

**NOMINATION HEARINGS OF THE 111TH
CONGRESS: PART 2**

HEARING
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ONE HUNDRED ELEVENTH CONGRESS
FIRST SESSION

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JULY 22 AND DECEMBER 9, 2009
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JULY 22, 2009

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HEARING ON THE NOMINATIONS OF RAYMOND M. JEFFERSON TO BE THE ASSISTANT SECRETARY FOR VETERANS' EMPLOYMENT AND TRAINING, U.S. DEPARTMENT OF LABOR; AND JOAN M. EVANS TO BE THE ASSISTANT SECRETARY FOR CONGRESSIONAL AND LEGISLATIVE AFFAIRS, U.S. DEPARTMENT OF VETERANS AFFAIRS

WEDNESDAY, JULY 22, 2009

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 10:06 a.m., in room 418, Russell Senate Office Building, Hon. Daniel K. Akaka, Chairman of the Committee, presiding.

Present: Senators Akaka, Murray, Tester, Burris, Burr, and Isakson.

**OPENING STATEMENT OF HON. DANIEL K. AKAKA, CHAIRMAN,
U.S. SENATOR FROM HAWAII**

Chairman AKAKA. Aloha and welcome to everyone here this morning. The hearing of the Senate Committee on Veterans' Affairs will come to order.

This morning's hearing is to consider the President's nomination of Raymond M. Jefferson to be Assistant Secretary of Labor for Veterans' Employment and Training. Following Mr. Jefferson's testimony and questions from the Committee, we will turn to Joan Evans's nomination to be VA's Assistant Secretary of Congressional and Legislative Affairs.

I note that we have invited the Members of the Senate Committee on Health, Education, Labor, and Pensions to join with us this morning as the Committee considers Mr. Jefferson's nomination. We share many common interests and issues with that Committee, including this nomination. I am hopeful that our two Committees, then the full Senate, will move expeditiously to consider Mr. Jefferson's nomination.

The position of Assistant Secretary for Veterans' Employment and Training is a demanding and difficult one. If confirmed, Mr. Jefferson will serve as the leading advocate for efforts to meet the employment needs of our Nation's veterans. He will need to bring

visibility and enthusiasm to the job in order to fulfill his job responsibilities.

From the enforcement of the Uniformed Services Employment and Reemployment Rights Act to the alarmingly high rate of unemployment among recently separated veterans, his responsibilities will be significant. The myriad needs of veterans who are service-connected disabled, homeless, or incarcerated will confront him, as will the concerns of women veterans and the spouses of active duty personnel. He will need to work in close cooperation with those representing segments of the labor market, as well as VA and DOD, to ensure that veterans obtain good jobs and are able to pursue meaningful careers. At all times, it will be important that his office focuses on the difference between a career and just a job.

Following any opening remarks, other Members may care to make, I have the honor of formally introducing Mr. Jefferson to the Committee. I will share more details on Mr. Jefferson's exemplary work and military experience. I believe strongly that his combined service in the public sector, private sector, and military make him an outstanding candidate for this position.

Mr. Jefferson, I look forward to your testimony today and your responses to questions from Committee Members and to any posthearing questions.

Now I would like to call on my friend, the Ranking Member, Senator Burr.

**STATEMENT OF HON. RICHARD BURR, RANKING MEMBER,
U.S. SENATOR FROM NORTH CAROLINA**

Senator BURR. Thank you, Mr. Chairman. Aloha—
Chairman AKAKA. Aloha.

Senator BURR [continuing]. And welcome to our witnesses, our nominees, and their families. Congratulations on your nominations, and thank you for being with us today.

Although the positions for which you have been nominated are in two different departments, both contribute to a very important goal: meeting the needs of those who have served and sacrificed on behalf of our Nation. I might say, Mr. Chairman, regarding your offer for Members of HELP to attend, I am the token representative of the HELP Committee—

[Laughter.]

Senator BURR [continuing]. So just pretend that I am wearing a dual hat today.

The Department of Veterans Affairs, Assistant Secretary for Congressional and Legislative Affairs, can help to advance that goal by fostering open communications between the VA and Congress. In part, that means ensuring that the Congressional requests are answered without hassle or delays. But it also means being proactive and alerting Congress about emerging trends, needs, or problems that may impact veterans in our homestates and across the Nation. This free flow of information will assist us in understanding what is working well at the VA and where improvements are needed. More importantly, it will allow us to work together to ensure that VA's programs and services are effective and are actually helping to improve the lives of our country's veterans and the lives of their families.

Ms. Evans, if confirmed, you will play a key role in advancing communications and collaboration between VA and Congress. Currently, I do have some concerns about whether VA is living up to President Obama's vision of, "an unprecedented level of openness in government." So I look forward to hearing your thoughts on how communication could be improved.

Now turning to you, Mr. Jefferson, I want to first thank you for your service and your personal sacrifice on behalf of the country. As the newest member of the Board of Visitors of West Point, I look forward to serving in that capacity as long as they will have me.

Also, I appreciate your willingness to take on the challenge of serving as the Department of Labor's Assistant Secretary for Veterans' Employment and Training. That organization helps meet the needs of those who have served by administering employment and training programs for veterans, providing transition assistance to separating servicemembers, and helping enforce laws that protect the employment rights of veterans and military personnel.

With veterans now experiencing unemployment rates of over 8 percent, it is more important than ever that veterans are provided with whatever assistance they need to find quality, full-time employment. To that end, Mr. Jefferson, I would be interested in your views on what more can be done to make sure that veterans are being well served by the Department of Labor's employment and training programs.

Also, our Nation currently has thousands of Guard and Reserve members deployed to Iraq and Afghanistan, including over 4,000 members of the North Carolina Army National Guard right now, several of whom were killed in action in the past 3 weeks. Many of these citizen soldiers left behind valued civilian jobs when they answered the call from their country; and when they return, they deserve to be quickly and properly reinstated in their jobs as required by the Uniformed Service Employment and Reemployment Rights Act.

Mr. Jefferson, if confirmed, you would be in charge of helping resolve servicemembers' concerns if USERRA violations do occur, and perhaps more importantly, in helping to prevent employers from violating this law in the first place. For all employers, particularly the Federal Government—and I will tell you that I was quite alarmed at the number of complaints that had been filed by returning servicemembers who worked at Federal Government agencies prior to deployment throughout this up-tempo deployment period—it is important that they understand this law and are doing everything they can to protect the employment rights of those who serve.

Mr. Jefferson, I look forward to your ideas on how we make this a reality nationwide.

Mr. Chairman, I appreciate you calling this hearing to discuss the qualifications of both these nominees. I remain committed to ensuring that we have a full complement of leaders, both at VA and Veterans' Employment Training Service, who will work every day to improve the lives of veterans and veterans' families. I welcome both of our nominees.

Thank you, Mr. Chairman.

Chairman AKAKA. Thank you very much, Senator Burr.

It is my deep honor and privilege to introduce Ray Jefferson to the Committee at this time. From his military experience to his pursuit of a career in public service, Mr. Jefferson has demonstrated a commitment to excellence and a spirit of selflessness that is rarely seen.

I have known Ray since he served as a White House Fellow in the year 2000, and I have enjoyed working with him immensely. By choosing to call Hawaii his home, he makes Hawaiians proud.

Ray graduated from the U.S. Military Academy at West Point in 1988 with a major in leadership. He served as an Army officer with the Infantry Rangers in Special Forces, holding leadership positions in the U.S. Presidential Honor Guard, Third Ranger Battalion, and First Special Forces Group. In 1995, while attempting to protect his teammates from a prematurely detonating hand grenade, he lost all five fingers on his left hand.

Following treatment and recuperation at Tripler Army Medical Center in Honolulu, Ray attended Harvard's Kennedy School of Government, where he earned an M.P.A. in strategic management. Subsequently, he attended Harvard Business School, where he earned an M.B.A. and was recognized with a Dean's Award for Exceptional Leadership and Service.

After graduation, Ray was selected as a White House Fellow and worked as a Special Assistant to the U.S. Secretary of Commerce. He went on to serve as a Fulbright Fellow in Singapore. In 2003, the Governor of Hawaii appointed him to be the Deputy Director for the Department of Business Economic Development and Tourism. This position involved creating jobs, facilitating business development, diversifying the economy, and creating renewable energy initiatives.

He was selected by then-Secretary of State Colin Powell as one of the two inaugural recipients of the Harrison A. Schmidt Fulbright Alumni Leadership Award for Dedication to Public Service.

Mr. Jefferson has accumulated a wealth of experience in management and leadership. He brings with him an enthusiasm and zeal for the position to which he has been nominated that is really remarkable.

I am proud to consider him a friend and I recommend him to the Committee without qualification. I look forward to working closely with him on meeting the employment needs of this Nation's veterans and separating servicemembers, as well.

Mr. Jefferson, I understand that you have brought along a number of friends and associates this morning. Before I ask you to begin your remarks, could you please introduce them to the Committee.

Senator BURR. Mr. Chairman, before he does that, could I say that Mr. Jefferson spent almost 3 years in North Carolina on different stints so I claim ownership of him—

[Laughter.]

Senator BURR [continuing]. As you might in Hawaii, because North Carolina is a much more memorable stop for anybody in the Army.

[Laughter.]

Chairman AKAKA. With that, and before I ask you to introduce your family and friends, let me ask Senator Murray for any opening remarks she may have.

**STATEMENT OF HON. PATTY MURRAY,
U.S. SENATOR FROM WASHINGTON**

Senator MURRAY. Mr. Chairman, thank you so much.

Raymond, it's very nice to see you here. I have read through your resumé, and I am very, very impressed in your taking on an issue that is extremely important to me: making sure that the men and women who serve us are rightfully and gainfully employed when they come home. I look forward to hearing your comments this morning and having a chance to ask a few questions.

But really, I am looking forward to working with you. Mr. Chairman, I ask that my full statement be submitted for the record.

[The prepared statement of Senator Murray follows:]

PREPARED STATEMENT OF HON. PATTY MURRAY, U.S. SENATOR FROM WASHINGTON

Senator Akaka, Senator Burr, Thank you very much for holding today's hearing to consider the nominations of Ray Jefferson to be the next Assistant Secretary of Labor for Veterans' Employment and Training and Joan Evans to be the next VA Assistant Secretary for Congressional and Legislative Affairs.

Mr. Jefferson, Ms. Evans, welcome to the Committee. I congratulate you both on your nominations and applaud you for your willingness to take on these challenging—and rewarding—jobs.

I also want to thank both of you for meeting with my staff yesterday, and I apologize that I was unable to join because of a vote on the floor.

I am looking forward to hearing from you both about your goals for serving our veterans. One thing that is clear to me is that finding the right people for these leadership jobs is absolutely critical.

Ultimately, the VA and the Labor Department are organizations of people, and those in leadership roles will shape their cultures as well as their policies.

And as all of us here know, our veterans deserve no less than the best that our country has to offer.

TO RAY JEFFERSON:

Mr. Jefferson, as a veteran yourself, you are acquainted with the characteristics and skills that our veterans bring to the table. They have what it takes to succeed in the working world—they are disciplined team players who have proven that they can perform under pressure.

But when our men and women transition from the battlefield to the civilian world, they often find that their skills are not understood by civilian employers.

Even in the best of times, this transition would be difficult. But when combined with the current economic recession, the results have been devastating.

Nearly one million veterans are now unemployed as of February 2009. There are twice as many unemployed veterans as there were one year ago and there are more unemployed Iraq and Afghanistan veterans than there are men and women currently serving in Iraq.

We know that helping our servicemembers transition into civilian life is a fundamental cost of war. The brave men and women who leave their jobs to serve our country deserve our help finding good jobs when they return.

While there is a patchwork of Federal programs available to help veterans secure civilian employment and promote entrepreneurship, more needs to be done.

This is why I am working on a bill right now which would improve job opportunities and vocational training for veterans.

Together, we have to find a way to make the transition from soldier to citizen a smoother one, and I look forward to working with you to do just that.

Thank you for appearing before the Committee today, and for your honorable service.

Chairman AKAKA. Thank you. It will be included in the record.

Mr. Jefferson, will you please proceed with introducing your family and friends.

Mr. JEFFERSON. Thank you, Senator. I would like to introduce my mother, Mrs. Nadia Jefferson. My mother is an Egyptian-American and a lifelong public servant. She spent her life as a teacher's aide for physically challenged children, and I am very honored, Mom, to have you here today. Thank you.

I have quite a few guests, so let me just briefly mention, I would like to thank and acknowledge a good friend, Mr. Scott Gould, the Honorable Scott Gould, Deputy Secretary of Veterans Affairs. We have been friends for quite some time, and I know we are looking forward, if confirmed, to just having unprecedented interagency collaboration.

I would like to acknowledge many of my friends from the military academies, from West Point and also the Naval Academy, and we have quite a few members from both academies of the Class of 1988. So if the Class of 1988 would kindly stand up. [Applause.]

When I was going through the rehabilitation program, I had the privilege of attending the Harvard University, and the Director of Admissions for Harvard's Graduate School of Government came down from Harvard today. I am very grateful to her for giving me the opportunity to attend that school and accepting my humble application. Alexandra Martinez, thank you for being here. [Applause.]

I have two more introductions. When I was going through graduate school, I had the privilege of participating in the Department of Veterans Affairs Vocational Rehabilitation and Employment Program. My case officer in Boston, Rick Repucci, just retired after 29 years with the VA. He flew down to be here today. He really helped me when I was getting my life back together. Rick, thank you for your service. [Applause.]

Next, I would like to acknowledge two veterans who are here today. Both of them were severely injured in the line of duty. One is my West Point classmate and good friend of 25 years, Tony Dinallo. Tony had a rappelling accident. He was dropped 50 feet. He was a complete paraplegic, yet in the period of 1 year, he miraculously was able to work himself back to being fully functioning. Tony, thanks for being here today. [Applause.]

Finally, it has just been a long journey from that hospital bed in Tripler back in 1995 to this room today. When I was in the hospital, there was a gentleman who came to visit me. He had lost his leg; he was an amputee. From the first days, he just gave me a lot of encouragement to keep going. I lost touch with him after 1995, and we had a reunion about a month ago, and he is here today. His name is Nadir Ogundi from the U.S. Navy. [Applause.]

I just want to acknowledge the many friends and family who are here today who for reasons of time I haven't introduced, but their unfailing support and confidence have played a huge role in my life, for which I am very thankful and grateful. Thank you all for being here. [Applause.]

Chairman AKAKA. Thank you, Mr. Jefferson.

In addition, I, too, want to recognize Deputy Secretary Gould, who is with us today. I would like to welcome you, Secretary Gould.

We appreciate you taking your valuable time to be here in support of these nominees. Thank you very much.

Before I administer the oath to Mr. Jefferson, I am going to ask Senator Tester for any opening remarks he may have.

**STATEMENT OF HON. JON TESTER,
U.S. SENATOR FROM MONTANA**

Senator TESTER. Well, thank you, Mr. Chairman. I very much appreciate you being here today, Mr. Jefferson.

I have got to tell you that I was very impressed by you when we met in my office, and I am further impressed by you packing the Committee room. I think that speaks well of you, and it speaks well of your commitment to each other. Friends are the most valuable commodity you can have—easiest to lose and hardest to get. So I think that speaks well of you.

I am not going to take a lot of time, Mr. Chairman. I will tell you that when Mr. Jefferson and I spoke in my office, we talked about rural America and veterans that live in rural America and how we can get them jobs. We have got a region in America called Montana that is as big as the Northeastern corridor where, quite honestly, we need to do a better job at helping our veterans find work.

I think there are five folks there. I would typically say we need more, but maybe we just need a different way of utilizing other people that can support them. I don't care how we do it. We just need to figure out ways that we can—through those positions and the Labor Department, but also the VA—get these veterans back on their feet. You know all about that.

Mr. JEFFERSON. Yes, sir.

Senator TESTER. So I just want to thank you for being here today. I think there are many programs out there that can help our veterans. They need to be fully maximized to take care of these folks and help them get good-paying jobs once they reenter the civilian lifestyle.

So, I want to thank you for putting yourself up for this job. I will tell you that I have no doubt in my mind that you are going to do great things, and I appreciate your willingness to serve.

Mr. JEFFERSON. Thank you, Senator, very much.

Senator Akaka, sir, if I may humbly make one last introduction of some *kamaaina* who have come from Hawaii to be here—the Takamura family, Jeanette and Karl Takamura. Jeanette has previously served our Nation as the Assistant Secretary for Health and Human Services. They have traveled from Hawaii to be here today. [Applause.]

Chairman AKAKA. Thank you very much, Mr. Jefferson. Will you please rise to take the oath and raise your right hand.

Do you swear or affirm that the testimony you will give at this hearing and any written answers or statements you provide in connection with this hearing will be the truth, the whole truth, and nothing but the truth, so help you God?

Mr. JEFFERSON. I do.

Chairman AKAKA. Thank you. Let it be noted that the witness responded in the affirmative.

Mr. Jefferson, will you please begin with your statement.

Mr. JEFFERSON. Yes, Senator, and will gladly follow up with that question, as well, sir.

Chairman AKAKA. Thank you.

Mr. JEFFERSON. Chairman Akaka, aloha.

Chairman AKAKA. Aloha.

**STATEMENT BY RAYMOND M. JEFFERSON, NOMINATED TO BE
THE ASSISTANT SECRETARY FOR VETERANS' EMPLOYMENT
AND TRAINING, U.S. DEPARTMENT OF LABOR**

Mr. JEFFERSON. Chairman Akaka, Ranking Member Burr, and Distinguished Members of the Committee, thank you. Thank you for your service to the veterans' community, and thank you for considering my nomination here today.

Over the past 2 weeks, I have had the opportunity to meet with many Members of the Committee to learn about your priorities and also obtain the benefit of your ideas, advice, and insights. Those have been tremendously helpful, and I am very appreciative.

I am humbled and honored by President Barack Obama's nomination to serve our country as the Assistant Secretary of Labor for Veterans' Employment and Training. Both of my parents were lifelong public servants, which had a huge impact on who I am and how I have come to be here today.

I have introduced my mother. I want to just acknowledge my father, who was an African American. He spent his career as the Deputy Director for the New York State Department of Mental Health and Mental Retardation. He passed away, but I know that he is here today in spirit.

I am here today because of a defining moment in my life. After graduating from West Point, I spent 11 years as an Army officer. There was a pivotal moment on October 18, 1995, that put into motion a series of events that have led me to be here today. While trying to protect my teammates from a defective hand grenade detonating prematurely, I lost all fingers on my left hand. But someone once wrote that every crisis is an opportunity to be reborn, and my personal journey as a veteran and an amputee provided me with firsthand knowledge on the needs that our veterans face.

In the early days of my accident, I was often worried, fearful, uncertain about my future and wondering if things would ever be all right again. But recuperation and moving forward have been the greatest, most positive journey of my life. The hardest decision that I had to make was believing it was possible, making a commitment to excellence and to continue striving to achieve my dreams.

When I was in that hospital in Tripler, I made a commitment to three things: serving our Nation as a leader in the public arena; helping other individuals and organizations overcome challenges to achieve their potential; and participating in humanitarian endeavors.

I want to acknowledge again the significant impact the Department of Veterans Affairs had in my life. The Vocational Rehabilitation and Employment Program there was instrumental in me getting my life back together. And Rick, I am so glad that you could be here to see this today. I can personally attest to the success that is possible for veterans and transitioning servicemembers when

they have the support of a committed Federal agency and its staff to help them.

Transitioning from military to civilian life taught me firsthand the challenges that our servicemembers and veterans may face. I understand, and I have been a part of the communities that we serve and those that we partner with. I appreciate the importance of transitions and support to help create or recreate one's life.

So, my vision for VETS, if confirmed: I am completely committed to supporting President Barack Obama's and Secretary Hilda Solis's promises to veterans of restoring our sacred trust with them and ensuring that we provide them with the best possible employment services. Secretary Solis and I are especially committed to ensuring we serve populations with unique needs, populations such as: homeless veterans; women; veterans from rural communities; and veterans who have been ill, wounded, or injured.

If confirmed, I will consider myself to have four primary responsibilities. First, leading the organization in a participative manner to make sure that we focus on peak performance, talent development, performance measurement and inspirational leadership.

Second, developing the vision and creating, communicating, and implementing the supporting strategy to achieve that vision and help today's transitioning servicemembers and veterans succeed in the modern economy.

Third, advising the Secretary on relevant policy matters.

And fourth, reporting to the Secretary and this Committee on the results of our efforts.

Should I have the privilege of being confirmed, VETS will be committed to the following. First, increasing access, awareness, and participation in its programs and in improving the employment outcomes for those participants.

Second, helping transitioning servicemembers to transition seamlessly into quality civilian employment and careers, with a special emphasis on green jobs and jobs of the future.

Third, boosting USERRA's impact by increasing the awareness of and commitment to it and reducing USERRA-related claims.

Fourth, investing in VETS team members to increase their potential and to ensure that they can have greater capacity to serve veterans and transitioning servicemembers.

And finally, communicating and collaborating with other agencies of the Department of Labor and with all of our stakeholders, inside and outside government, with a particular emphasis on Congress and this Committee, VSOs, State workforce agencies, the Department of Veterans Affairs, the Department of Defense, the State workforce agencies, the private sector, nonprofits, and other government agencies, so that we can better serve veterans and their employment needs.

In conclusion, I am committed and inspired to help transitioning servicemembers and veterans create meaningful lives, develop rewarding careers, and become productive citizens and leaders in their communities. Eleanor Roosevelt once said that the future belongs to those who believe in the beauty of their dreams. I believe that together we can provide transitioning servicemembers and veterans with the best possible service, and together we can make sure when people like Cadet Sam Harrison finishes his military ca-

reer and transitions to being a veteran, that he has the best possible services and resources available to him that our Nation can provide.

Thank you very much. I look forward to answering your questions, and, if confirmed, the privilege of working with you. Thank you.

[The prepared statement of Mr. Jefferson follows:]

PREPARED STATEMENT OF RAYMOND M. JEFFERSON, NOMINEE TO BE THE ASSISTANT SECRETARY FOR VETERANS' EMPLOYMENT AND TRAINING SERVICE, U.S. DEPARTMENT OF LABOR

Good Morning Chairman Akaka, Senator Burr and Distinguished Members of the Committee on Veterans' Affairs: Thank you for your service to the Nation, for your service to the Veterans community and for considering my nomination. I am honored to be here today seeking your endorsement for the privilege of serving as the Assistant Secretary of Labor for Veterans' Employment and Training.

Over the past few weeks, I had the opportunity to learn about the Committee's priorities and benefit from your ideas, advice and insights. That has been tremendously helpful. Thank you. Your support and commitment to helping Veterans and Veteran-serving agencies succeed was apparent, heartfelt and inspiring.

