)
Section 32	Home ownership program administered by public housing agencies(HUD)
Section 8	Housing choice voucher program (HUD)
SGLI	Servicemembers' Group Life Insurance program (DoD)
SIMS	Severely Injured Marines and Sailors pilot program at NNMC (DoD)
SLP	Speech and Language Pathologist
SMR	Service Medical Records (VA); same as DoD's HTR
SNAPS	Special Needs Assistance Program (HUD)
SOC	Servicemembers Opportunity Colleges – transfer credit (DoD contract)
SSA	Social Security Administration
TAP	Transitional Assistance Program (DoD)
TBI	Traumatic Brain Injury
TDRL	Temporary Disability Retirement List (DoD)
TRAVA	Texas Rural Area Veterans Association
TRICARE	Health care plan for uniformed services, retirees, and their families (DoD)
TSGLI	Traumatic Servicemembers' Group Life Insurance (VA)
UCX	Unemployment Compensation for Ex-service members (DoD/states)
USDA	U.S. Department of Agriculture
USERRA	Uniformed Services Employment & Reemployment Rights Act
USPHS	U.S. Public Health Service (HHS)
VA	Department of Veterans Affairs

VADIR	VA/DoD Identity Repository (VA/DoD)
VA Form 10-10EZ	Application for Health Benefits (VA)
VAMC	VA Medical Center
VARO	VA Regional Office
VASRD	VA's Schedule of Rating Disabilities (VA)
VBA	Veterans Benefits Administration (VA)
Vet Centers	VA Community based counseling centers (VA)
VETS	Veterans' Employment & Training Service (DOL)
VETSNET	Compensation and Pension claims processing modernization project (VA)
VGLI	Veterans' Group Life Insurance program (VA)
VHA	Veterans Health Administration (VA)
VISN	Veterans Integrated Service Network (VA)
VistA	VA imaging system that makes complete multimedia patient record available to clinicians and patients
VMET	Verification of Military Experience and Training (DoD)
VMLI	Veterans' Mortgage Life Insurance (VA)
VMOP	Veterans Mobile Outreach Program
VMTS	Veterans Mobile Training Service
VRC	Vocational Rehabilitation Counselor (VA)
VR&E	Vocational Rehabilitation and Employment (VA)
VRR	Veterans' Reemployment Rights Statute
VSO	Veterans Service Organization
WRAMC	Walter Reed Army Medical Center

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