I am humbled and honored by President Barack Obama's nomination to serve as the Assistant Secretary of Labor for Veterans' Employment and Training. I am also very grateful for the confidence President Barack Obama and Secretary Hilda Solis have in me to help achieve their promises to Veterans in the area of employment and training.

I am joined today by my mother, Mrs. Nadia Jefferson. My father passed away several years ago, but I know he is here in spirit and proud of what he sees. My mother and father were both lifelong civil servants. My mother, an Egyptian-American, spent her career as a teacher's aide for physically challenged children. My father, an African-American, was the Deputy Director for New York State's Department of Mental Health and Mental Retardation. I am a product of their upbringing, and of America's public school system. I want to acknowledge and thank my friends for their unflinching support, and express my gratitude to the many teachers whom I have had throughout my life. They have all played a major role in my being here today.

A DEFINING MOMENT

Sometimes the split-second decisions we make in life become unexpected defining moments and turning points. I spent 15 years in the Army, beginning as a cadet at West Point followed by 11 years as an Army officer with leadership positions in the Presidential Honor Guard (Infantry), 3rd Ranger Battalion (Airborne Ranger Infantry) and 1st Special Forces Group (Asia). October 18, 1995, is a day that I will always remember and which, unknown at the time, put in motion a series of events that led to the privilege of being here today. As I began to participate in a classified Special Forces training mission that day, I never thought that, within hours, my life would change forever. It was during that afternoon, while trying to protect my teammates from a defective hand grenade that was detonating prematurely, that I lost all five fingers on my non-dominant hand, in the line of duty. I received tremendous support during my recuperation from my family, friends, the Army and the Department of Veterans Affairs. This support, and many answered prayers, were the reasons that I was able to move forward and recreate a meaningful life. My mother and many of these friends are here today. Thank you—I will always remember what you did for me.

PERSONAL JOURNEY

My personal journey as a Veteran and an amputee has provided me with firsthand understanding and appreciation for the needs that our Veterans have. In the early days after my accident, I was often filled with sadness, worried and uncertain about my future, and fearful that things would never be alright again. Recuperation and the journey forward has been the greatest, most challenging and positive experience of my life. My hardest decision was making the commitment to move forward through life, focus on the positive, and continue striving for excellence. I dedicated the remainder of my life to the following threefold path: (1) serving our Nation as a leader in the public arena; (2) helping individuals and organizations to achieve their potential; and (3) performing humanitarian service through global endeavors.

By participating in the Department of Veterans' Affairs' Vocational Rehabilitation and Employment Program, I was able to receive the support and financial assistance needed to achieve a dream—earning an MBA and an MPA (Master in Public Administration) from Harvard University. I can personally attest to the success that is possible when Veterans and transitioning servicemembers have the benefit of a committed Federal agency and its staff to assist them.

I continued a career of public service as a White House Fellow, serving as a Special Assistant to the U.S. Secretary of Commerce, and then as a Fulbright Fellow in Singapore. Afterwards, I had the privilege of serving as the Deputy Director for Hawaii's Department of Business, Economic Development and Tourism, a position equivalent to Deputy Secretary of Commerce. Most recently, I was a Leadership Consultant with McKinsey & Company in Asia and helped organizations develop their human talent and performance potential. Since my accident, I've also had the opportunity to work with and learn from many nonprofits that help underserved populations.

Transitioning from military to civilian life as a Veteran-amputee taught me firsthand the challenges that Veterans and transitioning servicemembers can face upon entering the civilian workforce. I understand and have been a part of the communities we serve and those we partner with, and appreciate the importance of transitions and assistance to help create, or recreate, a life and career. I am inspired and committed to help Veterans and transitioning servicemembers create meaningful lives, develop rewarding careers and become productive citizens and leaders in their communities.

VISION FOR VETS

If confirmed, my mission would be to support and achieve President Barack Obama's and Secretary Hilda Solis' promises to Veterans—restoring our Nation's sacred trust with Veterans and providing them and transitioning servicemembers with better services. Secretary Solis makes it very clear that Veterans and VETS are a high priority for her. She particularly emphasizes the Department of Labor's (DOL's) responsibility to help returning servicemembers from the Iraq and Afghanistan wars obtain good jobs and create meaningful careers. Secretary Solis also stresses the need for cooperation among all DOL agencies. I would be a principal member of the DOL leadership team and would work collaboratively with the other Assistant Secretaries to ensure that DOL does all it can to help Veterans with their employment needs. Secretary Solis and I will pay special attention to ensuring we serve populations with unique needs, such as Veterans and transitioning servicemembers who are women, ill or injured, or who live in rural communities.

If confirmed, I will consider my responsibilities to be the following:

- (1) Leading the organization in a participative, synergistic manner with an emphasis on inspirational leadership, talent development, peak performance, career satisfaction and performance measurement;
- (2) Developing the vision and creating, communicating and implementing the supporting strategy for helping Veterans and transitioning servicemembers to succeed in today's economy;
- (3) Advising the Secretary on relevant policy matters; and
- (4) Reporting to the Secretary on the results of VETS' efforts.

Should I have the privilege of being confirmed, VETS will be committed to:

- (1) Increasing access to and participation in its programs, and improving the employment outcomes for those participants;
- (2) Helping servicemembers to transition seamlessly into quality civilian employment and careers, with a particular emphasis on "Jobs of the Future" and Green Jobs;
- (3) Boosting USERRA's impact by increasing awareness of and commitment to it, while also reducing USERRA-related issues;
- (4) Investing in VETS' team members to further develop their inherent potential and increase their capacity to better serve Veterans; and
- (5) Communicating and collaborating with other DOL programs and with stakeholders inside and outside the Federal Government—such as Congress, the VSOs, state workforce agencies, the private sector, nonprofits and other government agencies—to better serve Veterans and achieve their employment needs.

If confirmed, success would be measured by the impact our programs have on helping Veterans and transitioning servicemembers succeed in today's modern economy. I believe performance measurement and best practice benchmarking are important, continuous processes that help organizations provide the best service possible and greatest impact. These processes would further increase Veterans' cus-

tomers satisfaction and outcomes while helping VETS continually improve service delivery, program results and ensure that public funds are well spent.

In conclusion, if this Committee chooses to confirm me, I will work closely with you, with the outstanding team at VETS and with our partners and stakeholders to provide Veterans and transitioning servicemembers the best possible resources and services to enable their success in today's economy. Thank you for your unwavering commitment to Veterans and for considering my nomination. It would be a privilege and an honor to serve our Nation's Veterans and transitioning servicemembers—I hope you find me worthy.

RESPONSE TO PREHEARING QUESTIONS SUBMITTED BY HON. DANIEL K. AKAKA TO
RAYMOND M. JEFFERSON TO BE ASSISTANT SECRETARY FOR VETERANS' EMPLOYMENT
AND TRAINING, U.S. DEPARTMENT OF LABOR

Question 1. Have you and Secretary Solis discussed the duties and the role you would assume as Assistant Secretary for Veterans' Employment and Training if you are confirmed? If so, what specific areas of the job were discussed?

Response. Yes. Secretary Solis and I are committed to achieving President Barack Obama's vision, goals and his promises to Veterans. Secretary Solis made it very clear that Veterans and VETS are a high priority for her. In particular, she emphasized our responsibility to help returning servicemembers from the Iraq and Afghanistan wars to obtain good jobs and create meaningful careers.

Secretary Solis and I both believe that the Assistant Secretary for Veterans' Employment and Training supports President Barack Obama's agenda by being responsible for (1) leading the organization; (2) developing the vision; (3) creating, implementing and communicating the strategy for helping Veterans and transitioning servicemembers to succeed in today's economy; (4) advising the Secretary on relevant policy matters; and (5) reporting to the Secretary on the results of VETS' efforts. Secretary Solis emphasizes the need for seamless cooperation among all DOL agencies. I will be a principal member of the DOL leadership team and will work with the other Assistant Secretaries to ensure that DOL does all it can to help Veterans with their employment needs.

Question 2. Have you and Secretary Shinseki discussed the relationship you would have with the Department of Veterans Affairs in your capacity as an Assistant Secretary within the Department of Labor?

Response. Yes, I've met with Secretary Shinseki as well as Deputy Secretary Scott Gould and Chief of Staff John Gingrich. We also had the opportunity to work together as part of the Presidential Transition Team. We have spoken informally since then, and developed the foundation for a positive, productive and collaborative relationship going forward. If confirmed, I am looking forward to working seamlessly with VA to fulfill President Barack Obama's promises of restoring our Nation's sacred trust with Veterans and providing them and transitioning servicemembers with better services. In particular, we're in agreement on the need to work closely together to provide the best possible employment opportunities for all Veterans.

Question 3. What policymaking role do you anticipate having if you are confirmed?

Response. If confirmed, my role will be to support the Secretary's policymaking responsibilities by serving as her principal advisor and partner on issues relating to Veterans' employment and training. I will provide her with my candid and unbiased opinion on VETS-related matters to the best of my ability and, when a decision is made, will ensure it is communicated and implemented effectively, efficiently and consistently. Secretary Solis has emphasized that I will be part of the core policymaking team and will represent Veterans' employment and training concerns in all DOL activities.

Question 4. Have you formulated any thoughts on what your job responsibilities will be and how you will approach these responsibilities if confirmed?

Response. If confirmed, my mission would be to support Secretary Solis' commitment to good jobs for everyone by providing Veterans and transitioning servicemembers the best possible resources and services to enable their success in today's economy. The job responsibilities would include (1) leading the organization; (2) developing the vision; (3) creating, implementing and communicating the strategy for helping Veterans and transitioning servicemembers to succeed in today's economy; (4) advising the Secretary on relevant policy matters; and (5) reporting to the Secretary on the results of VETS' efforts.

Fulfilling these responsibilities will involve (1) increasing participation in VETS programs and improving employment outcomes for those participants; (2) helping servicemembers to transition seamlessly into quality civilian employment and ca-

reers, with a particular emphasis on “Jobs of the Future”; (3) reducing USERRA-related issues and increasing USERRA’s impact; (4) investing in VETS’ team members to further develop their inherent potential and increase their capacity to better serve Veterans; and (5) communicating and collaborating with other DOL programs and with stakeholders inside and outside the Federal Government—such as Congress, the VSOs, state workforce agencies, the private sector, nonprofits and other government agencies—to better serve Veterans and achieve their employment needs.

Question 5. If confirmed, what would you most like to accomplish in your new position? What would you hope your legacy to the Department will be?

Response. If confirmed, I would like my legacy to be the accomplishment of four goals. First, serving as a focal point for the issue of Veterans’ employment, to include greater awareness and use of VETS resources as well as enhanced cooperation with our stakeholders, especially Congress, the VSOs and state workforce agencies. Second, incorporating best-practices and providing excellence in program and service delivery to Veterans. Third, increasing the private sector’s involvement as a partner in Veterans’ employment. Finally, working synergistically with VETS’ team members to become a model for inspirational leadership, talent development, peak performance and career satisfaction.

Question 6. How would you describe your management style and how is it suited to this particular position?

Response. I use a method of leading and managing that is appropriate for the situation and context, always with the goal of achieving results while developing people in the process. My preference is to use a participative style—one that involves stakeholders in identifying opportunities, developing options and creating an action plan, then delegates the implementation and supervises it by measuring results and personal interaction. Recognizing and appreciating team members’ contributions are also important leader actions. I value collaboration and consensus as ways to develop the best ideas and buy-in for solutions. Simultaneously, I recognize and accept the responsibility for accomplishing the mission. Serving Veterans the best way possible will be my guiding concern.

This approach reflects the commitment to achieving Veterans’ employment needs while further enhancing VETS’ culture, capacity and impact. There are many stakeholders and programs in the area of Veterans’ employment. This approach, and its emphasis on collaboration, also recognizes and supports the need to work in partnership with VA, DOD and DHS so that together we can fulfill President Barack Obama’s promises to Veterans and transitioning servicemembers.

Question 7. What in your experience do you believe contributes to your qualifications for this new position?

Response. My personal journey has provided me with firsthand understanding and appreciation for the needs that our Veterans have as well as the opportunity to gain qualifications and skills that are ideally suited to this opportunity of service. I spent 15 years in DOD, beginning at West Point followed by 11 years as an Army officer in leadership positions with the Presidential Honor Guard (Infantry), 3rd Ranger Battalion (Airborne Ranger Infantry) and 1st Special Forces Group (Asia). On October 18, 1995, I lost all five fingers on my non-dominant hand in the line of duty while trying to protect my teammates from a defective hand grenade that was detonating prematurely. I received tremendous support from DOD and VA, which was instrumental to helping me move forward and create a meaningful life. Through participation in VA’s Vocational Rehabilitation and Employment Program, I was able to receive financial assistance to achieve a dream—earning an MBA and an MPA (Master in Public Administration) from Harvard University.

I continued a career of public service as a White House Fellow, serving as a Special Assistant to the U.S. Secretary of Commerce and learning about interagency cooperation, leading complex Federal organizations and policy formulation. Afterwards, serving as a Fulbright Fellow in Singapore broadened my ability to work in multicultural environments, as does living in my homestate of Hawaii. I then had the privilege of serving as the Deputy Director for Hawaii’s Department of Business, Economic Development and Tourism, a position equivalent to Deputy Secretary of Commerce. This role strengthened my ability to enable organizational transformation, deliver and improve large-scale public services, formulate policy, understand private sector perspectives, promote workforce development and appreciate state workforce agencies. Most recently, serving as a Leadership Consultant with McKinsey & Company broadened and deepened my understanding of the private sector, leading change, developing inspirational leadership and businesses’ needs regarding hiring human talent.

I understand and have been a part of the communities we serve and partner with, and know the importance of transitions and assistance to help create, or recreate, a meaningful life.

Question 8. What particular skills do you bring with you to this new position that will help you address the employment needs of Veterans?

Response. My background in the military, public and private sectors, combined with some unique developmental experiences—among them transitioning from military to civilian life as a veteran-amputee—allowed me to develop a combination of skills that will be very helpful for serving Veterans’ employment needs. Among the skills that I have developed are (1) leadership, management and human relations; (2) public advocacy, listening and speaking; (3) understanding and incorporating private sector priorities, support and objectives; (4) the ability to develop partnerships and networks around shared interests; and (5) performance measurement and benchmarking. Additionally, I have a very personal understanding of the challenges that Veterans and transitioning servicemembers can face upon entering the civilian workforce, and can personally attest to the success that is possible when they have the benefit of a committed Federal agency to assist them. I am inspired and committed to help Veterans and transitioning servicemembers create meaningful lives, develop rewarding careers and become productive citizens and leaders in their communities.

Question 9. What strategies might be implemented to ensure a higher level of visibility for issues related to Veterans’ employment needs?

Response. Having VETS serve as a focal point for Veterans’ employment is an important first step to raise awareness and visibility of the issue. Within DOL, the Secretary has assured me that VETS is a priority and I will be a principal member of her leadership and policymaking team. Additionally, we should strengthen the dialog, relationship and collaboration with stakeholders such as Congress, the VSOs, state workforce agencies, our Federal partners (e.g. VA, DOD, DHS, HUD, SBA and others), nonprofits and the private sector to elevate the dialog and develop new ideas, while also communicating progress and successes. The potential of leveraging online social networking should be explored as well.

Question 10. I believe much can be done to improve the coordination and cooperation between VA and DOL. What thoughts do you have as to how this might be achieved?

Response. Joint DOL/VA collaboration is essential to meet Veterans’ employment needs and fulfill President Barack Obama’s promises of restoring our Nation’s sacred trust with Veterans and providing them and transitioning servicemembers with better services. I had the opportunity to work with Secretary Shinseki, Deputy Secretary Scott Gould and Chief of Staff John Gingrich while serving as a member of the VA Agency Review Team. We developed the foundation for a positive, productive and collaborative relationship going forward. If confirmed, I will meet with the VA leadership as soon as possible and regularly thereafter to maintain a strong partnership. Presently, there is significant coordination between the agencies—VETS works with VA’s Vocational Rehabilitation and Employment Service (VR&E), VA is also a member of the Transition Assistance Program (TAP) Steering Committee and both Secretaries are members of the Interagency Council on Homelessness. At the same time, I would like to explore ways to further improve coordination and cooperation at all levels and wherever services are delivered. Additionally, I would like to determine how we can have greater impact together in the many areas where we share common goals, such as transition assistance, homelessness, job creation, better serving women’s veterans, etc.

Question 11. Are there any specific problems or challenges that you have already identified that you would like to tackle in this new position?

Response. Since the intent to nominate, my involvement with DOL has been minimal and so my first priority will be to learn more about the agency, observe operations in the field, assess the current impact of its programs and solicit input from VETS’ team members, Veterans and stakeholder groups. There are many opportunities before us, to include (1) revolutionizing the TAP program; (2) increasing private sector involvement with VETS and Veterans’ employment; (3) strengthening USERRA’s impact; (4) investing in VETS’ human capital; (5) helping homeless Veterans obtain employment, with special attention to women’s particular needs; and (6) enhancing relationships with current stakeholders while developing relationships with potential partners.

Question 12. Veterans are afforded specific protections under the Uniformed Services Employment and Reemployment Rights Act (USERRA). What emphasis will you place on striving to make certain that Federal agencies are role models of USERRA

compliance so that Veterans who have fought for the Nation do not have to come home and fight for their jobs and benefits?

Response. The Secretary and I are committed to the President's promise of fighting employment discrimination against Veterans and returning servicemembers. USERRA compliance and support will be a top priority of ours to ensure that it is a strong program that protects people's rights. An important first step will be to further develop the relationship with OPM so we have a strong foundation for collaboration. We want to expand USERRA outreach to ensure that employers—particularly Federal employers—understand and comply with the law. In partnership with OPM, we want to ensure that executive branch agencies provide effective training to their human resources personnel, as required by the 2008 amendments to USERRA. The expertise and investigative skills of VETS USERRA investigators should be enhanced with a common standard. It is my understanding that VETS is currently participating in an OPM task force with this same objective. The USERRA claims process should also be analyzed to determine how it can be improved and expedited.

Question 13. How do you believe special hiring authorities—for example, Veterans' preference, Veterans Readjustment programs, Disabled Veterans affirmative action programs, and others—might be promoted to increase the employment of Veterans both within the Department of Labor and across all Federal agencies?

Response. VETS' responsibilities in this area complement OPM's responsibility of developing and managing human capital for the Federal Government. VETS should work in partnership with OPM to increase awareness, understanding and support of these authorities within all Federal agencies, with particular outreach to human resources and management decisionmakers. We should also enhance the synchronization of our efforts with stakeholders such as the VSOs, state workforce agencies, VA's Vocational Rehabilitation and Employment Service (VR&E), and other government entities at the Federal and state levels. It is my understanding that VETS is currently participating in an OPM task force with this same objective.

Question 14. I know that you understand the value of a seamless transition. The transition from military to civilian life needs to be as hassle free and as beneficial as possible for servicemembers. I am aware the DoL has been involved with efforts in this area, especially through the TAP workshops, but I believe that more might be done. What is your assessment of DoL's role in transition from active duty to Veteran status and what might be done in this regard?

Response. Secretary Solis and I agree that servicemembers' transitions from military to civilian life should be as seamless and beneficial as possible. The Transition Assistance Program (TAP) is an important way to help accomplish that goal, and expects to serve about 130,000 customers this year. While DOL has primary responsibility for TAP, improving it will require input from its clients—the servicemembers, DOD and DHS—and other stakeholders. I look forward to working in partnership with Congress, VA, DOD, DHS, the VSOs and state workforce agencies to ensure that TAP delivers the best possible service to our heroes in uniform. It will be important to review participant feedback on satisfaction and improvement suggestions; determine what best practices and new, relevant content should be further incorporated; increase awareness of TAP's utility; involve private sector input and increase access for National Guard and Reserve personnel. Pilot programs are an effective vehicle for determining the impact of new ideas.

Question 15. The employment-related needs of recently separated, younger Veterans have, over time, been particularly difficult to address as their rate of employment has been consistently higher than their peers. What ideas do you have for new ideas that might be implemented to assist these individuals?

Response. Transforming the TAP program to make it more effective is an important contribution that VETS can make to help younger, separating servicemembers transition faster, easier and more successfully to civilian life. Research conducted by the University of Chicago reveals that young Veterans have a very high initial unemployment rate that steadily decreases and, by 39 weeks after separation, approximates that of the general veteran population (which is typically lower than that of the overall population). We want to decrease the time it takes young Veterans to reach the rate of the general Veteran population.

Transforming TAP needs to be done in partnership with Congress, VA, DOD, DHS, VSOs and state workforce agencies. It should involve input from servicemembers and Veterans as well as the private sector. TAP participants should receive best practices and the most effective transition-related training. As stated earlier, it will be important to learn from past participant feedback on satisfaction and improvement suggestions; determine how new, relevant content should be incorporated; increase awareness of TAP's utility and increase access for National Guard

and Reserve personnel. Pilot programs are an effective way vehicle to demonstrate the impact of new training approaches and that the time to approach the unemployment rate for the general Veterans population can be reduced. The potential of leveraging online social networking and new media to reach more Veterans—especially the younger ones—should also be explored.

Question 16. What emphasis will you place on the needs of Veterans who are homeless—particularly those who are women?

Response. Secretary Solis and I are committed to supporting President Barack Obama's promise to combat homelessness among our Nation's Veterans by expanding proven programs and launching innovative services. Secretary Solis is presently serving as the Vice-Chairperson for the Interagency Council on Homelessness and has asked us to focus parts of our 2010 programs on homeless women Veterans.

Effectively addressing Veterans' homelessness will require working in partnership with VA, HUD, HHS and other Federal agencies. While employment is a key component of freedom from homelessness, the problem needs to be addressed in a holistic, interagency manner with other important stakeholders—government and non-governmental—at the national, state and local level, such as community-based organizations and neighborhood partnerships. It is also important to identify best practices and disseminate them. VETS' Homeless Veterans Reintegration Program has garnered praise as a highly successful, model program. The Secretary has directed us to conduct demonstration programs in 2010 to determine how we can deliver better services to women Veterans and families who are homeless. We will place a high emphasis on helping homeless Veterans and addressing the unique needs of those who are women.

RESPONSE TO PREHEARING QUESTIONS SUBMITTED BY HON. RICHARD BURR TO RAYMOND M. JEFFERSON, NOMINATED TO BE THE ASSISTANT SECRETARY FOR VETERANS' EMPLOYMENT AND TRAINING SERVICE, U.S. DEPARTMENT OF LABOR

1. In July 2009, the Veterans Health Administration (VHA) issued directive 1004.2, "Advance Care Planning and Management of Advance Directives," which provides that primary care practitioners are responsible for "[g]iving patients pertinent educational materials (e.g., Refer patients to the 'Your Life, Your Choices' module in MyHeatheVet at the web site <http://www.myhealth.va.gov>, or provide written material such as Appendix C)."

A. As a Veterans Integrated Service Network (VISN) director, how did you implement that directive?

Response:

- In Veterans Integrated Service Network 23 (VISN 23), we hired a hospice and palliative care physician and a coordinator to implement VHA Directive 1004.2, "Advance Care Planning and Management of Advance Directives." These two individuals have been active and have visited almost every medical center in the VISN to review appropriate protocols and to educate providers on proper approaches to advance directives.

B. Did facilities under your direction supply "Your Life, Your Choices" to patients or their family members?

Response:

- The "Your Life, Your Choices" material was not sent out in VISN 23 because it was not part of the official package. Physicians may or may not have used it, but I did not direct our facilities to provide the material to patients or their family members.

C. While a VISN director, did you receive any other advance directives materials or guidance from VHA?

Response:

- I am not aware of other advance directive materials or guidance that was sent out during my tenure as VISN Director. We did make advance directive planning part of our strategic initiative as a VISN because we felt that educating patients and their family members on the value of advance planning is worthwhile and valuable. As a result of this initiative, we hired hospice and palliative care coordinators at the eight VA medical centers in VISN 23. In April 2009, VA Central Office held an audio conference education seminar for providers concerning dementia and advance care planning, but no directives were issued during this seminar. I do not know if any VISN 23 physicians participated.

D. If “Your Life, Your Choices” was used during your tenure as a VISN director, did any health care providers or patients raise any objections to the subject matter in that document?

Response:

- As I stated in an earlier response, VISN 23 did not formally send out or direct facilities to use, “Your Life, Your Choices.” Individual physicians may have used this document, but to the best of my knowledge, I received no complaints or objections regarding this material.

2. “Your Life, Your Choices” is listed as the primary advance directive planning tool in VHA directive 1004.2. Although it is still listed in 1004.2, the document is no longer available on the website for the Department of Veterans Affairs (VA). It is my understanding that the document was removed from the VA website following scrutiny for some of the content and resources identified in it. “Your Life, Your Choices” lists the group Choice in Dying as the only third-party advance directives resource. Choice in Dying was formerly known as the National Euthanasia Society and has previously been a proponent of right to die laws.

A. Do you believe it is appropriate to provide veterans, as the only suggested advance directives resource, with the contact information for an organization that has publically supported right to die laws in the United States?

Response:

- I do not believe it is appropriate that there be only one resource for advance directives, regardless of the author. Advance directive planning represents one of the most private and significant decisions a person can make. Any material provided should be neutral and informative and allow the patient and his or her family to make an educated and appropriate decision.

B. VA has indicated that the 1997 and 2007 versions of “Your Life, Your Choices” are under review by a panel of experts. How will you proceed with this process in order to address some of the concerns that have been raised?

Response:

- If confirmed, I will oversee the review process of this document and ensure that any changes made have been thoroughly considered. I would ensure that any inappropriate or non-neutral material is removed before the final version is made available. I would consult with a wide cross-section of individuals familiar with end-of-life decisions and advance directives to hear from those with differing perspectives on this issue.

C. Since the development of the original 1997 version there have been several end-of-life/advance directive resources developed. If confirmed as the Under Secretary for Health, would you direct VA to consider all such resources?

Response:

- Yes.

3. The Administration has previously opposed S.801, legislation that would provide training, counseling, support services, health care, and a stipend to the designated family caregivers of severely injured veterans. Those provisions were included in S. 1963, the Caregivers and Veterans Omnibus Health Services Act of 2009, which recently passed the Senate.

A. During your tenure at VA, what has been your experience with the level of support VA provides to caregivers?

Response:

- VA does provide some support for caregivers of Veterans, such as respite care, training, temporary lodging, insurance benefits through the Servicemembers Group Life Insurance Traumatic Injury Protection Program (TSGLI), as well as Aid and Attendance and Special Monthly Compensation benefits available to Veterans. VA also contracts for caregiver services with more than 4,000 home health and similar public and private agencies approved by the Centers for Medicare and Medicaid Services or through state licensure. In these agreements, VA contracts with the agency, who then independently hires and trains the caregiver. We also recently completed eight caregiver pilot programs that VA will use to determine what additional support we can provide.
- Caregivers provide a vital service and many need additional support and help to reduce caregiver stress and burden. VA wants to work with Congress on ways VA can do more, and if confirmed, I will work with the VA leadership in support of VA's efforts with the Senate and House to develop legislation that meets the needs of Veterans and their caregivers, and then to quickly implement these laws once enacted.

B. What do you believe VA's level of obligation should be for those severely injured veterans and their families?

Response:

- There are numerous areas VA should examine such as providing additional support to caregivers through expanded training and more robust support for medically-related travel for the Veteran. Additionally, VA should seriously

examine the opportunity to provide health care benefits for caregivers, particularly for those who have had to end their employment to care for a loved one. Finally, VA needs to develop an approach that will compensate caregivers for their service. If confirmed, I look forward to working with Secretary Shinseki and this Committee to develop a proposal that will work for Veterans, caregivers and VA.

4. In the past two years, the VA Inspector General (IG) has found deficiencies in Quality Management at several VA medical centers. These have included issues with peer review, privileging, and credentialing.

A. If confirmed, what steps would you take to address issues with privileging and credentialing?

Response:

- We must ensure that every VA professional is properly privileged and credentialed to perform the tasks he/she has been asked to do. This will require diligent and continuous review at the facility level, and if confirmed, I will require VISN Directors to ensure each facility in their network meets or exceeds the VHA standards. Ultimately, the medical center directors are responsible for operations within their facilities and must be held accountable for this fundamental function of health care organizations. I think peer review must be held to the same standards, and when used correctly, can provide an additional layer of security and oversight for quality operations.

B. As a VISN director, what steps did you take to ensure that the facilities within your VISN were adhering to quality management protocols?

Response:

- In VISN 23, we identified a Quality Manager responsible for reviewing the quality management programs at each facility. This Manager was responsible for reviewing programs and holding each facility accountable to the Network's standards. If confirmed, I would like to see this model applied nationally to reduce variation across the system and to align our organizational structures to provide safe and quality health care to Veterans.

5. Please provide copies of all relevant performance and leadership data during your time as a VISN director, including ratings associated with the Executive Career Field Performance Plan.

Response:

- These materials are being provided separately.

- 6. In your questionnaire, you answered “none” to questions 16(c), 16(d), and 16(e), in response to a request to list any testimony, speeches, or interviews you have given in the past ten years. Yet, information available on-line appears to reflect that you have testified, delivered speeches, and provided interviews during that time.**

- A. Would you please clarify whether – in either your personal or professional capacity – you have testified, delivered speeches or talks, or been interviewed at any time during the last ten years?**

Response:

- I responded to questions 16(c), 16(d) and 16(e) of my questionnaire under the assumption it was asking about non-professional remarks I made in public forums. I have provided informal remarks to Veterans’ Service Organizations (VSOs) on a regular basis during my time as Chief of Staff and Network Director. These were often brief updates about current activity within the VISN, and as such, I do not have copies of these presentations. These VSOs included the local chapters of the American Legion, Veterans of Foreign Wars, Disabled American Veterans, Former POWs, and county Veterans service officers.
- I have appeared before a Congressional hearing on four occasions in the last several years. These include:
 - a. April 29, 2002: Veterans Forum with Representative Lane Evans, VISN 23 Update (statement attached)
 - b. June 27, 2006: House Veterans’ Affairs Committee, Subcommittee on Health, “VA’s Efforts to Provide High Quality Health Care to Veterans in Rural Communities” (no written statement, but I did answer questions)
 - c. April 18, 2007: House Veterans’ Affairs Committee, Subcommittee on Health, “Access to VA Health Care: How Easy Is It for Veterans— Addressing the Gaps” (no written statement, but I was available to answer questions)
 - d. June 18, 2009: House Veterans’ Affairs Committee, Subcommittee on Health, “Legislative Hearing on H.R. 2770, H.R. 1293, H.R. 1197, H.R. 1302, H.R. 1335, H.R. 1546, H.R. 2734, H.R. 2738, H.R. 2770, H.R. 2898, and Draft Discussion Legislation” (written statement submitted, but no oral testimony provided and no questions answered)
- I have records of the following speeches I delivered that involved formal remarks:
 1. VA Upper Midwest Integration SMAG Presentation – April 2001
 2. SVAC Hearing – Nursing Workforce Strategies Innovation Panel and Nurse Managed Primary Care Delivery Clinics – June 2001
 3. ACA Spread and Sustainability: The Veterans Health Administration Experience – Washington, DC – February 2004

4. MDRC – Boston, MA – March 2004
5. NLB Strategic Planning Retreat – April 2004
6. Senior Management Conference – Part Time Physician Time and Attendance – August 2004
7. Advanced Clinical Access (ACA): Creating the Health Care Workplace of the Future – New Orleans, LA – May 2005
8. ACA for NLB – January 2006
9. National Health Council Voluntary Health Leadership Conference: Health Care 2015 and Beyond – Thoughts on Planning Ahead – Marco Island, FL – February 2006
10. ACA2: Blueprint for the Future – Reno, NV – March, 2006
11. Compelled to Act – Quebec Medical Association – Quebec City, Canada – April 2006
12. ACA: Blueprint for the Future – San Antonio, TX – May, 2006
13. Project HERO – Chicago, IL – July 2006
14. Health System Transformation – Ontario, Canada PHCTF Summit – August 2006
15. Health System Transformation – Quebec, Canada – October 2006
16. AMSUS 112th Meeting: Healthcare 2015 – San Antonio, TX – November 2006
17. ACA 2006: Blueprint for the Future – Las Vegas, NV – December, 2006
18. Canadian Medical Association CEO Forum – Las Vegas, NV – March 2007
19. National Health Service Institute: Health Improvement Through Leadership – England – July 2007
20. AAMC Deans/VA Panel – Washington, DC – November 2007
21. International Perspectives: The Veterans Health Administration Experience – Ontario, Canada – February 2008
22. Systems Redesign: The Future FIX Collaborative – New Orleans, LA – February 2008
23. Improving Chronic Illnesses Care: VISN 23 Chronic Disease Collaborative – March 2008
24. Healthcare Improvement in the VA – England – March 2008
25. Transformational Leadership – Minneapolis, MN – April 2008
26. Presentation to British Officials – VA Midwest Healthcare Network – April 2008
27. VA Non-Institutional Care: Where Are We Going? VHA Home Care Conference – May 2008
28. Tri Care West Sub Regional Warriors Care Summit – Colorado Springs, CO – July 2008
29. Health Care Trends – July 2008
30. Veterans Health Care: The Future – Fargo, ND – September 2008
31. VHA Research & Development – Petzel Hetrick Research Administrative Review Plenary – January 2009
32. Universal Services Task Force Report – May 2009

- I have records of the following interviews I have provided in the past 10 years:
 1. "Senators Vow to Keep Veterans Out in Front," Brainerd Dispatch, November 13, 2001

B. If so, would you please provide an amended questionnaire listing any such activities and provide copies of any such remarks?

Response:

- Yes.

7. In your questionnaire, you answered "none" to question 12, which inquired about any memberships or offices you have held in professional, fraternal, business, scholarly, civic, charitable, and other organizations during the past ten years.

A. To be clear, is that answer meant to suggest that, during that time, you were not a member of any organizations for doctors or internists, such as the American College of Physicians?

Response:

- I previously held a membership position with the America College of Physicians, but I ended my membership approximately 10 years ago.

B. If there are any organizations that you belonged to or were a member of during that time, would you please provided an amended questionnaire listing any such associations?

Response:

- There were no other organizations of which I was a member to report at this time.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. DANIEL K. AKAKA TO RAYMOND M. JEFFERSON, NOMINEE TO BE ASSISTANT SECRETARY FOR VETERANS' EMPLOYMENT AND TRAINING SERVICE, U.S. DEPARTMENT OF LABOR

JOBS OF THE FUTURE

Question 1. You have noted a desire to focus on "Jobs of the Future" and "Green Jobs." Could you please provide examples of each?

Response. "Jobs of the Future" are jobs in occupations that (1) are in high demand; (2) are growing; and (3) offer good wages and opportunities. Some examples are the professions of health care and information technology. For example, the median hourly wage for Registered Nurses (RNs) was \$29 in 2006. Demand for RNs is projected to increase by 18–26%, requiring over one million RNs by 2016. Many information technology occupations are projected to increase over 27%, and those occupations paid median hourly wages of over \$30 in 2006.

"Green Jobs" are also "Jobs of the Future." They can already be found in many industries, and will continue to grow in both numbers and importance. For example, the recently enacted economic stimulus legislation is expected to give a boost to the creation, retention, and transformation of up to 400,000 "Green Jobs" in the next several years. VETS recently issued grants to service providers who will assist Veterans to prepare for and obtain jobs in the following industries: construction; retrofitting; energy-efficient building; renewable electric power; energy efficient and advanced drive train vehicles; bio-fuels; deconstruction and materials usage; energy efficiency assessment for the residential, commercial, or industrial sectors; and manufacturers that produce sustainable products using environmentally sustainable processes and materials.

INVESTMENT

Question 2. You noted that you hope to invest in VETS' team members "to further develop their inherent potential and increase their capacity to better serve Veterans." If confirmed by the Senate, can you please provide—within 60 days—more detail on how you intend to make this investment together with goals and a timetable for moving forward?

Response. Yes, Mr. Chairman. If confirmed, I will provide you with a more detailed plan for this investment, to include goals and a timetable, within 60 days of confirmation.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. JON TESTER TO RAYMOND M. JEFFERSON, NOMINEE TO BE ASSISTANT SECRETARY FOR VETERANS' EMPLOYMENT AND TRAINING, U.S. DEPARTMENT OF LABOR

Effectiveness of State Grants Program for Local Veterans' Employment Representatives (LVER) program and the Disabled Veterans' Outreach Program (DVOP)

The Department's data on veteran job seekers paint an unclear picture of their use of employment and training services (according to GAO Reports conducted in 2005 and 2007) making it difficult to know how many, and how well, Veterans are actually served. Lack of credible information diminishes the Department's ability to appropriately apply resources, especially in rural communities and on Indian Reservations. I am concerned that these data gaps and antiquated State Grant formulas may have contributed to a decrease in personnel resources and effective use of those resources by the state.

Question. If confirmed, will you commit to a full review of LVER and DVOP performance measures and outcomes to see if they are adequate, particularly with respect to service of rural Veterans? Will you provide an update to my office within one year?

Response. Yes, if confirmed, I am committed to conducting a full review of the LVER and DVOP programs—to include performance measures, outcomes and service delivery models—to determine if they are adequate and how they can be improved, particularly with respect to service for rural Veterans. I will provide you with an update of that review within one year of confirmation.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. MARK BEGICH TO RAYMOND M. JEFFERSON, NOMINEE TO BE ASSISTANT SECRETARY FOR VETERANS' EMPLOYMENT AND TRAINING SERVICE, U.S. DEPARTMENT OF LABOR

Question 1. In your testimony you state Secretary Solis is committed to ensuring returning Vets from Iraq and Afghanistan wars obtain good jobs and create meaningful careers.

(a) Can you tell me what specific programs are in-place to track the transitioning Veterans to assist in implementing the goal of employment?

(b) How does the DOL work with Department of Defense (DOD) and Department of Veterans Affairs (DVA) to achieve this goal?

Response. The Transition Assistance Program (TAP) is the most important program in place to assist servicemembers transitioning from military to civilian employment. TAP is a Department of Defense (DOD) program that partners with DOL, the Department of Veterans Affairs (VA), and the Department of Homeland Security (DHS). The program is guided by a Steering Committee chaired by DOL and its members are the VA, DOD, DHS, and the military services. TAP has four components:

1. Pre-separation counseling—This is mandatory for all transitioning servicemembers and is provided by the military services and DHS;

2. TAP employment workshops—These are mandatory in the Marine Corps, voluntary in the other services, and are administered through DOL and its state partners;

3. VA benefits briefings—These briefings are also voluntary and administered by the VA; and

4. Disabled Transition Assistance Program (DTAP)—This is also voluntary and administered by the VA.

Question 2. You describe performance measurement and benchmarking as important, which can assist in providing the greatest impact. According to the 2007 GAO report on the Disabled Veterans' Outreach Program (DVOP) and Local Veterans' Employment Representative (LVER) program; these programs have many problems

with accurately providing performance measures. What can you tell me about performance measurement in these programs and how you would strive to improve these?

Response. The performance of grant programs is measured and closely monitored by Federal staff assigned as grant officer technical representatives. Each grantee, whether a state workforce agency or competitive grantee, is required to provide quarterly reporting. Goals, to include entered employment and retained employment, are established for each grantee and closely reviewed. Technical assistance is provided for any grantee that falls short of those goals. If confirmed, I am committed to conducting a full review of the LVER and DVOP programs—to include performance measures, outcomes and service delivery models—to determine if they are adequate and how they can be improved. I would be happy to provide you with an update of that review.

Success can be measured by the impact our programs have on helping Veterans and transitioning servicemembers succeed in today's modern economy. I believe performance tools such as best-practice benchmarking, customer satisfaction analysis, outcome tracking, stakeholder input and impact assessment are important processes that should be continuous and that help organizations provide the best service possible and achieve the greatest impact. I want to ensure that we are measuring the right metrics—ones that enable and determine success in VETS' vision, mission and responsibilities—and incorporating the resulting information in a cyclical self-improvement process. This process should increase Veterans' customer satisfaction and outcomes while helping VETS to continually improve service delivery and program results.

Question 3. From the DOL Web site I note that performance outcomes for employment of Vets and disabled Vets are varied amongst the States. The national average is 60% employment for Vets earning an average of \$32K/year.

(a) I believe the goal of DOL is 60%, should we have a higher goal?

Response. I understand that the entered employment goal is 62.5%. I believe we should continually strive to improve performance and set goals that provide relevant outcomes for Veterans. If confirmed, I'm committed to conducting a full review of all programs, performance metrics and goals to ensure that the best possible service is provided and the best possible outcomes are achieved.

(b) What are we doing to focus on the States like Hawaii, Rhode Island, and California which are down in the 40% range?

Response. If confirmed, I am committed to identifying and addressing the causes of employment below the national average in impacted States to the greatest extent possible, and doing so in collaboration with our partners, to include Congress, the VSOs, state workforce agencies, the private sector, nonprofits and other government agencies.

Question 4. According to the Bureau of Labor and Statistics \$32K/year is \$10K/year less than the national wage average of \$42K/year. What would you explain the reasoning is for this 24% discrepancy in wage earnings for Vets?

Response. The data referenced originates from two very different sources. The average \$42,000/year figure refers to the average \$42,270/year earnings for all occupations, as reported by the May 2008 Occupational Employment Statistics (OES) survey conducted by the Bureau of Labor Statistics (BLS). The OES is a semiannual survey of nonfarm establishments. The annual wage estimate represents the base pay for non-farm wage or salary workers assuming a full-time year-round schedule, with few exceptions.

The veteran earnings data cited above refers to the earnings of Veterans who are employed in the first quarter after they last received Wagner-Peyser employment services, and who retain employment for two additional quarters. The average earnings for this population was \$33,658 for the quarter ending March 31, 2009. (Source: ETA 9002 D Qtr Ending March 31, 2009, reported as of 6/2/2009.) This earnings level compares quite favorably to that of all (veteran and nonveteran) Wagner-Peyser participants (\$25,376); to participants in the Workforce Investment Act (WIA) Adult Program (\$28,692); and to WIA Dislocated Worker participants (\$32,180). (http://www.doleta.gov/performance/results/Quarterly_report/Mar_09/Quarterly_Report_033109.pdf)

It should be noted that most of the participants in these One-Stop Career Center programs have experienced a recent period without employment. Therefore, it is expected that it will take some time for their earnings to rebound to the levels that they may have experienced prior to their period without employment.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. ROGER F. WICKER TO
RAYMOND M. JEFFERSON, NOMINEE TO BE ASSISTANT SECRETARY FOR VETERANS'
EMPLOYMENT AND TRAINING SERVICE, U.S. DEPARTMENT OF LABOR

Mr. Jefferson, should you be confirmed, you would be responsible for overseeing several important programs that affect the lives of many of our Nation's Veterans. The services offered through the Homeless Veterans' Reintegration Program play an important role in assisting homeless Veterans find meaningful employment.

A healthcare resource organization from my state was a recipient of the Homeless Veterans' Reintegration Program for the last three years. Recently, this non-profit organization applied for the 2009 Veterans' Reintegration Program grant, but ran into serious problems with the grants.gov Web site. This error, due to the failing of the grants.gov Web site, prevented the application from being accepted despite several attempts and calls to the appropriate help desk. In fact, my constituent was informed that this systematic issue had been ongoing for several days. However, I was informed in a letter from the Department of Labor (DOL) that the Department's rules do not allow it to consider any submissions received after the deadline, even if it was the government's own delivery system that failed. I am concerned that the DOL does not have sufficient flexibility in its rules to respond to the increasing shift to electronic submission of grant applications. I have been informed of other departments' rules that allow for a two day error correction window to address submission errors arising under systematic issues outside of the applicant's control. This seems to be a well-reasoned approach.

Question 1. What steps will you take, if confirmed as Assistant Secretary, to ensure that safeguards are put in place to allow submissions from applicants when similar errors occur outside their control?

Response. Since being nominated, my involvement with DOL has been minimal so I have not been able to conduct an evaluation of the program. One of my first priorities will be to learn more about the agency, observe operations in the field, assess the current impact of its programs and solicit input from VETS' team members, Veterans and stakeholder groups. This will involve conducting an accurate, comprehensive assessment of the performance, effectiveness and impact of all programs, to include their service delivery models. If confirmed, I will review the rules pertaining to submitting applications for Homeless Veterans Reintegration Program grants as well as feedback about the application process.

[The Committee questionnaire for Presidential nominees follows:]

QUESTIONNAIRE FOR PRESIDENTIAL NOMINEES

PART I: ALL OF THE INFORMATION IN THIS PART WILL BE MADE PUBLIC

1. **Name** Raymond Matthew Jefferson, III
2. **Address** 60 Havelock Road, River Place, Block A-4, Unit #08-02, Singapore, 169658
3. **Position to which nominated.** Assistant Secretary for Veterans Employment and Training, U.S. Department of Labor
4. **Date of nomination.** June 3, 2009
5. **Date of birth** June 13, 1966
6. **Place of birth** Albany, New York, USA
7. **Marital status.** Single
8. **Full name of spouse** None (N/A)
9. **Names and ages of children** None (N/A)

10. Education

U.S. Military Academy, West Point, NY – 7/84 – 5/88 – B.S. in General Engineering with a Major in Leadership, 5/25/1988

Harvard University, John F. Kennedy School of Government, Cambridge, MA 8/97 – 6/98 – MPA (Master in Public Administration) with a Concentration in Strategic Management, 6/24/98

Harvard Business School, 7/98 – 6/00, MBA, 6/8/00

- 11. Honors and Awards** (List all scholarships, fellowships, honorary degrees, honorary society memberships, and any other special recognition for outstanding service or achievement).

2006 **Delegate to Asia Society's first annual Asia 21 Young Leaders Summit** – Selected as one of the Delegates to represent the U.S. at an initiative seeking to build the network of Asia-Pacific leaders dedicated to public service and responsible leadership while addressing global challenges and the region's most pressing issues.

2006 **French-American Foundation Young Leader** – Selected as one of the 14 U.S. Young Leaders to participate in the 2006 program in France. The

program brings together proven leaders from the two countries chosen for achievements and success in their professions and communities. It aims to strengthen international relations, foster deeper understanding and develop a new network of leaders between the two countries. Past U.S. alumni have included former President Bill Clinton and Secretary of State Hillary Clinton.

- 2004** **British American Project Delegate** – Selected as one of the 24 U.S. Delegates to the 2004 British American Project. The Project aims to strengthen international relations and business links between Europe and North America by bringing together proven leaders from the two countries chosen for achievements and success in their professions and communities.
- 2003** **Rising Star Award** – Conferred by Harvard University’s Kennedy School of Government. This annual alumni award instituted in 2001 recognizes the outstanding achievements of recent Kennedy School graduates who have “hit the ground running” as public sector leaders.
- 2003** **Harrison H. Schmitt Fulbright Alumni Leadership Award** – Selected for national recognition as one of two recipients to receive the inaugural Harrison H. Schmitt Leadership Award from Secretary of State Colin Powell. The award honors recent alumni of the U.S. Fulbright Student Program who have demonstrated extraordinary leadership in, and dedication to, public service, learning, and mutual understanding.
- 2001-2002** **Fulbright Fellow (to Singapore)**
- 2000-2001** **White House Fellow**
- 2000** **Harvard Business School’s Dean’s Award** - One of three students out of 886 graduates recognized with the Dean’s Award for exceptional acts of leadership and service.

- 1999, 2000** HBS Public Service Summer Fellow Awards - Recipient of two fellowships that involved taking a 50% reduction in summer salary to do a public service internship.
- 1999** The Catalyst Award - Recipient of Students for Responsible Business' prestigious annual, national leadership award for the most inspirational new chapter start-up story of the year.
- 1998** Harvard Kennedy School of Government Littauer Award - One of ten students chosen from a graduating class of 280 for the Littauer Fellow Award on the basis of leadership, service and scholarship.
- 1999** The Bert King Fellow Award - Selected from all African-American students in the HBS Class of 2000 for annual award given on basis of demonstrated exemplary leadership, scholarship and service.
- 1998** Athletic Excellence - Represented physically challenged people by competing in a Chinese full-contact fighting competition, won 1st Place and a Light-Heavyweight Championship Belt.
- 1997** Accepted into Mensa - International community for idea exchange.
- 1984-1999** U.S Army
- Graduate: Ranger School, Special Forces Detachment Officer Qualification Course, SERE (High Risk - Survival, Evasion, Resistance & Escape), Jumpmaster, Pathfinder, Long Range Surveillance Leaders Course, Jungle School, Air Assault, Airborne.
 - Medals: Army Commendation Medal, National Defense Service Medal, Army Service Ribbon

12. **Memberships** (List all memberships and offices held in professional, fraternal, business, scholarly, civic, charitable, and other organizations for the last ten years. Include the dates of any such memberships or offices).

Asia Society, 2006 - Present

British-American Project, 2005 - Present (selected for Nov 2004)

French-American Foundation Young Leaders, 2006 - Present

Harvard Kennedy School of Government Alumni Foundation, 1998 - Present

Fulbright Association, 2002 - Present

NAACP, 2009 – Present

National Speakers Foundation, 2008 – Present

Special Forces Association, 2000 – Present

U.S. Military Academy Association of Graduates, 1998 – Present

75th Ranger Regiment Association, 2000 – Present

Asia Professional Speakers – Singapore, 2008 – Present

13. **Employment record** (List all employment (except military service) since your twenty-first birthday, including the title, description of job, name of employer, location of work, and inclusive dates of employment).

1. Leadership Consultant, Self-Employed, Singapore, 7/2008 – Present
2. Leadership Specialist, McKinsey & Company, Singapore, 5/2006 – 7/2008
3. Deputy Director, Department of Business, Economic Development & Tourism; Hawaii, 1/2003 – 3/2004
4. Fulbright Fellow, U.S. Department of State, Singapore, 10/2001 – 8/2002
5. White House Fellow; President's Commission on White House Fellows; Washington, DC; 9/2000 – 8/2001
6. Harvard Business School Public Service Summer Fellow, Pacific Asian Management Institute at University of Hawaii, Hawaii, 7/2000 – 8/2000 and 6/1999 – 8/1999

14. **Military service** (List all military service (including reserve components and National Guard or Air National Guard) with inclusive dates of service, rank, titles, permanent duty stations and units of assignment, descriptions of assignments, any military medals, and type of discharge).

U.S. Army, 5/1988 – 1/1999, Honorable Discharge

7/84 to 5/88

Cadet

United States Military Academy

West Point, NY

Studied and participated in a four-year program combining academics, ethics, leadership, athletics and military training. Served in numerous leadership positions; responsible for accomplishing organizational objectives while improving subordinates' morale, welfare and performance. Studied leadership and international affairs in academic and extracurricular pursuits. Challenging workload developed tremendous time management skills. Chosen from a group of 40 cadets to be their platoon leader during the rigorous U.S. Army Jungle School. Commissioned as a Second Lieutenant in the Regular Army upon graduation. During senior year, was selected from among 250 cadets to be the Regimental Sergeant Major for 1,100 cadets. **Graduation Leave from 5/88 – 8/88.

8/88 to 3/89

Second Lieutenant

Student-Officer

The Infantry Training Center

Fort Benning, GA

Attended Infantry Officer Basic Course (IOBC) and Airborne School. IOBC stressed leading and managing organizations of 40 personnel and taught planning, counseling, military strategy, tactics and unit administration. Graduated from the U.S. Army Ranger School – the Army's premier leadership course. This course focused on leading groups of up to 40 personnel to accomplish arduous missions, under extreme environmental and combat conditions, with limited food and sleep. Among the 16% of 400 participants who graduated and earned the Ranger Tab.

4/89 to 7/91

Second Lieutenant

Platoon Leader

Presidential Honor Guard

Fort Myer, VA

Led two elite units that represented the President and our Nation to the world. One of 10 selected from 2,700 qualified personnel for this high-profile assignment. Developed and implemented programs of international and national significance. Developed contingency programs for crisis situations involving key government officials and agencies. Commended for organizing an exemplary family support group that further improved unit morale. Received more written commendations than any other officer. Both units evaluated as being the best in the organization throughout my tenure with them. Only officer in the Regiment to be selected to serve in a Ranger Battalion.

8/91 to 9/92

First Lieutenant

Platoon Leader

3rd Ranger Battalion

Fort Benning, GA

One of 36 individuals handpicked from 2,700 qualified personnel to be a leader in a Ranger Battalion. Led and managed in an elite organization renowned for excellence. Tasked to plan and conduct complex, no-notice operations of a timely, sensitive nature, anywhere in the world, in support of U.S. policies and objectives, under extremely hazardous conditions. Responsible for the training, development, discipline, morale, health, welfare and performance of all assigned personnel. Unit received the highest rating within the department during the annual evaluation. Conceptualized, planned and executed a program for creating a new sniper department that greatly increased the battalion's effectiveness.

10/92 to 11/92

Captain

Student-Officer

John F. Kennedy Special Warfare Center

Fort Bragg, NC

Volunteered for Special Forces Assessment and Selection (SFAS): an extremely arduous program that emphasized developing ingenious solutions to complex teamwork and leadership problems under severe time constraints and stressful conditions. One of about 25% of several hundred participants who met the standards for graduation and advanced to the Qualification Course for the opportunity to earn the Special Forces Tab and the Green Beret.

12/92 to 10/93

Captain

Student-Officer

The Infantry Training Center

Fort Benning, GA

Attended the Infantry Officer Advanced Course (IOAC): a six-month leadership school that stressed leading and managing organizations of over 120 personnel. Curriculum taught leadership, training, management, strategy and tactics. Volunteered for Long Range Surveillance Leader's Course: a challenging, outdoor program that further developed small group leadership skills through stressful circumstances and extreme environmental conditions. Sponsored and mentored an officer from the United Arab Emirates through the International Military Exchange Program. Earned superior ratings in all evaluated areas.

11/93 to 5/94

Captain

Student-Officer

John F. Kennedy Special Warfare Center

Fort Bragg, NC

Selected to attend the Special Forces Officer Qualification Course: a six-month program for leading groups of specially selected, highly trained individuals in accomplishing difficult missions under harsh conditions. Curriculum emphasized planning, briefing, supervising and executing Executive and Department of Defense policies in the international arena. Participants were instructed and prepared to lead groups of 12-120 individuals. Chosen on basis of demonstrated leadership to plan and lead the course's capstone exercise. Earned the Special Forces Tab and the Green Beret. Upon graduation, was the only officer selected to lead an elite Special Mission Unit.

5/94 to 11/94

Captain

Student-Officer

Department of Defense Language Training School

Fort Bragg, NC

Attended Department of Defense Cross-Cultural Communications Course that taught the political, social, religious and historical facets of the world's global regions. Participated in an intense Department of Defense Vietnamese language program. Completed the Cross-Cultural Communications Course with an "A" average. Was one of only two students to achieve a Vietnamese proficiency rating in listening, reading and speaking.

12/94 to 10/95

Captain

Detachment Commander (A-Team)

Charlie Company, 1st Battalion, 1st Special Forces Group

Torii Station, Okinawa, Japan

One of 10 selected from among 460 qualified officers to lead a unit of 12 specially selected, highly trained personnel in executing a classified mission directed by the Joint Chiefs of Staff. Tasked to plan and conduct complex, hazardous, no-notice operations of a timely, sensitive nature, anywhere in Asia, in support of U.S. policies and objectives. Responsible for executing national policies unilaterally and with foreign governments. Planned and budgeted a successful bilateral exercise with Singapore that involved extensive coordination among the military, political and diplomatic representatives of the U.S., Singapore, Japan and the Pacific Islands.

10/95 to 3/96

Captain (ineligible for promotion due to pending medical retirement)

Patient

Tripler Army Medical Center

Tripler, HI

Sustained a severe injury in the line of duty with Special Forces. While trying to shield my co-workers from the blast of an explosive device, I sustained the traumatic amputation of all five fingers on my left (non-dominant) hand. The accident necessitated extensive surgery and hospitalization. Recuperating, developing a positive vision for my life and adjusting to a new physical condition were my priorities during this time.

3/96 to 8/97

Captain (ineligible for promotion due to pending medical retirement)

Student-Officer

Special Operations Training and Support Element (SOTSE)

Fort Shafter, HI

Given 18 months to complete required additional surgeries and rehabilitative procedures due to injury in the line of duty. Studied Mandarin, French, accounting and economics at the University of Hawaii. Conceived, organized and conducted a cultural orientation program for military dependents planning to visit spouses stationed in Egypt with the United Nations' peacekeeping force. Represented physically challenged people by competing in the largest international Chinese full-contact fighting competition held in North or South America—won 3rd Place and was featured in an international athletic magazine.

8/97 to 6/98

Captain (ineligible for promotion due to pending medical retirement)

Student-Officer (Graduate Student)

Harvard University, John F. Kennedy School of Government

Cambridge, MA

Accepted into a Master Degree in Public Administration program that prepares individuals for public service leadership. Learned the advanced management, policymaking and analytical skills required for senior government positions. Concentrated in Strategic Management of Governmental Organizations. Organized a presentation for Harvard University that chronicled and honored the contributions of African-Americans to our nation's victory in World War II. One of ten students chosen from a graduating class of 280 chosen to be a Littauer Fellow for demonstrating leadership, service and scholarship while at KSG.

7/98 to 1/99

Captain (ineligible for promotion due to pending medical retirement)

Student-Officer (Graduate Student)

Harvard University, Harvard Business School

Boston, MA

Participated in an MBA program emphasizing global management, innovation, leadership and social entrepreneurship. Learned advanced leadership, management, analytical and communication skills necessary for senior levels of responsibility. Developed initiatives at Harvard to share its resources with Hawaii's public sector organizations, increase matriculation of Hawaii residents and provide paid, community service internships in Hawaii for Harvard students. Established an initiative to raise awareness of aesthetic, upper-limb prosthetics to amputees that could not afford them. Established a chapter of Students for Responsible Business at University of Hawaii. Academic and extracurricular pursuits emphasized leadership development. Participated in the Management Consulting Club, Social Enterprise Club, African-American Student Union, Armed Forces Alumni Club, Asia Business Club, Leadership and Ethics Forum, Public Speaking Club and Consortium on Global Leadership. Initiated and

orchestrated the mobilization of entire HBS community to provide disaster relief for the victims of Hurricane Mitch in Honduras. Selected as an HBS Public Service Summer Fellow. Annual recipient of Students for Responsible Business' national award for the most inspirational new chapter, start-up story of the year. Selected from to receive the Bert King Fellow Award for leadership, service and scholarship.

15. Government service record (List any advisory, consultative, honorary, or other part-time service or positions with Federal, State, or local governments other than those listed under Employment record, above).

None

16. Published writings and public statements (in last 10 years)

(a) List the titles, publishers, and dates of books, articles, reports, letters to the editor, editorial pieces, or other published materials you have written or edited, including materials appearing only on the Internet. (Copies of any such materials may be requested by the Committee.)

None

(b) List any reports, memoranda, or policy statements you prepared or contributed in the preparation of on behalf of any association, committee, conference, or organization of which you were or are a member.

None

(c) List any testimony, official statements or other communications relating to matters of public policy that you have issued or provided or that others presented on your behalf to public bodies or officials.

None

(d) List any speeches or talks delivered by you, including commencement speeches, remarks, lectures, panel discussions, conferences, political speeches, and question-and-answer sessions. Include the dates and places where such speeches or talks were given.

None

(e) List all interviews you have given to newspapers, magazines or other publications, and radio or television stations (including the dates of such interviews).

None.

17. Political affiliations and activities

(a) List all financial contributions to any political party or election committee during the last 10 years.

1. \$250, DNC Services Corporation/Democratic National Committee, 10/29/2004

2. \$1250, Obama for America, 10/21/2008
3. \$1000, Obama Victory Fund, 10/21/2008
4. \$1000, Obama for America, 10/24/2008

(b) List all elective public offices for which you have been a candidate and the month and year of each election involved.

None

(c) List all memberships and offices held in and services rendered, whether compensated or not, to any political party or election committee.

None

18. Future employment relationships

(a) State whether you will sever all connections with your present employer, business firm, association, or organization if you are confirmed by the Senate.

Yes - I am self-employed as a Leadership Consultant and will cease all business activities if I am confirmed by the Senate.

(b) State whether you have any plans after completing Government service to resume employment, affiliation, or practice with your previous employer, business firm, association, or organization.

In general, I am interested in returning to the field of leadership training and development after the conclusion of my government service. However, I do not know in what role, capacity or locale, and have no specific plans in this regard.

(c) What commitments, if any, have been made to you for employment after you leave Federal service?

No commitments have been made to me for employment after I leave government service.

(d) (If appointed for a term of specified duration) Do you intend to serve the full term for which you have been appointed?

N/A

(e) (If appointed for an indefinite period) Do you intend to serve until the next Presidential election?

Yes - I intend to serve until the next Presidential election.

19. Potential conflicts of interest

(a) Describe any financial arrangements, deferred compensation agreements, or other continuing financial, business, or professional dealings which you have with business associates clients, or customers who will be affected by policies which you will influence in the position to which you have been nominated.

I have been advised that it is permissible for me to retain my remaining balance with the McKinsey and Company Profit Sharing Retirement Plan. McKinsey and Company is no longer contributing to this account.

(b) List any investments, obligations, liabilities, or other financial relationships which could be affected by policies which you will influence in the position to which you have been nominated.

None

(c) Describe any business relationship, dealing, or financial transaction which you have had during the last 5 years, whether for yourself, on behalf of a client, or acting as an agent, that constitutes a potential conflict of interest with the position to which you have been nominated.

As of July 1, 2008, I terminated employment with McKinsey and Company (Singapore). Consistent with my ethics agreement, upon confirmation, for a period of one year from my termination date, I will not participate personally and substantially in any particular matter involving specific parties in which McKinsey and Company is a party or represents a party, unless I am first authorized to participate, pursuant to 5 C.F.R. § 2635.502(d). In addition, I will not participate personally and substantially in any particular matter involving specific parties in which a former client of mine is a party or represents a party, for a period of one year after I last provided service to that client, unless I am first authorized to participate pursuant to 5 C.F.R. § 2635.502(d).

I am currently the sole proprietor of an inactive consulting business, Ray Jefferson Private Ltd. (Singapore), which has never conducted business. I am currently in the process of dissolving Ray Jefferson Private Ltd. (Singapore). Consistent with my ethics agreement, until I have completed this process, I will not participate personally and substantially in any particular matter that has a direct and predictable effect on the financial interests of the sole proprietorship.

Further, I currently provide freelance consulting services. Consistent with my ethics agreement, upon confirmation and during my appointment to the position of Assistant Secretary, I will cease this activity. In addition, I will not participate personally and substantially in any particular matter involving specific parties in which a former client of mine is a party or represents a party, for a period of one year after I last provided service to that client, unless I am first authorized to participate, pursuant to 5 C.F.R. § 2635.502(d).

(d) Describe any activity during the past 10 years in which you have engaged for the purpose of directly or indirectly influencing the passage, defeat, or modification of any legislation or affecting the administration and execution of law or public policy. Activities performed as an employee of the Federal government need not be listed.

None

(e) Explain how you will resolve any potential conflict of interest that may be disclosed by your responses to the above items. (Please provide a copy of any trust or other agreements involved in Part II.)

In connection with the nomination process, I have consulted with the Office of Government Ethics and the Department of Labor's designated agency ethics official to identify potential conflicts of interest. Any potential conflicts of interest will be resolved in accordance with the terms of an ethics agreement that I have entered into with the Department's designated agency ethics official and that has been provided to this Committee. I am not aware of any other potential conflicts of interest.

20. Testifying before the Congress

(a) Do you agree to appear and testify before any duly constituted committee of the Congress upon the request of such committee?

Yes

(b) Do you agree to provide such information as is requested by such a committee?

Yes

[A letter from the Office of Government Ethics follows:]



United States
Office of Government Ethics
1201 New York Avenue, NW., Suite 500
Washington, DC 20005-3917

June 11, 2009

The Honorable Daniel K. Akaka
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the Ethics in Government Act of 1978, I enclose a copy of the financial disclosure report filed by Raymond M. Jefferson, who has been nominated by President Obama for the position of Assistant Secretary for Veterans Employment and Training, Department of Labor.

We have reviewed the report and have also obtained advice from the agency concerning any possible conflict in light of its functions and the nominee's proposed duties. Also enclosed is an ethics agreement outlining the actions that the nominee will undertake to avoid conflicts of interest. Unless a date for compliance is indicated in the ethics agreement, the nominee must fully comply within three months of confirmation with any action specified in the ethics agreement.

Based thereon, we believe that this nominee is in compliance with applicable laws and regulations governing conflicts of interest.

Sincerely,

Robert I. Cusick
Director

Enclosures

[Letter from the nominee to the Office of Legal Counsel, U.S. Department of Veterans Affairs:]

Robert A. Shapiro
Associate Solicitor
Office of Legal Counsel
Office of the Solicitor
U.S. Department of Labor
Rm. N2700
200 Constitution Ave., NW
Washington, DC 20210

Dear Mr. Shapiro:

This memorandum is to inform you of the steps I will take if I am confirmed as the Assistant Secretary for Veterans Employment and Training, U.S. Department of Labor, to comply with applicable ethics laws and regulations.

As required by 18 U.S.C. § 208, I will not participate personally and substantially in any particular matter that has a direct and predictable effect on my financial interests or those of any person whose interests are imputed to me, unless I first obtain a written waiver, pursuant to 18 U.S.C. § 208(b)(1), or qualify for a regulatory exemption, pursuant to 18 U.S.C. § 208(b)(2). I understand that the interests of the following persons are imputed to me: any spouse or minor child of mine; any general partner of a partnership in which I am a limited or general partner; any organization in which I serve as officer, director, trustee, general partner or employee; and any person or organization with which I am negotiating or have an arrangement concerning prospective employment.

As of July 1, 2008, I terminated employment with McKinsey and Company (Singapore). Upon confirmation, for a period of one year from my termination date, I will not participate personally and substantially in any particular matter involving specific parties in which McKinsey and Company is a party or represents a party, unless I am first authorized to participate, pursuant to 5 C.F.R. § 2635.502(d). In addition, I will not participate personally and substantially in any particular matter involving specific parties in which a former client of mine is a party or represents a party, for a period of one year after I last provided service to that client, unless I am first authorized to participate pursuant to 5 C.F.R. § 2635.502(d).

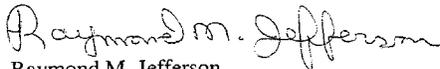
I am currently the sole proprietor of an inactive consulting business, Ray Jefferson Private Ltd. (Singapore), which has never conducted business. I am currently in the process of dissolving Ray Jefferson Private Ltd. (Singapore). Until I have completed this process, I will not participate personally and substantially in any particular matter that has a direct and predictable effect on the financial interests of the sole proprietorship.

I currently provide freelance consulting services. Upon confirmation and during my appointment to the position of Assistant Secretary, I will cease this activity. In addition, I will not participate personally and substantially in any particular matter involving specific parties in which a former client of mine is a party or represents a party, for a

period of one year after I last provided service to that client, unless I am first authorized to participate, pursuant to 5 C.F.R. § 2635.502(d).

Finally, I understand that as an appointee I am required to sign the Ethics Pledge (Exec. Order No. 13490) and that I will be bound by the requirements and restrictions therein in addition to the commitments I have made in this and any other ethics agreement.

Sincerely,


Raymond M. Jefferson

June 5, 2009

Chairman AKAKA. Thank you very much, Mr. Jefferson, for your testimony.

I would like to pose a question. Could you please share your thoughts with us on what you view as the difference between a job and a career and what emphasis you would place on each, if confirmed.

Mr. JEFFERSON. Yes. Mr. Chairman, thank you very much for highlighting that difference for the Committee and for the Members here today. It is important that we make sure that all veterans have good jobs. That is a priority of Secretary Solis. But a greater service that we can provide is preparing them for careers.

One of the differences is that careers have the opportunity for continuing and progressive growth, development, financial self-sufficiency, and opportunities. Emphasizing that preparation is something that we would like to do through our work with the CVOPs, Disabled Veterans Outreach Program, the LVERs (the Local Veterans' Employment Representatives), and also the TAP program to bring in new content that will empower veterans to manage their careers and have a greater vision for themselves than they previously thought possible.

Chairman AKAKA. Thank you very much for that response.

You have indicated that you believe performance measurement and best practice benchmarking can help organizations provide the best service possible and make the greatest impact. Could you explain how these processes might be applied to LVERs and DVOPs, especially since they are actually employees of the various States?

Mr. JEFFERSON. Yes. Senator, thank you for highlighting that. It is an issue that I have been thinking about and have some ideas on. From serving as Deputy Secretary of Commerce with the Department of Business, Economic Development and Tourism, or DBEDT, in Hawaii, I have a keen appreciation for the dynamics of State and local service providers. But how can we look at other models for service delivery? We're scanning related service delivery organizations in other sectors, the private and the nonprofit. Which ones have the greatest outcomes? We are looking at what they do and then bringing that information in, teaching our DVOPs and

our LVERs through the NVTI (National Veterans Training Institute) and through concurrent and refresher training; looking at how we can emphasize and incorporate new modalities, such as pure learning; maybe incorporating some new IT solutions so best practices are taught and disseminated and shared much more efficiently. We want to identify what is the best process out there and bring those to our DVOPs and LVERs.

Chairman AKAKA. VA estimates that 131,000 veterans are homeless on any given night. Struggles with obtaining and maintaining suitable employment after service is one of the many factors that contribute to a veteran becoming homeless. If confirmed, how do you plan to strengthen the Veterans' Employment and Training Program to combat these troubling statistics?

Mr. JEFFERSON. Yes. Mr. Chairman, one veteran who is homeless is too many. I think there are several things that need to be done. One is strengthening the partnership with service delivery organizations, working more closely with Veterans Affairs, working more closely with Housing and Urban Development to take not a single agency approach but an interagency approach.

Two, identifying those organizations that have the highest success rates of helping homeless veterans, learning what they are doing, sharing and disseminating those best practices. Some of those are grantees of ours, we have relationships with them. But looking at who has the highest outcomes for helping veterans end homelessness the quickest and disseminating those best practices in an interagency manner.

Chairman AKAKA. Thank you very much. Have you given any thought to the employment needs of the spouses of active-duty servicemembers who are deployed and how VETS might address them?

Mr. JEFFERSON. Yes, Mr. Chairman, we have. One of the programs that we have which could be extremely helpful to spouses is the Transition Assistance Program. Spouses can participate in that program. What I would like to do is explore the degree of awareness about that opportunity and to look at how we can increase awareness of the program, increase spousal involvement, and also highlight the success stories and the positive outcomes of that involvement.

Chairman AKAKA. Thank you very much.

Let me call on the Ranking Member for his questions. Senator Burr?

Senator BURR. Thank you, Mr. Chairman.

Again, Ray, welcome.

Mr. JEFFERSON. Thank you, sir.

Senator BURR. The first question, housekeeping. As Ranking Member, I do have some responsibilities to Members on this side of the aisle to actively do oversight, as does the full Committee, with regard to the activities of the Veterans' Employment and Training Services. This tends to lead me or my staff to make certain requests at times. If confirmed, do you pledge to ensure that my staff and I will be provided with requested information in a timely manner?

Mr. JEFFERSON. Yes, sir, I absolutely do.

Senator BURR. If confirmed, will you be proactive in alerting this Committee, including both sides of the aisle, to any significant trends, problems, or other issues regarding the law and programs administered by the Veterans' Employment and Training Service?

Mr. JEFFERSON. Yes, Senator, I will.

Senator BURR. I thank you for those answers.

Ray, last year, Congress passed a law that I authored that would require Federal executive branch agencies to ensure that their human resource personnel are trained in the rights and obligations under the Uniformed Service Employment and Reemployment Rights Act. In my view, this will help prevent USERRA violations from occurring in the first place, but it is my understanding that some agencies have been slow to implement this new training requirement.

Do you agree that the best steps that we can take to protect USERRA rights of military personnel and veterans is to prevent them in the first place?

Mr. JEFFERSON. Senator, I think that is critically important, and one of the things that we want to do is to increase awareness and commitment of employers' responsibilities under USERRA. If confirmed, I would look to strengthen the relationship with OPM so that we can provide that training and technical assistance to Federal Government agencies, other government agencies, partner with the private sector to ensure that they understand and are committed to that, and that prevention is a key component of reducing USERRA-related claims.

Senator BURR. Do you agree that that starts with the proper training of human resources personnel to ensuring that they understand the law?

Mr. JEFFERSON. Yes, Senator. I think that is a critical component in the process.

Senator BURR. I have your commitment that you will work aggressively to make sure that any agencies that might have been slow to take on the letter of the law actually do go through that training process?

Mr. JEFFERSON. Senator, one of my first priorities will be to perform a complete evaluation of the program to identify any agencies which have been slow to implement that process, then to take appropriate action to encourage them to complete that process.

Senator BURR. Great. Thank you.

In your prehearing questions, you stated that the Department of Labor, "strongly opposes transferring the responsibility of investigating these USERRA cases from the Department of Labor to the Office of Special Counsel." Yet in 25 cases this fiscal year, the Department of Labor has exceeded the statutory 60-day limit for referring cases to the Office of Special Counsel out of the 128 Federal USERRA cases closed in fiscal year 2009, to date.

If transferring control of Federal USERRA claims to the Office of Special Counsel could help expedite a just resolution of those cases, wouldn't veterans be better served to do that?

Mr. JEFFERSON. Well, Senator, thank you for highlighting that issue. I actually feel that there are two points here to address. First is doing a complete assessment of the process to determine why there have been those extended procedures required and to go

ahead and streamline it so all investigations are completed in the appropriate period of time.

But there is a fundamental reason why I believe that that responsibility should not be transferred. In addition to doing investigations, that also provides the veterans and transitioning service-members with additional programs and resources that could be very helpful to them in finding and obtaining not just a job, but a career, which is our fundamental goal. So I believe that we need to maintain the current responsibility because of the other services, resources, and benefits we provide, and to look at how that process can be improved, then improve it as rapidly as possible.

Senator BURR. If a year from now we have got the same percentage number of cases that have not been referred and they exceed the statutory 60-day limit, what question should I ask of you then?

Mr. JEFFERSON. Senator, our commitment is to ensure that there is no need to ask that question within the year, sir, because we will have resolved it. We will have resolved it prior to that. We also want to work very closely with you and your office to keep you informed every step of the way.

Senator BURR. With your incredible passion to get this done—

Mr. JEFFERSON. Yes, sir.

Senator BURR [continuing]. Can I assume that if we still do have a problem a year from now, then it is a territorial dispute versus a lack of will?

Mr. JEFFERSON. I think, sir, if a year from now a problem still exists, we will look at some new and innovative approaches to resolve it.

Senator BURR. Thank you.

Mr. JEFFERSON. But I want to give you my full commitment, sir, that USERRA is a priority, that doing everything we can in every step of the process to ensure there is commitment to it, that all partners and all sectors are involved and aware, and that we produce the outcomes that our veterans deserve when they come back, which is that the job they left and the benefits are available to them.

Senator BURR. I thank you for that commitment and I thank the Chair.

Chairman AKAKA. Thank you very much, Senator Burr.

Now I will call on Senator Murray for her questions.

Senator MURRAY. Thank you very much, Mr. Chairman.

Mr. Jefferson, would you share with us what you think is the biggest challenge facing the VETS office in helping veterans with their employment goals?

Mr. JEFFERSON. Thank you, Senator. Being very candid with you, since my accident, I don't look at things in terms of challenges as much as I look at them as opportunities. So, I feel that we have some significant opportunities.

One significant opportunity is to engage more strongly with the private sector. You can do all kinds of wonderful things to improve your programs and prepare a veteran or a transitioning service-member for career success. But when he or she goes out, if they cannot find a job within a reasonable period of time, it is demoralizing. So engaging with private-sector organizations to increase

awareness of what veterans can provide and get their commitment to hire veterans is a huge priority.

Second, looking at how all of our programs could be improved to incorporate best practices and increase the outcomes.

And third, the partnerships. This is not a priority or a role that VETS can do alone. We need to engage with our friends inside and outside government, VSOs, State workforce agencies, nonprofits, to do this in partnership.

I think those are three significant things that we can do to increase our service to veterans and transitioning servicemembers.

Senator MURRAY. Let me focus on one of them, the private sector.

Mr. JEFFERSON. Yes.

Senator MURRAY. I mean, I talk to veterans all the time—

Mr. JEFFERSON. Yes.

Senator MURRAY [continuing]. And they want to be employed, they want a job, they want to be productive. I've talked to Chambers of Commerce and they have no idea that veterans are even out there. I made a pledge to many of our Iraqi and Afghan veterans coming home that I would never leave a Chamber of Commerce or Rotary meeting without telling them they need to hire veterans.

Mr. JEFFERSON. Yes.

Senator MURRAY. How do we engage the private sector better? How do we let them know about the many men and women who have got great skills?

Mr. JEFFERSON. Well, thank you, Senator. I know that is an area that we can collaborate on, and I also feel very strongly about. I think there are several things. One is looking for those organizations that private sector leaders turn to for sources of information and increased awareness. One is YPO-WPO, Young Presence Organization-World Presence Organization; it is a CEO organization. So, engaging them to find out what information they need from us: is it a massive resumé database? How can we take the tremendously talented individuals who are out there and make it easy for you to contact them and hire them?

So, having dialog with organizations that represent private sector interests, going to those large organizations that have a history of hiring the most veterans and looking at how we can potentially create pilot programs to streamline veterans' hiring. Also speaking to the veterans and working with the VSOs to find out where the veterans are experiencing challenges in the process and working it from both ends so together we can come toward the middle.

Senator MURRAY. Well, it is a big challenge, but I am really glad that you are going to take that on because I think there are a lot of opportunities left simply because the two groups—veterans and the people who employ veterans, our private companies—don't know that each other exists.

Mr. JEFFERSON. Exactly, Senator. That is something we want to address; and also to encourage the assistance and the ideas of this Committee as we do that.

Senator MURRAY. OK, great. You know the Federal Government has a huge patchwork of programs available today, including the one you are going to head up. You talked a little bit about streamlining and collaborating. How do you do that with the other Federal agencies so that people are working better together?

Mr. JEFFERSON. Yes. Well, Senator, I think that is a—it is an immediate priority and it is a hugely important one. I think part of this involves personal relationships, and I have been fortunate to have some existing relationships with many of these agencies—very grateful to have the Honorable Scott Gould here today. I think convening a dialog where we become aware of what one another are doing; how we can partner; where there is redundancy, creating focal points so veterans do not have to figure out what all the different opportunities available to them are, but maybe we have a one-stop kind of information center.

But it is not just information. We want to make sure that it is easy for veterans to physically access programs and resources to get everything they need in an integrated, simple manner; to get those employment opportunities and those career opportunities that the Senator spoke about earlier.

Senator MURRAY. OK, good. I look forward to hearing about your progress and what we can do to help.

Mr. JEFFERSON. Thank you, Senator. I appreciate and welcome in advance that assistance.

Senator MURRAY. OK, and I appreciate your comments about TAP and working with spouses, as well. If we are not working with the spouses and the families, we often lose a lot of the resources. So I look forward to hearing more on what you are going to be able to do there, as well.

Mr. JEFFERSON. Thank you, Senator.

Senator MURRAY. Mr. Chairman, I look forward to supporting this nominee, and hopefully we can move him quickly through the process once we have the Committee hearing so that we can get him to work for our veterans.

Mr. JEFFERSON. Great, Senator.

Chairman AKAKA. Thank you very much, Senator Murray, and thank you for urging us to move expeditiously, which we will.

Mr. JEFFERSON. All right, Senator.

Chairman AKAKA. Thank you.

Now, I would like to call on Senator Isakson for any statement and questions.

**STATEMENT OF HON. JOHNNY ISAKSON,
U.S. SENATOR FROM GEORGIA**

Senator ISAKSON. My only statement is we are lucky to have people like Mr. Jefferson who want to serve the country. You are to be commended on your record and you are especially to be commended on your attitude. I have listened to your remarks and attitude is directly proportionate to your altitude and you have got a high altitude. I like that a lot.

Mr. JEFFERSON. Thank you, sir.

Senator ISAKSON. Senator Murray just asked you a question and you gave an answer that included, to me, one of the keys to this whole transition to jobs. You mentioned one-stop. Senator Murray and I are on the Labor Committee and the Subcommittee on Occupational Safety and we oversee the Workforce Investment Act, where a few years ago there were pilots developed around the country for one-stop shops for people seeking employment and em-

ployment training. We had a hearing just a couple of days ago on that.

Right now, in my State of Georgia, for example—I just happen to have this on my mind because our Labor Commissioner spoke—of the 400,000 unemployed people that went through our Department of Labor, they had reemployed 261,000 in an economy that is very down because they had a one-stop place where the unemployed people could go where they could get training information, they could get employment information, they could get every resource they needed at one place.

I don't think that exists. I think there are, like Senator Murray said, multiple attempts to help veterans with jobs, but I don't know that there is a one-stop coordinated place. I know in the transition from DOD health care to VA health care, we experienced a lot of problems with people falling through the cracks because there wasn't a good transition.

Mr. JEFFERSON. Yes, sir.

Senator ISAKSON. That is being worked out now and it is better, but it is being worked out through an ombudsman or a central approach. I would like for you to comment on the concept of a one-stop shop where everybody that wants to help veterans comes together to make it simple for the veteran to transition to the private sector.

Mr. JEFFERSON. Senator, I really appreciate you bringing that point up. These are hugely valuable resources, and I had the privilege of working with a lot of them as Deputy Secretary of Commerce in Hawaii. So, one of the things I am committed to doing is getting the different service providers together, looking at what one another is doing; asking how can we work, share resources, space, things such as that; and developing a model so that veterans and transitioning servicemembers, when they go back to their home towns, they can go to one place, get resources, training, information in a way that is very simple and effective and help encourage them to make that transition or to find that career as quickly as possible.

I think they are hugely important. I think it begins with dialog to see how can we create those partnership, then creating those partnerships. I think pilot programs are a very effective way to demonstrate the validity and feasibility of new initiatives and new ideas.

Senator ISAKSON. Well, you just hit the second key word I was going to bring up when you said pilot programs. You talked about your defining moment in your personal journey.

Mr. JEFFERSON. Yes, sir.

Senator ISAKSON. We are in a defining moment right now in terms of veterans' employment. We are in a severe recession at a time where we have the largest number of veterans coming back of any time since Vietnam—

Mr. JEFFERSON. Yes, sir.

Senator ISAKSON [continuing]. I would imagine, because of the size of the deployment we have now. So when you combine a significant recession with double-digit unemployment and a high number of veterans returning, that is a defining moment for you and the responsibility you are nominated to take.

Mr. JEFFERSON. Yes, sir.

Senator ISAKSON. You mentioned pilot program. You know, when our pilots, helicopter pilots, munitions officers, and our nuclear plant officers come out of the military, there is no limit to the job opportunities they have because of the skills they have.

Mr. JEFFERSON. Mm-hmm.

Senator ISAKSON. We also have a number of people down the skill ladder that are trained for jobs that are out there, but I don't think sometimes we have the pilot programs with the private sector and the DOD to foster them. For example—I think I am correct on this—Marriott has a deal with the Navy with regard to KP duty, the kitchen police, and the chefs for culinary arts, where Naval enlisted personnel who work in the mess hall leave there with the skills that Marriott looks for in their food service operations.

So one of the things I would encourage you to do is find as many areas as you can where you can be a catalyst for pilot programs in the branches of the service for training for all skill levels, not just the high skill levels, but down the skill level chain so those partnership can be open opportunities when servicemembers leave the service.

Mr. JEFFERSON. Yes, sir.

Senator ISAKSON. If you do that, I think we will provide some jobs. I look forward to voting for your nomination and I endorse Senator Murray's comments. The sooner, the better.

Mr. JEFFERSON. All right. Thank you, Senator. I appreciate that.

Chairman AKAKA. Thank you very much, Senator.

Let me call on Senator Burris for any statement and questions you may have.

**STATEMENT OF HON. ROLAND W. BURRIS,
U.S. SENATOR FROM ILLINOIS**

Senator BURRIS. Thank you, Mr. Chairman. I will be rather brief, but I want to welcome the distinguished appointee.

Mr. JEFFERSON. Thank you, sir.

Senator BURRIS. You live in Hawaii now, is that correct?

Mr. JEFFERSON. Well, I am presently in Washington, but Hawaii is home, and I will be going back there for Christmas, sir. Yes, that is home.

[Laughter.]

Senator BURRIS. So you take off back there during the winter-time.

Mr. JEFFERSON. Yes, sir.

Senator BURRIS. And you have a home there, which means you leave us here to freeze, right?

Mr. JEFFERSON. Yes, sir.

[Laughter.]

Senator BURRIS. Tell me this. If you are confirmed, in terms of employment, what Senator Isakson just made mention, that seemed to be a major concern of our veterans. I am getting all kinds of requests from veterans into my office about them coming back, some of them the jobs might not be there. The employer may have promoted other people ahead of them. So I just wonder whether or not we can really assess, and I don't have any specifics, but we will certainly be in touch with you when you are con-

firmed—not if you are confirmed—to really work with you in this regard. So is that something we have agreed to here, Mr. Jefferson?

Mr. JEFFERSON. Absolutely, Senator.

Senator BURRIS. OK, because I am concerned about these individuals coming back who served their country, now have to try to take care of their families when they cannot get gainful employment. Of course, the economy is bad, too, which adds to it. Employers have to replace them when they are gone away. But we cannot leave them out there to suffer.

You are also involved with training. So will you be looking at putting programs together in community colleges especially across the States? Do you have any specific programs that you are aware of that are going on in Veterans Affairs now?

Mr. JEFFERSON. Senator, first of all, thank you for your comments and thank you for outlining a variety of things that we want to address. I genuinely appreciate that.

I think the first thing, sir, which you touched on is that when transitioning servicemembers or veterans come back, its information and access, making sure they are aware of the programs and resources available to them and they can access those programs, whether they are in the inner city, in a downtown area, or in rural areas. So information access.

Second, when they go into those programs, making sure we provide them with the best possible training modalities so that they have success. Just as the Senator said earlier, whether they have a lot of education or they are leaving as a senior officer or maybe it is someone who has less time in service, we want to make sure that our programs provide effective solutions for people at all levels in their career and all backgrounds.

And third, making sure that we measure and monitor those outcomes plus the feedback from veterans and the VSOs, including them as full partners. So, we have a cyclical process of getting feedback, adjusting and incorporating the processes so that it reflects best practices, and continuing to do it in that manner.

Sir, I think those things and that approach will help us provide the best possible service and the best possible results for veterans.

Senator BURRIS. Now, when were you nominated by the President for this position? How long ago?

Mr. JEFFERSON. Sir, I believe the intent to nominate was April 17, and that the actual nomination—

Senator BURRIS. April, and this is now July?

Mr. JEFFERSON. Yes, sir. The actual nomination, sir, I believe was in early June. I might be mistaken on the dates.

Senator BURRIS. Early June, because I am trying to look at this—Mr. Chairman, I am going to look at this timetable that we have between nominations and confirmations. I have interviewed a lot of individuals who were nominated early on, some of them left their jobs, and the nomination process is taking so long that some of those people are a little concerned. Some of them did leave their jobs, thank goodness, because of the length of the process. But I just always ask this question, what is the length of the process in terms of getting them nominated, getting them confirmed, and getting them on the job. So I hope that somewhere down the line, we can take a look at that.

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

Chairman AKAKA. I thank you very much for your questions and concerns, Senator Burriss.

Mr. JEFFERSON. Thank you, Senator.

Chairman AKAKA. I want to thank you very much, Mr. Jefferson, for your testimony and your responsiveness to the Committee. I again want to say how much I and the Committee are looking forward to working with you in your new position as we address the employment and transition needs of our Nation's veterans.

Mr. JEFFERSON. Yes.

Chairman AKAKA. I will be working with my colleagues from the HELP Committee as we proceed on your nomination, and I intend to do all that I can to bring it to the full Senate during this legislative period so that you can begin your important work as soon as possible. I urge you to respond as soon as you can to any posthearing questions.

After a short break, we will convene a second hearing on the second nomination pending before us this morning. With that, this hearing is adjourned.

[Off the record.]

Chairman AKAKA. This hearing by the Senate Committee on Veterans' Affairs will come to order.

We are now moving to consider the President's nomination of Joan Evans for the position of Assistant Secretary of Congressional and Legislative Affairs at VA. This position is an important one to this Committee because it is a key office for promoting transparency and collaboration between VA and Congress.

If confirmed, Ms. Evans will be responsible for advising senior Department officials on developing and maintaining VA's relationship with Members of Congress and Congressional committees. She will provide advice on Congressional interest in VA policy, program development, and implementation while overseeing the management of all Congressional hearings and ensuring that Congress receives pertinent and timely information about VA programs and policy issues.

The Office of Congressional and Legislative Affairs provides support and assistance with respect to specific legislative activity. It monitors the status of pending legislation affecting VA, and it works closely with the Legislative Advisor in developing the Department's annual legislative program. In short, the office Ms. Evans is nominated to head is VA's front door for those of us in Congress.

Our colleague, Senator Wyden, is joining us this morning, and he will formally introduce Ms. Evans to the Committee. Therefore, I will not go into detail about her background. I do note, however, that her long and substantial experience on the staff of Congresswoman Hooley should serve her well. If she should be confirmed, she will bring with her knowledge of and appreciation for the importance that this office has in our day-to-day operations with VA.

I am hopeful that our Committee and then the full Senate will move quickly to consider Ms. Evans' nomination for this important job.

As Chairman of the Senate Committee on Veterans' Affairs, I welcome you, Ms. Evans, and your family.

Ms. EVANS. Thank you.

Chairman AKAKA. Before I ask for your introductions, let me call on Senator Burr for any opening statements and then Senator Murray.

Senator BURR. Mr. Chairman, I sort of included both of my statements in the original statement. I welcome Joan Evans' nomination. I welcome the opportunity for her to be here for her hearing. I question the wisdom of having Ron Wyden introduce her—

[Laughter.]

Senator BURR [continuing]. But that comes from an equal amount of experience with him over the years—

Senator WYDEN. The story of my life.

[Laughter.]

Senator BURR [continuing]. But we won't hold that against her as she goes through this nomination hearing. I thank the Chair.

Chairman AKAKA. Thank you very much.

Senator Murray?

Senator MURRAY. Thank you very much, Mr. Chairman. Ms. Evans, welcome to this Committee. I want to congratulate you on your nomination and applaud you for your willingness to take on this challenging and rewarding job. I can guarantee that once you are there, you will be hearing a lot from me. I really want to make sure that our veterans get the best care possible, and I know we will count on you to help make sure that happens.

I just want to say one thing. The VA is an organization of people and those in leadership will shape the culture of the organization. During Secretary Shinseki's confirmation hearing, I spoke about the need to overhaul the bureaucratic culture at the VA, and since his confirmation, he has said on numerous occasions that one of his top priorities really is to transform the VA into a truly 21st Century organization. While I am sure that it goes without saying, I did want to stress with you today how important it is that the VA works with Congress as part of that cultural and organizational shift that we are seeing.

You know, in the past, too often the VA was reactive, not proactive, when they informed Congress about the publicly potentially embarrassing internal issues. I don't care if Republicans or Democrats are in charge, a tendency to downplay the problems at the VA was a serious disservice to all the veterans who count on this agency to do a good job.

So I hope that, if confirmed, you are really willing to challenge that culture and change that dynamic so that the VA is open, proactive, and is out there in front making sure we, as Members of Congress, know what we need to know so that we can serve our veterans the best way possible.

So I look forward to hearing your opening statement and seeing the questions and answers. I really appreciate your taking this on and your willingness to help the men and women who served our country. Thank you.

[The prepared statement of Senator Murray follows:]

PREPARED STATEMENT OF HON. PATTY MURRAY, U.S. SENATOR FROM WASHINGTON

Ms. Evans, during Secretary Shinseki's confirmation hearing I spoke about the need to overhaul the bureaucratic culture at the VA. And Secretary Shinseki has

said on numerous occasions that one of his top priorities is to transform the VA into a truly 21st century organization.

I want to stress to you how important it is that the VA works with Congress as part of this cultural and organizational shift.

Too often the VA has been reactive, not proactive, when informing Congress and the public about potentially embarrassing internal issues.

This tendency to downplay problems does the VA a serious disservice. And ultimately, the erosion of trust comes at the expense of our veterans. This is why I sincerely hope that, if confirmed, you will work to promote an open and proactive approach to relations with Congress.

I think we can all agree that our veterans are best served when the VA and Congress work as partners to deliver the health care, benefits and service they have earned.

Thank you for your willingness to take on this challenge and I look forward to your testimony.

Chairman AKAKA. Thank you very much, Senator Murray.

Senator Burris, any opening statement you may have?

Senator BURRIS. I was listening to you, Mr. Chairman. I did interview Ms. Evans yesterday; we had a great conversation. I expressed to Joan that we are definitely concerned about the legislative package that will be coming out of this Congress to benefit our veterans. We are going to continue to seek to improve the family relationship with veterans, the housing relationship with veterans, the health care relationship with veterans. You coming from the Congress with knowledge of how we work will be very beneficial, I am pretty sure, in helping us to make sure that our veterans are taken care of.

As I said to you, Joan, the only way we can do what we do in America is because these people have done what they have done for us, and we have to take care of them. We cannot have them struggling, unable to get health care, unable to find decent places to live, unable to get jobs. So if there is something we can do legislatively, I am hoping that you would lead that charge. I look forward to your testimony and your confirmation.

Thank you, Mr. Chairman.

Chairman AKAKA. Thank you very much, Senator Burris.

Now I will recognize our colleague and friend from Oregon, Senator Wyden, who will introduce Ms. Evans to the Committee.

**STATEMENT OF HON. RON WYDEN,
U.S. SENATOR FROM OREGON**

Senator WYDEN. Mr. Chairman, thank you very much. I think it would be cruel and unusual punishment to give you and four great advocates for veterans a big speech. If I could, I would just put my prepared remarks into the record and summarize my big concerns.

Chairman AKAKA. Aloha and welcome to the Committee.

Senator WYDEN. Thank you, Mr. Chairman, and thank you in particular and your colleagues for making this Committee the bully pulpit for America's veterans, the place where veterans are going to be heard, where there is going to be a voice for their concerns. Veterans are always going to be at the table because of the leadership that you provide and that of your colleagues. For that, we are very grateful. In particular, you and I go back well over 20 years being friends. Just know how much I appreciate your service to America's veterans.

Formerly known as Joan Mooney, I think I would just like to start by saying that I think her story is a great American story.

It represents really the best of our country's values, and I am just going to highlight a few points.

She is the daughter of a Coast Guard veteran. She is the wife of an Oregon National Guardsman. So she understands the kind of challenges facing America's families. She has been a wife, for example, facing her husband's deployment, multiple deployments, and knows the feeling of a missing link in a home and family while a spouse is away, and I think that is a particularly important contribution. I have heard Senator Murray talk about this over the years, that so often, we forget about the families, and we don't really remember what the families are wrestling with. From the standpoint of Joan's service to the country, she is the embodiment of the military families that our country is striving to protect.

For this position, the Assistant Secretary of Veterans Affairs for Congressional and Legislative Affairs, I think her background is a textbook for what we are looking for in this particular position. She began working in the House, where we first met, in 1987 in the office of Congressman Terry Bruce. You probably remember Terry. He served on the Commerce Committee with a number of us. She also served as Chief of Staff to Illinois Congressman John Cox.

In addition to that, when she joined Congresswoman Hooley's staff, who has been an inspiration to many veterans, she became the go-to person in our Congressional delegation on veterans issues. In fact, between Ms. Evans and Congresswoman Hooley, all of us together in the Oregon Congressional delegation have tried to step in and pick up on their work because they did so much good work for so long. They have left us with big shoes to fill, and suffice it to say, an awful lot of veterans in our State are asking now who is going to step up and start doing the work again that Congresswoman Hooley, particularly with Joan Evans, was able to do.

I can't tell you, Mr. Chairman and colleagues, how many times Joan Mooney came to my house in Oregon at eight o'clock in the morning, with kids in the back, full of ice chests for sandwiches because we were going to go off to some small town in Oregon and try to advocate for veterans. That is what she did. That is what her approach to public service is all about, riding shotgun literally and figuratively for the causes that are important to veterans.

Congresswoman Hooley was a serious consensus-building lawmaker who was interested in solving problems rather than engaging in partisan politics. Congresswoman Hooley has retired. She has gone home to our great Northwest, where Senator Murray knows all former elected officials return. But the same fierce advocacy for veterans remains here in Washington, DC, with Joan Evans.

So it is a great honor, not just for myself, but for Oregon, to be able to recommend Joan Evans for this key position. She is going to serve our country and our veterans very, very well, and I thank you for the chance to be able to come and particularly have the honor to introduce the next great Assistant Secretary of Veterans Affairs, Joan Evans.

[The prepared statement of Senator Wyden follows:]

PREPARED STATEMENT OF HONORABLE RON WYDEN,
U.S. SENATOR FROM OREGON

Mr. Chairman and distinguished Members of the Committee: It is a great pleasure to appear before you today to introduce the President's nominee for Assistant Secretary of Veterans Affairs for Congressional and Legislative Affairs, Joan Evans. Throughout her career, and in fact throughout her entire life, Ms. Evans has been a strong voice for the causes that matter most to our Nation's veterans.

As the daughter of a Coast Guard veteran and the wife of an Oregon National Guardsman, Ms. Evans has a working knowledge of military and veterans affairs. She understands its strengths and its challenges, and knows how to move the Department forward in the 21st Century as our military tackles new challenges. She has been a daughter seeing her father struggle with non-Hodgkin's lymphoma that was caused by his service. She has been a wife facing her husband's deployment and knows the feeling of a missing link in your home and family while they're away. Joan Evans is the embodiment of the military families that our country strives to protect. Her voice is their voice. And at this important juncture in history, at this important time, their voice must be heard.

In addition to her ties to our men and women in uniform, Joan's career in Congress makes her uniquely suited for the position to which she's been nominated—as the Assistant Secretary of Veterans Affairs for Congressional and Legislative Affairs. Evans began working in the House in 1987 in the office of Congressman Terry Bruce of Illinois, rising quickly in the ranks to serve as his Washington Co-Director. She also served as Chief of Staff to Illinois Congressman John Cox. But my path crossed with Joan's about 12 years ago when she became the Chief of Staff for a former colleague and great star among Oregon legislators—Darlene Hooley.

While serving in the House of Representatives, Congresswoman Hooley became the first Oregon Democrat in history to serve on the House Veterans' Affairs Committee and the top Democrat on the Oversight and Investigations Subcommittee. Hooley also served as a member of the House Budget Committee for four terms. In that position, she helped lead the fight for the funding our Nation's veterans deserve.

Everyone here knows how important a Chief of Staff is to a Congressional office. And with Joan riding shotgun, the office was well-renowned across the state for its prompt, courteous and effective constituent service. It was a reflection of Hooley's reputation as a serious, consensus-building lawmaker who was more interested in solving problems than engaging in partisan politics.

Although Congresswoman Hooley has retired and gone back to Oregon, that same fierce advocacy for veterans is still here in Washington with Joan.

Again, it has been a pleasure to appear before you today and a great honor to introduce the next Assistant Secretary of Veterans' Affairs—Joan Evans.

Ms. EVANS. Thank you.

Chairman AKAKA. Thank you very much, Senator Wyden, for your introduction. It was very personal and we are very grateful for that. I just want you to know we will move as quickly as we can on the nomination confirmation. Thank you. I know you are a busy man, so you are free to leave.

Ms. Evans, before you begin your testimony, I know that you have some family and friends with you this morning and I would invite you to introduce them to the Committee.

STATEMENT OF JOAN M. EVANS, NOMINATED TO BE THE ASSISTANT SECRETARY OF CONGRESSIONAL AND LEGISLATIVE AFFAIRS, U.S. DEPARTMENT OF VETERANS AFFAIRS

Ms. EVANS. Thank you, sir. I have my husband here, Major Paul Evans of the Oregon Air National Guard; my daughter, Katherine Mooney; and I have a number of friends that are colleagues from the House and Senate: Priscilla Ross, Pam Pryor, Susan Butler, Will Stone, Rochelle Darnet, who is here, Perry Finney Brody, Noel Brazil, Christina Metzler, and Faye Frankfurt.

I particularly want to say thank you to our team at VA for coming today: Deputy Secretary, Scott Gould; Deputy Assistant Sec-

retary, Julie Anderson; OCLA staff, Acting Assistant Secretary, Danny Devine, and Mary Kay Stack; and Office of the Secretary's staff Peter Levin, Covey Langley, Hally Schneier, and Bill Hiers.

I would also like to extend a thank you to the Governor of Oregon's staff, Dan DiSimone, who is also here. Thank you.

Chairman AKAKA. Thank you very much.

As you know, we do administer an oath. May I ask you to please rise to take the oath. Raise your right hand. Do you swear or affirm that the testimony you will give at this hearing and any written answers or statements you provide in connection with this hearing will be the truth, the whole truth, and nothing but the truth, so help you God?

Ms. EVANS. I do.

Chairman AKAKA. Thank you. Let it be noted that the witness responded in the affirmative.

Ms. Evans, will you begin with your testimony.

Ms. EVANS. Thank you. Chairman Akaka, Ranking Member Burr, and distinguished Members on the Committee on Veterans' Affairs, thank you for the opportunity to testify before you today and for your consideration of my nomination to serve as VA's Assistant Secretary for Congressional and Legislative Affairs.

I would also like to express my family's gratitude to our Senator, Ron Wyden, for his gracious introduction and for the care and concern he extended to my family during Paul's overseas deployments. Oregon veterans and their families have an outstanding advocate in Senator Wyden, who has ably stepped in to Congresswoman Hooley's shoes to fill that void.

I am deeply humbled by President Barack Obama's nomination and the confidence both he and Secretary Shinseki have shown in me. If confirmed, it will be my honor to serve this Committee and the Congress as your chief resource in accessing information from the second-largest Federal agency.

During the last few weeks, I have been privileged to meet personally with many of you and your staff, receiving invaluable guidance and beginning what I trust will be an ongoing dialog, if confirmed. I have worked on Capitol Hill for nearly two decades, from leading the Washington office for Illinois Congressman Terry Bruce through serving as Chief of Staff to Oregon Congresswoman Darlene Hooley, the first Oregon Democrat on the House Veterans' Affairs Committee and Ranking Member of its Oversight and Investigations Panel.

While working for Congresswoman Hooley, I met and married my husband, Paul Evans, who is here today with my daughter, Kate. Since 9/11, Paul was mobilized for 24 months in Operation Noble Eagle and has served in three combat missions in Iraq and Afghanistan with the Oregon Air National Guard. He chairs Governor Kulongoski's Veterans Services Task Force and is the Governor's Chief Policy Advisor for Emergency Management, Military, and Veterans. He remains Director of Operations at the 116th Air Control Squadron at Camp Rilea on the beautiful Oregon coast.

My marriage to Paul has given me a keen appreciation for the sacrifices of American veterans. I was also made mindful of the challenges families face as a part-time caregiver for my father, an atomic veteran with a service-connected cancer, and for my mother,

who predeceased him, putting his health care needs above her own. My grandfather, a World War II veteran, found care and compassion in a VA hospital at the end of his life.

Through these experiences, I am firmly committed to President Obama and Secretary Shinseki's vision for transforming VA into a 21st century organization that is veteran-centric, results driven, and forward looking. If confirmed as Secretary Shinseki's principal Congressional advisor, I will work to ensure the office is a highly effective partner to Congress in meeting the needs of the Nation's veterans.

I understand your need for quick and complete information about issues and events. I also understand the frustrations of veterans and their families seeking services and benefits from offices that are overly bureaucratic and seem to take forever to process simple requests.

By improving outreach to Members of Congress, their staffs, and Committees, OCLA can help VA leaders better understand and engage with Congress in policy matters. Our work should be based on a commitment to appropriate and timely responses. We should also shine a light on potential or upcoming issues.

I appreciate the work of the Chairman, Ranking Member, and Committee Members, and I greatly value your leadership in honoring the service and sacrifice of our Nation's veterans. If confirmed, my mission will be to ensure that Secretary Shinseki, as well as Congress and its authorizing and appropriating Committees, have everything they need to perform their respective roles efficiently and effectively, fulfilling the sacred trust with our Nation's heroes.

Thank you for your consideration, and I am pleased to answer any questions.

[The prepared statement of Ms. Evans follows:]

PREPARED STATEMENT OF JOAN M. EVANS, NOMINEE FOR ASSISTANT SECRETARY FOR CONGRESSIONAL AND LEGISLATIVE AFFAIRS AT THE U.S. DEPARTMENT OF VETERANS AFFAIRS

Chairman Akaka, Ranking Member Burr, and Distinguished Members of the Committee on Veterans' Affairs, thank you for the opportunity to testify before you today and for your consideration of my nomination to serve as the Department of Veterans Affairs' Assistant Secretary for Congressional and Legislative Affairs. I am deeply humbled by President Barack Obama's nomination and the confidence both he and Secretary Shinseki have shown in me.

If confirmed, it will also be my honor to serve this Committee and the Congress as their chief resource in accessing information from the second largest agency in the Federal Government, the Department of Veterans Affairs.

I have worked on Capitol Hill for nearly two decades, heading up the Washington office for Congressman Terry Bruce of Illinois, as chief of staff to Congressman John Cox of Illinois then Congresswoman Darlene Hooley, the first Oregon Democrat to serve on the House Veterans' Affairs Committee.

While working for Congresswoman Hooley, I met and married my husband, Paul Evans, who is here with my daughter Kate. Paul has served three tours of duty in Iraq and Afghanistan with the Oregon Air National Guard and was mobilized for 24 months in Operation Noble Eagle. He chairs the Oregon Governor's Veterans Services Task Force and is the Governor's chief policy advisor on Veterans, Military and Emergency Management. He remains Director of Operations for the 116th Air Control Squadron at Camp Rilea in Warrenton, Oregon.

My marriage to Paul has given me a keen appreciation for the sacrifices of America's Veterans. I am also aware of the challenges families face as a part-time caregiver for my father, an atomic Veteran with a service-connected cancer, and subse-

quently my mother, who predeceased him putting his health care needs above her own.

I am firmly committed to President Obama's and Secretary Shinseki's vision for transforming VA into a 21st Century organization that is Veteran-centric, results-driven, and forward-looking.

If confirmed as Secretary Shinseki's principal Congressional advisor, I will work to make the Office of Congressional and Legislative Affairs a highly effective partner to Congress in meeting the needs of the Nation's Veterans.

I understand your need for quick and complete information about issues and events affecting constituents. I understand the uncertainty of waiting late in the evening to receive needed information for the next day's hearing or mark-up. I also understand the frustrations of Veterans and their families seeking services and benefits from offices that are overly bureaucratic and seem to take forever to process simple requests.

By improving outreach to Members of Congress, their staff and Committees, the Assistant Secretary and OCLA can help VA leaders better understand and engage with Congress on policy matters. Our work should be based on a commitment to prompt and appropriate responses to Congressional requests for information and assistance. We should also shine a light on potential or upcoming issues. If confirmed, my mission will be to ensure Secretary Shinseki and VA leadership as well as members of the Senate and House of Representatives and the authorizing and appropriating Committees have all that they need to perform their respective roles efficiently and effectively.

I appreciate the work of the Chairman, Ranking Member, and Committee members, and I greatly value your leadership in honoring the service and sacrifice of our Nation's Veterans. I look forward to working with you, if confirmed, to make VA's Office of Congressional and Legislative Affairs a more effective partner in meeting the needs of this Committee and the Congress, and of the Veterans we serve.

Thank you.

RESPONSE TO PREHEARING QUESTIONS SUBMITTED BY HON. DANIEL K. AKAKA TO JOAN M. EVANS TO BE ASSISTANT SECRETARY FOR OFFICE OF CONGRESSIONAL AND LEGISLATIVE AFFAIRS, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. Have you and Secretary Shinseki discussed the duties and the role you would assume as Assistant Secretary for Congressional and Legislative Affairs if you are confirmed? If so, what specific areas of the job were discussed?

Response. Yes, we have discussed the overall role of the Assistant Secretary as the Secretary's chief advisor on Congressional and legislative matters, and ensuring all VA leaders are apprised of Congressional activities. The Secretary has conveyed to me his priority of responding to all Congressional inquiries in a complete and expeditious manner; anticipating and informing Members of Congress and Congressional staff of emerging issues; expanding outreach to all members of the Senate and House of Representatives and their DC and State staff; and directing VA Congressional Relations staff in a manner that will improve client satisfaction and employee fulfillment.

Question 2. It is my understanding that you have been working directly in Secretary Shinseki's office for the past several months on matters related to Congressional Affairs. If confirmed, do you expect that someone will be hired to perform the duties that you perform there or do you anticipate that all Congressional focus will be in through OCLA?

Response. I do not know whether there will be another senior advisor hired in my place. It is the Secretary's prerogative to have staff throughout his office coordinating on whatever issues and programs he deems appropriate. Staff throughout the Department work on scheduling, response to requests for information, and other issues that may be related to Congress. However, I have been informed that, if confirmed, I will be the primary advisor on all Congressional matters. Additionally, my personal goal would be to work as a team with all VA professionals who engage in any form of Congressional Relations wherever they may be within VA from the Office of the Secretary to the regional and facility level.

Question 3. Do you anticipate having a policymaking role if you are confirmed?

Response. The primary responsibilities involve understanding and anticipating the needs and interests of Members of Congress and advising the Secretary of Congressional implications of all policy decisions. If confirmed, I will work closely with Administration and VA staff offices to inform them of pending and newly enacted legislation which would require the development of policy. I will also work with Con-

gress in providing input of subject matter experts as Congress develops legislation that may affect VA policy. Additionally, as Assistant Secretary, I would be actively engaged in the VA governance process and would provide insights into the policy decisions of the department.

Question 4. Have you formulated any thoughts on what your job responsibilities will be and how you will approach those responsibilities if confirmed?

Response. If confirmed, my responsibilities would include advising the Secretary and VA leadership on Congressional and legislative matters; informing and engaging Members of Congress, Congressional Committees and staff on VA issues; leading and directing a team of professionals in advising and providing assessments on effects of proposed legislation and program changes; raising awareness of new trends in use of VA services and emerging needs of Veterans; responding promptly to Congressional requests for information and assistance; and shining a light on potential problems. If confirmed, I will approach all of my responsibilities in a manner that is Veteran-centric, forward looking and results driven.

Question 5. If confirmed, what would you most like to accomplish in your new position? What would you hope your legacy to the Department would be?

Response. If confirmed, I would work to make the Office of Congressional and Legislative Affairs a highly effective partner to Congress in meeting the needs of the Nation's Veterans. I want to encourage a team that is aware of and understands Congressional policy interests, as well as the value and importance of bringing those interests to the attention of VA leaders for engagement. I am committed to improving outreach to members and staff; expanding the knowledge base of the Congressional Relations team and investing in the development of team members; effectively distributing staffing resources to achieve objectives; and updating technologies and data management processes to meet the needs of a large team with a critical mission in a dynamic work environment.

Question 6. How would you describe your management style and how it is suited to this particular position?

Response. My management style emphasizes collaboration whenever possible. Serving members in Congress for over 17 years has taught me how to meld the objectives of leadership with proactive strategies developed and executed with peers and staff. I believe each situation is different and the various skills and talents of the team must be utilized for the benefit of the mission. Much of the work in OCLA, as in Congressional offices themselves, is reactive to current events. Remaining forward-looking is just as important. Proactivity often prevents reactivity. In setting the long-term vision and annual and biennial benchmarks, staff skills can be best resourced and expectations are clear.

Question 7. If confirmed, do you have any plans to bring any other political appointees with you to your new position? If so, please share details on what positions these other appointees would fill.

Response. It is my understanding that there will be additional political positions in OCLA. I will work the Secretary and VA senior management team along with the White House to determine the appropriate positions and the hiring process, should I be confirmed.

Question 8. What in your experience do you believe contributes to your qualifications for this new position?

Response. After 17 years of working in Congress, I believe that I have a solid understanding of the needs of Members of Congress as they work to best represent their constituents. It is my view that few know the needs of local Veterans better than the Members of Congress who serve them.

I have worked for a member who served on the House Budget Committee for 8 years and led the fight for sufficient resources to meet the needs of our Veterans. Congresswoman Hooley was also the first Democrat from Oregon to serve on the House Committee on Veterans' Affairs and the top Democrat on the Oversight and Investigations Subcommittee. As a result, I am familiar with the honor and privilege of working on behalf of veterans for someone who held a position of great influence.

My most meaningful experiences come as the wife of a soldier who has seen first hand the impacts of recent conflicts and as the daughter of a 67 year old Veteran who died of a service-connected cancer. His primary caregiver—my 66 year old mother—predeceased him in part because she was so busy taking care of his health that she neglected her own.

Question 9. I am aware that your husband is a member of the National Guard and has now been deployed. How have his experiences—and yours as the spouse of

a deployed servicemember—influenced your sense of VA’s mission and how well VA now is meeting the needs of deployed and returning servicemembers?

Response. Since meeting and marrying my husband, I can say that I better understand the demands on servicemembers and their families in the deployment cycle and after they return. I can’t say I know it all; even for my own family, each deployment was different, and each return resulted in a marked and lasting change in all of us.

Paul has served in the Armed Forces since 1992, first in the Air Force and now in the Oregon Air National Guard. Since we married, Paul was deployed to Iraq for a second time in 2005 and then to Afghanistan from 2006–7. My husband sought VA health care after his return from Iraq in 2003 and had to wait weeks for a response that ultimately soured him on seeking mental health care there.

As Chair of the Oregon Governor’s Veterans Services Task Force, Paul has testified before the Oregon legislature several times about the need to be pro-active in establishing an effective reintegration model for our National Guard and Reserves. What I’ve learned is that everyone reacts differently to different treatments, and everyone’s needs are not the same. For VA staff, often you have only one chance to make a good impression.

I’ve had a Tip O’Neill quote posted on my desk since working for my first boss on the Hill that expressed his views on constituent service. He said that for the person who comes to you for help, what they are asking of you may be the most important thing in the world to them. If they could do it themselves, they wouldn’t be asking for your assistance. Their request should matter to you in the same way it does to them, and everyone should be treated equally and respectfully no matter who they are.

Through our marriage, we now share friends and family who have served in various capacities: my father in the Marshall Islands near the nuclear tests in the late 1950s; my cousins John in Vietnam and Robert in the Vietnam-era; my Uncle Stan in World War II; my Grandfather in World War II and Korea. Paul’s family and friends range from a World War II underage veteran who played a part in Day Three of Overlord to his Uncle Bill, a Marine veteran of the Battle of Chosin, to his active duty and Guard buddies who were with him in South and Central America, the Balkans, Operation Southern Watch and Operation Noble Eagle, and multiple OEF/OIF deployments. Hearing their stories has helped me to better understand the heroes among us. I want to ensure that each Veteran is given the benefits they have earned from a team that is Veteran-centric, forward looking, and results driven.

Question 10. What skills do you bring with you to this new position that will help you contribute to meeting the needs of veterans?

Response. I believe that I bring an understanding of how Congress works, responding effectively to the needs of those we serve, and strategic planning skills to help build VA’s OCLA into a more effective partner with Congress in meeting the needs of the growing number of Veterans. I also believe I bring my own experience of what challenges the families of veterans, both as a spouse and as a part-time caregiver for my father.

Question 11. Are there any specific problems or challenges that you have already identified that you would like to tackle in this new position?

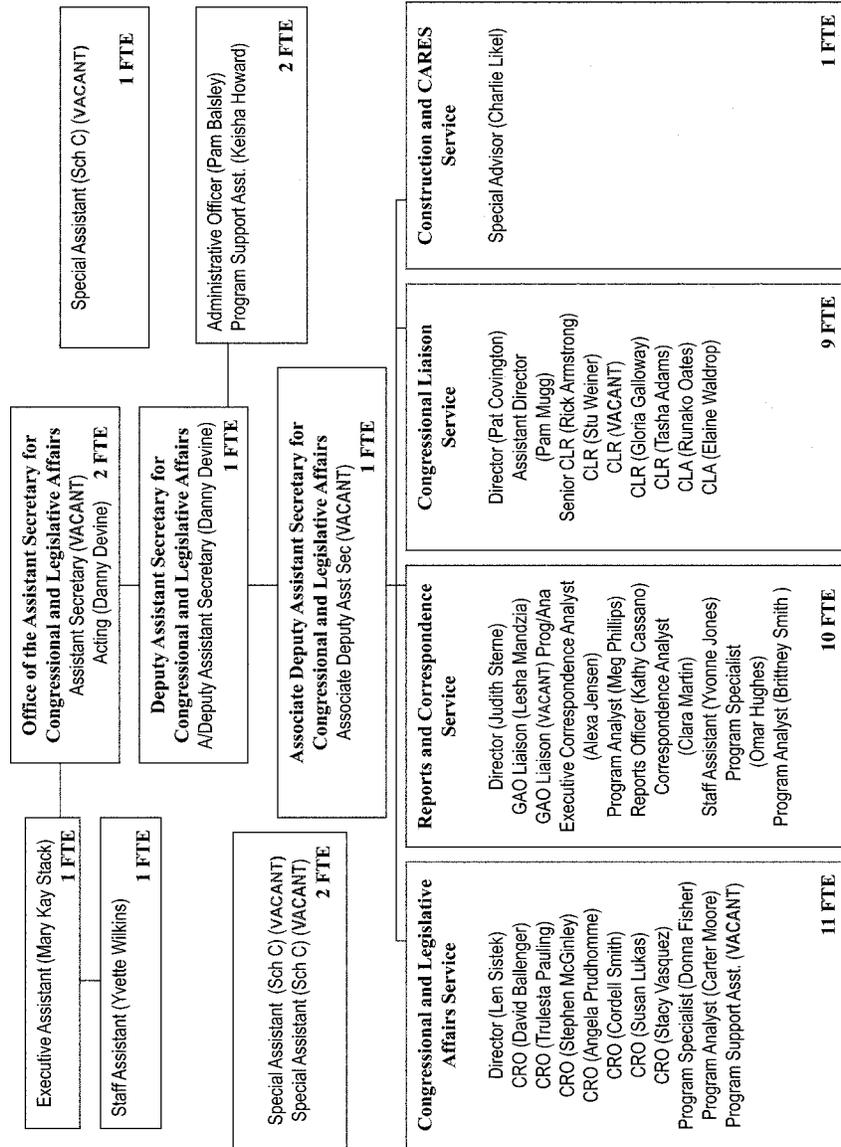
Response. I understand there are challenges in responding to Congress quickly because of the stove-piped nature of VA with its three administrations and multiple staff offices. There have also been challenges with decentralization, with important policymaking decisions taking place at the local level sometimes without input from VA leadership. Congressional inquiries can result in information coming before VA leadership for the first time. As information comes up through the bureaucracy of the three administrations, there is a filtering process that may make VA’s ultimate response to an inquiry less clear. If confirmed, I hope to address these issues.

Question 12. In your experience as Chief of Staff for a member of the House of Representatives, did you have any interaction with VA’s OCLA and how would you characterize that experience? What did you believe could have been done differently or better?

Response. I do not specifically recall having interaction with OCLA. I do remember working with VA to set up a meeting between Congresswoman Hooley and then-Secretary Tony Principi. Our House Veterans’ Affairs legislative assistant, who ultimately moved to Oregon to serve as a VA caseworker, has told me that she occasionally called on VA’s OCLA for assistance and was satisfied with the responses.

Question 13. Please provide an organizational structure and roles and responsibilities for the staff currently employed by the Office of Congressional and Legislative

Affairs and any modifications you might have under consideration for the office in the future—including any needs for expansion?
 Response. The present organizational chart is attached.



Through the process of Transformation, a group of staff within OCLA was selected and charged by the Office of the Secretary with making recommendations on the mission and function of a 21st Century OCLA. Led by Judith Sterne, OCLA's Task Force consisted of Pam Balsley (Veteran), Gloria Galloway, Omar Hughes (Veteran), Charlie Likel (Veteran), Lesia Mandzia, Stephen McGinley (Veteran), Mary Kay Stack, and Stacy Vasquez (Veteran). The group provided a mix of grades, experience, military service, gender, and diversity.

I understand this group has produced a draft plan that is currently under reviewed within VA. If confirmed, I look forward to reviewing the final proposal and

sharing this with you for your feedback since OCLA's goal should be ensuring that its main client is satisfied with its experience. I intend to work with OCLA staff and within the VA governance process to use these recommendations as a framework, adding any new input based on my experience serving in personal offices for 17 years and feedback from those who OCLA serves.

Question 14. How do you see the relationship between OCLA and subject matter experts within VA and do you believe that there are circumstances when OCLA would not be involved in responding to questions from Congress?

Response. OCLA staff should have a broad knowledge of VA policies, programs and personnel and strong relationships with subject matter experts as well as Hill staff. From that vantage point, they should be better able to assist Congressional staff with contacts and information they may not be aware of should they contact a sole VA expert outside of OCLA. Contact with OCLA should be value-added; we should work together to make improvements and develop or add skill sets that better meet the needs of those we serve: the Members of Congress and their staff.

Question 15. What goals do you have for timely responses to Congress for requests for whitepapers, information or other background materials for emerging matters?

Response. The Secretary has set a two-week turnaround for routine correspondence, understanding that some may require immediate action—even within the same day. I would follow in his example by setting the bar at that level. If confirmed, once in the office I would be in a position to better assess how quickly the requests can be fully completed and how to appropriately resource the office to better fulfill members' needs.

Question 16. What relationship will you establish with the Assistant Secretary for Public and Intergovernmental Affairs and how do you anticipate coordinating with that office?

Response. Assistant Secretary Duckworth and I have spoken often about the need to maintain a close working relationship, if I am confirmed, as so much of what each office does is dependent upon the other. Our goal is to communicate frequently, sharing information on hot issues and meeting regularly to plan strategic communications with the Hill. We share the objective that VA informs Veterans, Members of Congress, the press and intergovernmental stakeholder with the timeliest, most complete, accurate and up-to-date information. Assistant Secretary Duckworth has been a friend and tremendous resource to me at the Department, and I look forward to our relationship growing stronger if confirmed.

Question 17. What do you intend to do to ensure that Members of Congress are advised in advance of problems, issues and emerging matters—particularly when those matters are specific to the area a member represents?

Response. It is imperative that the Congressional Committees and Members of Congress whose Veteran constituents may be impacted are informed immediately of any emerging issues. That is the Secretary's goal. The decentralization of the VA can make timely notification challenging. As VA moves from a stove-piped organization to "One VA," we can better inform members and Committee staff of any potential issues.

Question 18. What will OCLA's role be in the preparation of testimony for Congressional hearings?

Response. It is my understanding that OCLA staff's responsibility is to offer recommendations to Committee staff for relevant witnesses or surrogates, prepare witnesses for accurate and effective testimony, ensure that testimony is delivered in advance in a timely fashion, and ensure that any follow up questions are answered on-time to the satisfaction of Members of the Committee.

Question 19. Will OCLA have any role in clearing legislation that VA submits to Congress?

Response. My understanding is the OCLA professional staff works the internal VA process to develop annual and ad hoc legislative proposals for VA to present to Congress. It is my hope that OCLA would also work to better identify and inform the Secretary of trends coming from the Hill and Veterans, allowing VA to become more forward-thinking and proactive in its ability to set policy.

Question 20. Do you see any value in informal contact between OCLA and the staff of the appropriate authorizing and appropriating committees of Congress?

Response. Informal communications with both the authorizing and appropriating Committees are essential to maintaining effective dialog between the leadership and staffs of the legislative and executive branches of government. I look forward to engaging with members as well as Committee and personal office staffs, and would encourage OCLA team members to do the same.

Question 21. Currently VHA and VBA have their own Congressional and Legislative Affairs offices. Have you reviewed how these two offices might relate to the structure of the Office of Congressional and Legislative Affairs?

Response. I have not yet had the opportunity to work extensively or develop a dialog with all members of these offices. I have heard from press accounts that the Chairman believes that a more centralized VA structure would be most beneficial to Veterans. If confirmed, I would look forward to reviewing the proposed plans and working with Department staff through the governance structure to achieve an OCLA model that makes the most sense and most effectively serves Members of Congress and their Veteran constituents.

Question 22. Is there a move to consolidate the three offices and if so, can you provide us with an organizational chart for what this consolidated office might look like?

Response. Through the process of Transformation, a group of staff within OCLA as well as other offices have been charged by the Secretary with making recommendations for a 21st Century VA. If confirmed, I intend to work within the process and use Transformation Task Force's recommendations as a framework, adding any new input based on my experience serving in a personal office for 17 years and on the input of those we are privileged to serve.

Question 23. Have you evaluated the role and work of the Congressional Liaison offices located on Capitol Hill and how that fits into the work of the Office of Congressional and Legislative Affairs?

Response. When they were initially established, the Liaison Offices were intended to be a convenient hub for personal interactions between VA professionals and Member of Congress and their staff. Through increased telephone and email communication, my understanding is that the Rayburn and Russell offices have evolved into triage centers to route requests and inquiries to the appropriate VA staff. I believe VA Senior Leadership and most members of OCLA see benefits in updating the focus and expanding the staff to a more proactive outreach to member offices. In remaining forward looking, it becomes easier to anticipate appropriate changes in order to meet the needs of our Nation's Veterans.

Question 24. How do you intend to identify and evaluate any trends in the concerns raised by Members of Congress and how will you present the issues raised for VA Senior Management so they might be addressed?

Response. More frequent and free flowing communication within OCLA and with VA senior leaders will help elevate issues raised by Members of Congress within the Department. Second, an effective system should be developed so that good ideas flow to the top for decisionmaking, and are tracked until they are implemented or rejected.

Question 25. In the past, this Committee has had a difficult time receiving timely submissions of testimony and timely responses to posthearing questions. Please comment on ways you will work to improve the timeliness of responses to this Committee.

Response. Much of running a timely, effective and relevant OCLA will involve strengthening project management skills of the whole team. It is my understanding that with greater focus, attention and clear goals in recent years, OCLA has vastly improved the timeliness and relevance of responses to post hearing questions as well as congressionally mandated reports. I believe if timeliness is the priority of senior leadership in OCLA and the Department, it is an achievable goal. OCLA can also work with OMB to ensure that they have sufficient time to review items to meet all deadlines.

Question 26. Committee staff occasionally travels under the auspices of VA and has reported numerous problems using FED TRAVELER—the required travel system used by VA and other Federal agencies. Specifically, Committee staff members have found flights that cost hundreds of dollars less than what was found in FED TRAVELER and have found errors in processing their expenses that would have cost the government additional money using FED TRAVELER. Will you pledge to evaluate VA's experience with FED TRAVELER and report back on whether or not travel expenses have gone up since it became the sole source of travel reservations and reimbursements?

Response. Concern has been expressed about the requirement of Congressional staff to use the Government travel contract program, Fed Traveler, when they travel on official government business. As noted, the argument, in part, is that less expensive commercial flights are available. Similar concerns were raised when Congressional staff was required to use the Zegato travel contract to arrange for official government travel.

In response to these concerns, in September 2009, the Department issued OF Bulletin 09047E3.08, "Use of Non-Contract Airfares," a copy of which is enclosed. The Bulletin outlines the benefits of using contract city-pair fares to include: (1) no advance ticket purchase is required; (2) tickets are fully refundable; (3) last seat availability; and (4) stable prices to enable travel budgeting. Despite these benefits, it has become apparent that the use of non-contract airfares can further reduce VA's travel expenses when such fares are prudently obtained.

To minimize costs of official travel, VA employees and Congressional staff flying at VA's expense are now authorized to use non-contract airfares when it can be determined before the start of a trip that this type of service is practicable and economical to the Government. Specifically, under the authority of 41 Code of Federal Regulations 301-10.107, VA employees and those traveling on behalf of VA may be granted an exception to use a contract city-pair fare when a non-contract carrier offers a lower fare to the general public that, if used, will result in a lower total trip cost to the Government. Use of these non-contract fares, however, must be approved on an individual case-by-case basis by the employee's Under Secretary or by the VA Assistant Secretary for Management.

Question 27. Please explain in detail what you understand the function of the House and Senate Committees on Veterans Affairs to be and how you believe your office should relate, respond and interact with Congressional staff.

Response. SVAC and HVAC are the primary authorizing committees in Congress on legislation affecting Veterans. Committee members work to develop areas of expertise that meet the needs of their constituents and enable them to make significant contributions to public policy debates affecting Veterans. Chairs and Ranking Members work to set the agendas for their respective majority and minority members.

OCLA staff should excel in regular outreach to all Committee staff, member staff in DC as well as in State/District offices. If confirmed, I will work to empower OCLA staff so that they have the structure and resources to provide reliably consistent, timely and full responses to Congressional inquiries. I will support and join them in ensuring Members of Congress and Congressional staff are promptly notified of any potential problems as they arise. OCLA staff will develop strategic communications plans in concert with OPIA and OSVA to better inform members and Congressional staff about VA decisions that will affect Veterans nationally or locally.

RESPONSE TO PREHEARING QUESTIONS SUBMITTED BY HON. RICHARD BURR TO JOAN M. EVANS TO BE ASSISTANT SECRETARY FOR CONGRESSIONAL AND LEGISLATIVE AFFAIRS, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. According to the Department of Veterans Affairs (VA) Web site, the Office of Congressional and Legislative Affairs (OCLA) "is the focal point for Department management and coordination of all matters involving the Congress."

A. What do you see as the key functions performed by OCLA?

Response. OCLA's key functions are providing the Secretary and VA leadership with advice on Congressional and legislative matters; informing and engaging Members of Congress, Congressional Committees and staff on VA issues; providing assessments on the effects of proposed legislation and program changes; raising awareness of new trends in use of VA services and emerging needs of Veterans; and shining a light on potential problems.

B. What do you see as the key responsibilities of the Assistant Secretary for Congressional and Legislative Affairs in carrying out those functions?

Response. My key responsibilities would be leading a strong team of Congressional Relations professionals and serving as the principal VA Congressional Affairs advisor to the Secretary, VA leadership, Members of Congress, Committees, and staff.

C. How has your background prepared you to take on these responsibilities?

Response. As a long-time House Chief of Staff, I have set up new offices and reorganized existing ones to best meet the needs of constituents. I have also managed and directed a team of professionals who helped develop and implement strategic plans to meet the goals of the principal and those he/she served.

D. How would you measure your success in fulfilling those responsibilities? Would it depend in part on whether you are able to establish and maintain good working relations with Members of Congress and their staffs?

Response. Success would be effectively resourcing the office and moving from reactivity to proactivity within OCLA; developing and maintaining good working rela-

tionships with members and their staffs; and responding to members and staff requests in a timely and complete manner.

Question 2. In the book *The People Factor*, the Deputy Secretary of Veterans Affairs, W. Scott Gould, and his co-author discussed the need to overhaul the Federal personnel system. As part of that effort, they stressed that “perhaps the single most important change that Congress could make would be to emphasize people management skills during the confirmation process for political appointees.”

A. Would you please provide specific examples from prior jobs demonstrating your people management skills?

Response. In dividing up office goals and responsibilities, as Chief of Staff I played to each person’s strengths. If someone was gifted at meeting people and socializing legislation, they were assigned those duties. Detail-oriented staff were heavily relied upon for scheduling, correspondence and budgeting. Good writers handled our communications; analytic thinkers crafted our legislative proposals. Everyone has a role to play and needs different levels of management. I believe in situational leadership. Each employee is unique and the various skills and talents of the team must be best utilized for the benefit of the mission.

I conducted weekly after action reviews meetings with staff, and brought their efforts before the Congresswoman so she could relay her praise and appreciation. In Congresswoman Hooley’s office, I convened annual planning sessions to work as a team on legislative, communications, outreach and constituent service agendas for the year. In doing so, staff was able to be more proactive than many of their counterparts and was better prepared when unforeseen events arose. As staff excelled, they were recognized through increased levels of responsibility, pay and bonuses. If a staff opening occurred, new hires were rare and high performers were rewarded with promotions. At the American Academy of Ophthalmology I worked with hundreds of physicians as they learned to become advocates for their patients and profession. I coached and mentored them with encouragement when they had a good meeting or a positive outcome, and kept their spirits up when things did not go so well.

B. How would you rate your people management skills and how do you think your prior subordinates would rate your skills?

Response. I encourage staff to perform at the highest level, and stay mission focused and results driven providing feedback along the way. Together, we were successful in building a constituent service operation that was unparalleled in the state because our staff resources were well managed and consistently challenged. Many Congressional staff are new to a professional setting and are learning, and the feedback I have received is that I have high expectations and get excellent results in return. Those who have worked with me on a team would say that they have grown as professionals under my leadership.

Question 3. Secretary Shinseki has pledged to have Congressional inquiries answered within a two-week time period; however, some inquiries from my staff have been outstanding for several months and many inquiries have not been answered within the two-week time period.

A. Do you believe it is acceptable for these requests for information to remain pending for so long?

Response. In general, I do not believe requests for information should remain pending for the time period you have described. However, I am not familiar with these particular requests and why the information has taken longer to produce. I can say that the Secretary has set a goal of responding to member requests within two weeks, and the Executive Secretary states that nearly all requests have been answered in that timeframe. My goal is to institute this within the informal request process in OCLA; and if requests cannot be handled in that time than regular calls to update the request are made until the matter is resolved.

B. As a former Congressional staff member, what would you view as a reasonable time-line for responding to requests for briefings, statistics, and other information?

Response. Depending on the urgency of the request, standard response goals should range from same day to two weeks. Extenuating circumstances such as complexity of request or a decisionmaking process may require more time and a flexible deadline. Notice should be given to the member or staff if responses run into unforeseen delays.

C. In your view, what factors lead to delays in responding to those requests? For example, do you believe there is a need to change the culture at VA?

Response. Having worked in the office of the Secretary, I have learned that some requests are more complex or challenging than others to answer. There is also the culture of a large, slowmoving institution with which to contend.

D. Are you aware of any requests for information from my staff that currently are pending with OCLA? If so, when do you believe my office should expect to receive the requested information?

Response. I have noted this request to the Chief of Staff for review. If confirmed, I pledge to look into this process to ensure that information goes out as expeditiously as possible. If information is delayed, I will let you know why and when it may be expected.

Question 4. According to the Questionnaire for Presidential Nominees that you submitted to the Senate Committee on Veterans' Affairs (Committee), your previous work experience includes more than 6 years with the American Academy of Ophthalmology in Washington, D.C.

A. What were your responsibilities during that time? Were you a lobbyist?

Response. From 1991–1997 at the American Academy of Ophthalmology, I worked on policies related to Veterans and military health care and research, residency training, and health care reform. I also directed a grassroots advocacy program for physicians to advocate on behalf of their patients for access to specialty care and managed their political action committee in concert with their physician Board members in compliance with Federal election law. I was not a registered lobbyist.

B. Are there any conflicts of interest that you believe could arise with regard to your prior work for the American Academy of Ophthalmology?

Response. No.

Question 5. In a directive to all of the heads of the Executive Departments and Agencies, President Obama said that his administration is “committed to creating an unprecedented level of openness in Government” and that his administration will “disclose information rapidly.” That directive also stressed that “[t]ransparency promotes accountability.”

A. Do you share the President’s vision that government should be open, transparent, and accountable? If so, what steps would you take to advance the President’s vision, if confirmed?

Response. Yes, my goal is to share accurate and complete information with Members of Congress and Committees, and notify both of any problems as fully and expeditiously as possible.

B. Do you believe this type of transparency includes providing timely, complete, and accurate information to Members of this Committee and their staffs?

Response. Yes, transparency on VA matters should be extended to Congress, Veterans, and the general public.

Question 6. The Questionnaire for Presidential Nominees that you submitted to the Committee reflects that you currently are serving as a Senior Advisor to the Secretary of Veterans Affairs.

A. What are your responsibilities in that capacity?

Response. As Senior Advisor, I have been working within OSVA on a number of important matters such as scheduling, staffing of the Secretary and VA leadership, preparation for meetings, and briefings on VA programs.

B. In that capacity, have you had opportunities to interact with Members of this Committee or their staffs? If so, do you believe you have laid the groundwork for developing good working relations with the Committee Members and Committee staff?

Response. As Senior Advisor to the Secretary, I have attended a few meetings with Members of Congress. I hope they have helped create a good foundation for the Secretary in those exchanges. If confirmed, I look forward to conducting a significant amount of outreach to members, Committees and their staffs and to continuing on a regular basis. Many legislative and policy ideas come from direct input from Veterans to member offices, and I look forward to working with Senate and House Offices both in the Capitol and the home state.

C. In that capacity, have you identified any practices or procedures at OCLA that you believe could be improved?

Response. If confirmed, I would work to make the Office of Congressional and Legislative Affairs a highly effective partner to Congress in meeting the needs of the Nation’s Veterans. I want to encourage a team that is aware of and understands Congressional policy interests, as well as the value and importance of bringing those interests to the attention of VA leaders for engagement. I am committed to improving outreach to members and staff; expanding the knowledge base of the Congressional Relations team and investing in the development of team members; effectively distributing staffing resources to achieve objectives; and updating technologies

and data management processes to meet the needs of a large team with a critical mission in a dynamic work environment.

Question 7. According to Legistorm, you received \$135,000 in salary from the House Budget Committee between 2000 and 2004, but that Committee is not reflected in the employment history listed in your Questionnaire for Presidential Nominees.

A. Were you ever employed by the House Budget Committee?

Response. No, I was not employed by the House Budget Committee. The House Budget Committee formerly allocated funds for member-office staff who served as Budget Associates for the member. My understanding is that, with the changes instituted by the 110th Congress, this practice was ended.

B. If so, what were your responsibilities?

Response. N/A

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. MARK BEGICH TO JOAN M. EVANS, NOMINEE TO BE THE ASSISTANT SECRETARY FOR CONGRESSIONAL AND LEGISLATIVE AFFAIRS, U.S. DEPARTMENT OF VETERANS AFFAIRS

In your testimony you state you understand the need for quick and complete information about issues and events affecting constituents.

Question 1. In your estimate, what is a reasonable time to provide a response to an inquiry submitted by a Congressional Office on behalf of a constituent?

Response. In my testimony I was referring to medical facility or regional office events or practices that might impact local veterans; in that case, as soon as it came to OCLA's attention notifications should be made to the affected House and Senate offices.

With regard to casework, some cases are more complex than others and require significantly more time to bring to resolution than a routine request for information, which should be answered within two weeks. The vast majority of constituent casework is worked at the regional office or facility level rather than in OCLA's liaison office. However, when tasked with tracking a specific case, my understanding is that liaison staff can help serve as a forcing function to help move it toward resolution.

Question 2. What specifically do you plan to do to improve this process and make this more timely and efficient?

Response. In terms of notifications, I would encourage a culture of calls and visits rather than e-mails or letters that can get lost in the shuffle. In addition to contacting Committee leadership, OCLA's personal outreach to affected members' staff is preferred; in some cases, direct member contact by the Assistant Secretary or the Secretary may be warranted.

With regard to casework, if confirmed my goal would be to informally survey Congressional offices to find any noticeable delays in responses, then bring patterns to the attention of VA leadership, including the Administrations and local offices, to address.

[The Committee questionnaire for Presidential nominees follows:]

QUESTIONNAIRE FOR PRESIDENTIAL NOMINEES

PART I: ALL OF THE INFORMATION IN THIS PART WILL BE MADE PUBLIC

1. **Name** (Including any former names used).

Joan M. Evans. Former names: Joan M. Mooney, Joan M. Pogorzelski

2. **Address** (List current residence, office and mailing addresses).

Residence: 744 Main Street East, Monmouth, OR 97361

Office: Dept of Veterans Affairs, 810 Vermont Ave, NW, Washington, DC 20515

Mailing: 2504 King Street, Alexandria, VA 22301

3. **Position to which nominated.**

Assistant Secretary for Congressional and Legislative Affairs, Department of Veterans Affairs

4. **Date of nomination.** *06/23/2009*

5. **Date of birth** (Month, day, year). *08/05/1963*

6. **Place of birth** (City, state, country). *Concord, MA, USA*

7. **Marital status.** *Married*

8. **Full name of spouse** (including maiden name). *Paul L. Evans*

9. **Names and ages of children.** *Katherine Mooney, Age 17*

10. **Education** (List all post-secondary institutions of higher learning, dates attended, degree(s) received, and date degree(s) granted).

George Mason University, Fairfax, VA, Years Attended 1981-1986, BA, Government and Politics, 1986

St. Peter's College, Oxford University, Oxford, England, UK, Year Attended 1986

11. **Honors and Awards** (List all scholarships, fellowships, honorary degrees, honorary society memberships, and any other special recognition for outstanding service or achievement).

None.

12. **Memberships** (List all memberships and offices held in professional, fraternal, business, scholarly, civic, charitable, and other organizations for the last ten years. Include the dates of any such memberships or offices).

House Chiefs of Staff Association, 2002-2008 (est.)

13. **Employment record** (List all employment (except military service) since your twenty-first birthday, including the title, description of job, name of employer, location of work, and inclusive dates of employment).

Murphy's Ltd., Alexandria, Virginia: Server (1982-1987);

Accountemps, Arlington, VA: Temporary Accounting Staff (1986-1987);

Office of Illinois Congressman Terry L. Bruce, Washington, DC (February 1987-January 1991);

Staff Assistant (1987);

Legislative Assistant (1987-89);

Washington Co-Director (1989-91);

Office of Illinois Congressman John Cox, Washington, DC: Chief of Staff (January 1991-November 1991);

American Academy of Ophthalmology, Washington, DC: Washington Representative (November 1991-January 1997);

Office of Oregon Congresswoman Darlene Hooley, Washington, DC: Chief of Staff / Spokesperson (January 1997-January 2009);

Presidential Inaugural Committee 2009: Director, House of Representatives, Office of Congressional Affairs (Full Time Volunteer, January 2009);

Department of Veterans Affairs, Washington, DC: Senior Advisor to the Secretary (February 2009-present)

14. **Military service** (List all military service (including reserve components and National Guard or Air National Guard) with inclusive dates of service, rank, titles, permanent duty stations and units of assignment, descriptions of assignments, any military medals, and type of discharge).

None

15. **Government service record** (List any advisory, consultative, honorary, or other part-time service or positions with Federal, State, or local governments other than those listed under Employment record, above).

None

16. **Published writings and public statements (in last 10 years)**

(a) List the titles, publishers, and dates of books, articles, reports, letters to the editor, editorial pieces, or other published materials you have written or edited, including materials appearing only on the Internet. (Copies of any such materials may be requested by the Committee.)

*Foreword ghostwritten for Congresswoman Darlene Hooley: **Telling Political Lives: The Rhetorical Autobiographies of Women Leaders in the United States**, edited by Brenda DeVore Marshall and Molly Mayhead. Lexington Books, June 28, 2008.*

(b) List any reports, memoranda, or policy statements you prepared or contributed in the preparation of on behalf of any association, committee, conference, or organization of which you were or are a member.

None

(c) List any testimony, official statements or other communications relating to matters of public policy that you have issued or provided or that others presented on your behalf to public bodies or officials.

None

(d) List any speeches or talks delivered by you, including commencement speeches, remarks, lectures, panel discussions, conferences, political speeches, and question-and-answer sessions. Include the dates and places where such speeches or talks were given.

ACLI Legislative Conference Panel Q&A, May 2003

(e) List all interviews you have given to newspapers, magazines or other publications, and radio or television stations (including the dates of such interviews).

As the only on-record spokesperson to Congresswoman Darlene Hooley for a decade, I spoke on background on a daily basis but have been quoted sparingly. The attachment includes all of the press quotes I was able to find based on a search of my records and public databases.

17. **Political affiliations and activities**

(a) List all financial contributions to any political party or election committee during the last 10 years.

Jo Bonner for Congress \$250 - 06/25/2002;

Lisa Quigley for Congress, \$200 - primary 2004;

Darcy Burner for Congress \$616 - 03/20/2008 and \$200- 10/29/2008;

Democratic Congressional Campaign Committee \$250 - 07/23/2008;

Hillary Clinton for President \$185- primary 2008;

Barack Obama for President \$15, General Election 2008

John Edwards for President \$125, Primary Election 2004

Bill Bradley for President \$50, Primary Election 2000

Yes on the Healthy Kids Plan (OR Ballot Measure 50) \$951, 11/15/2007;

Kate Brown Committee (OR-Secretary of State) \$200 on 2/20/2008 and 250 on 11/04/2008;

Friends of Brent Barton (OR-State Rep) \$500, 02/16/2008

(b) List all elective public offices for which you have been a candidate and the month and year of each election involved.

None

(c) List all memberships and offices held in and services rendered, whether compensated or not, to any political party or election committee.

Volunteer, Hooley for Congress, 1997-2008;

Congressional Relations Volunteer, Democratic National Convention Committee, 2008.

18. Future employment relationships

(a) State whether you will sever all connections with your present employer, business firm, association, or organization if you are confirmed by the Senate.

No, I am currently a VA employee.

(b) State whether you have any plans after completing Government service to resume employment, affiliation, or practice with your previous employer, business firm, association, or organization.

None

(c) What commitments, if any, have been made to you for employment after you leave Federal service?

None

(d) (If appointed for a term of specified duration) Do you intend to serve the full term for which you have been appointed?

N/A

(e) (If appointed for an indefinite period) Do you intend to serve until the next Presidential election?

Yes

19. Potential conflicts of interest

(a) Describe any financial arrangements, deferred compensation agreements, or other continuing financial, business, or professional dealings which you have with business associates, clients, or customers who will be affected by policies which you will influence in the position to which you have been nominated.

In connection with the nomination process, I have consulted with the Office of Government Ethics and the Department of Veterans Affairs' designated agency ethics official to identify potential conflicts of interest. Any potential conflicts of interest will be resolved in accordance with the terms of an ethics agreement that I have entered into with the Department's designated agency ethics official and that has been provided to this Committee. I am not aware of any other potential conflicts of interest.

(b) List any investments, obligations, liabilities, or other financial relationships which could be affected by policies which you will influence in the position to which you have been nominated.

In connection with the nomination process, I have consulted with the Office of Government Ethics and the Department of Veterans Affairs' designated agency ethics official to identify potential conflicts of interest. Any potential conflicts of interest will be resolved in accordance with the terms of an ethics agreement that I have entered into with the Department's designated agency ethics official and that has been provided to this Committee. I am not aware of any other potential conflicts of interest.

(c) Describe any business relationship, dealing, or financial transaction which you have had during the last 5 years, whether for yourself, on behalf of a client, or acting as an agent, that constitutes a potential conflict of interest with the position to which you have been nominated.

In connection with the nomination process, I have consulted with the Office of Government Ethics and the Department of Veterans Affairs' designated agency ethics official to identify potential conflicts of interest. Any potential conflicts of interest will be resolved in accordance with the terms of an ethics agreement that I have entered into with the Department's designated agency ethics official and that has been provided to this Committee. I am not aware of any other potential conflicts of interest.

(d) Describe any activity during the past 10 years in which you have engaged for the purpose of directly or indirectly influencing the passage, defeat, or modification of any legislation or affecting the administration and execution of law or public policy. Activities performed as an employee of the Federal government need not be listed.

None

(e) Explain how you will resolve any potential conflict of interest that may be disclosed by your responses to the above items. (Please provide a copy of any trust or other agreements involved in Part II.)

In connection with the nomination process, I have consulted with the Office of Government Ethics and the Department of Veterans Affairs' designated agency ethics official to identify potential conflicts of interest. Any potential conflicts of interest will be resolved in accordance with the terms of an ethics agreement that I have entered into with the Department's designated agency ethics official and that has been provided to this Committee. I am not aware of any other potential conflicts of interest.

20. Testifying before the Congress

(a) Do you agree to appear and testify before any duly constituted committee of the Congress upon the request of such committee?

Yes

(b) Do you agree to provide such information as is requested by such a committee?

Yes

[A letter from the Office of Government Ethics follows:]



United States
Office of Government Ethics
1201 New York Avenue, NW., Suite 500
Washington, DC 20005-3917

June 25, 2009

The Honorable Daniel K. Akaka
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the Ethics in Government Act of 1978, I enclose a copy of the financial disclosure report filed by Joan M. Evans, who has been nominated by President Obama for the position of Assistant Secretary for Congressional and Legislative Affairs, Department of Veterans Affairs.

We have reviewed the report and have also obtained advice from the agency concerning any possible conflict in light of its functions and the nominee's proposed duties. Also enclosed is an ethics agreement outlining the actions that the nominee will undertake to avoid conflicts of interest. Unless a date for compliance is indicated in the ethics agreement, the nominee must fully comply within three months of confirmation with any action specified in the ethics agreement.

Based thereon, we believe that this nominee is in compliance with applicable laws and regulations governing conflicts of interest.

Sincerely,

A handwritten signature in black ink, appearing to read "Don W. Fox".

Don W. Fox
General Counsel

Enclosures

[Letter from the nominee to the Office of General Counsel, U.S. Department of Veterans Affairs:]

June 24, 2009

Mr. Walter A. Hall (023)
Assistant General Counsel and
Designated Agency Ethics Official
U.S. Department of Veterans Affairs
Washington, D.C. 20420

Dear Mr. Hall:

The purpose of this letter is to describe the steps that I will take to avoid any actual or apparent conflict of interest in the event that I am confirmed for the position of Assistant Secretary for Congressional and Legislative Affairs of the U.S. Department of Veterans Affairs.

As required by 18 U.S.C. § 208(a), I will not participate personally and substantially in any particular matter that has a direct and predictable effect on my financial interests or those of any person whose interests are imputed to me, unless I first obtain a written waiver, pursuant to 18 U.S.C. § 208(b)(1), or qualify for a regulatory exemption, pursuant to 18 U.S.C. § 208(b)(2). I understand that the interests of the following persons are imputed to me: any spouse or minor child of mine; any general partner of a partnership in which I am a limited or general partner; any organization in which I serve as officer, director, trustee, general partner or employee; and any person or organization with which I am negotiating or have an arrangement concerning prospective employment.

I have been advised that the duties of the position of Assistant Secretary for Congressional and Legislative Affairs may involve particular matters affecting the financial interests of Coca Cola, Duke Energy, IBM, Johnson & Johnson, Microsoft, Spectra and Wyeth. The Department has determined that it is not necessary for me at this time to divest my interests in these entities because the likelihood that my duties will involve any such matter is remote. Accordingly, I will not participate personally and substantially in any particular matter that will have a direct and predictable effect on the financial interests of either of these entities unless I first obtain a written waiver pursuant to 18 U.S.C. § 208(b)(1), or qualify for a regulatory exemption, pursuant to 18 U.S.C. § 208(b)(2).

My husband is an employee of the Governor's Office of the State of Oregon, and an Adjunct Professor on a contract basis at Chemeketa Community College in Salem, Oregon. I will not participate personally and substantially in any particular matter involving specific parties in which either the State of Oregon or Chemeketa Community College is a party or represents a party, unless I am first authorized to participate under 5 C.F.R. § 2635.502(d).

Finally, I understand that as an appointee I am required to sign the Ethics Pledge (Exec. Order No. 13490) and that I will be bound by the requirements and

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restrictions therein in addition to the commitments I have made in this and any other ethics agreement.

Sincerely yours,



Joan M. Evans

Chairman AKAKA. Thank you very much for your testimony, Ms. Evans.

Ms. EVANS, in your answers to my prehearing questions, you acknowledge the importance of informing Congress about emerging issues and stated that this should be done in a timely manner. Please tell the Committee what you would consider to be adequate advance notice regarding such issues.

Ms. EVANS. I would consider as problems arise to be on the phone quickly to let you know, particularly as fully as we can. Sometimes that may mean gathering more information, but as soon as word comes out to get it to you for review.

Chairman AKAKA. Would you ever consider a press release as adequate and timely advance notice to Congress, as was done in the case of the prostate cancer treatment program in Philadelphia?

Ms. EVANS. Thank you for the question. Coming from the perspective of a House staffer, I wouldn't consider that adequate advance notice. I know how busy staffs, Senators, and members are and things need to be brought to their attention, and I think personal communication is the best way to do that.

Chairman AKAKA. In one of your answers to a prehearing question, you stated that you believe VA's senior leadership and most members of OCLA see benefits in updating the focus of the office and expanding the staff to be more proactive in its outreach to member offices. Can you explain to the Committee what these benefits are?

Ms. EVANS. Thank you. I believe that the benefits that outreach provides is knowing on the front lines what is going on in States and districts with members and with their veterans. So to me, getting as close to the veteran as you can to find out information is most helpful. So what I would like to do, I think, is develop close relationships with Committee staff here in the Senate and House Veterans' Affairs Committees, as well as the appropriating committees, getting to know members of the personal office staff as well as folks back home in the State working in the State and district offices.

Chairman AKAKA. In one of your answers to prehearing questions, you discussed your belief that VHA needs a more centralized structure. Do you believe that right now the central office has a handle on activities at the health care networks? Does it have knowledge of what is occurring, for instance, at VA medical centers?

Ms. EVANS. Well, thank you, sir. I think under the tremendous leadership of Secretary Shinseki, Deputy Secretary Scott Gould, and the entire leadership team, they have done yeoman's work at this point in bringing together all elements for a transformation. They have had VISN briefs with almost half the VISNs at this point, bringing up leadership from State and regional offices, getting to know them, discovering problems. So I think we are well on our way.

Chairman AKAKA. You mention in your prehearing questions former Speaker Tip O'Neill's views on constituent service. With this in mind, how long should a Senate office wait for responses to casework sent to the liaison office for assistance?

Ms. EVANS. That, sir, depends on—I would say it depends on the case. I think they should be handled as expeditiously as possible and staff should be reviewing and forcing decisions on those. Some pieces of casework are more complex than others, so as timely a manner as possible. Right now, I would have to get into the office and see what the hold-ups are, and I look forward, if confirmed, to working with you and your staff to best meet your needs and the needs of veterans.

Chairman AKAKA. Thank you for your responses.

I call on Senator Burr for his questions.

Senator BURR. Thank you, Mr. Chairman, and Joan, welcome.

Ms. EVANS. Thank you.

Senator BURR. Truly, we are delighted to have you.

Housekeeping is the first question, if I may. As Ranking Member, I have some responsibilities to my side of the aisle from the standpoint of oversight as it relates to the Veterans Administration. It often leads me or my staff to ask the VA for certain information. If confirmed, do you pledge to ensure that my staff and I will be provided the requested information to the fullest extent permitted by law without hassle and delays?

Ms. EVANS. Yes, I do, sir.

Senator BURR. If confirmed, how would you ask your staff to prioritize requests from various Members? Would it depend at all on whether the request is from the majority or minority?

Ms. EVANS. No, sir.

Senator BURR. If confirmed, will you make it a priority to look into any pending requests for information from me or other Members of the Committee to ensure that those requests are fulfilled as soon as possible?

Ms. EVANS. Yes, sir.

Senator BURR. If confirmed, will you be proactive in alerting the Committee, including both sides of the aisle, to any significant trends, problems, or other issues at the VA?

Ms. EVANS. Yes, sir.

Senator BURR. I thank you for those answers.

Joan, my staff recently asked the Office of Legislative Affairs for information about VA involvement with a company that was reported to have conducted unauthorized clinical trials. OCLA had a knee-jerk response that was the information could not be provided without, "a written request signed by the Chair and specifying the reasonable particularity the oversight purpose for which the records are sought." Now, OCLA later changed its tune and said

that they couldn't find any relevant information. My staff was able then to get the requested information from the Inspector General's office. Do you believe this was handled correctly?

Ms. EVANS. Well, thank you for presenting that situation. I am not familiar with it. My pledge to you would be, whether on a formal or informal basis, to work with you and your staff to ensure that you have everything that you need to do your job effectively and efficiently.

Senator BURR. Can I ask, do you believe that it probably should have been a proper response to tell us what could be provided legally versus what cannot be?

Ms. EVANS. Yes.

Senator BURR. Thank you. General Shinseki has indicated that his goal for Congressional inquiries is to respond within 2 weeks, and I realize casework is significantly different than this. Over the past several months, it has taken VA much longer than 2 weeks to respond to many of the requests for information from my office. If confirmed, what specific steps would you take to ensure that these types of requests are answered in a timely manner?

Ms. EVANS. One of the things is to establish a good tracking system to follow up with people. I think the thing that everybody—nobody wants any surprises and people don't appreciate radio silence—

Senator BURR. How important do you believe a free flow of information is between the agency and Congress?

Ms. EVANS. I think it is critical for both branches of government to do their job effectively.

Senator BURR. Would it be your intention to foster a collaborative relationship between the VA and Congress?

Ms. EVANS. Absolutely, sir.

Senator BURR. In a recent letter, General Shinseki indicated that he asked the VA staff to review current procedures for responding to Congressional requests and to, "adjust them to ensure prompt response and follow-up." Are you aware of a review of this type?

Ms. EVANS. Well, currently, Senator Burr, I am in the Office of the Secretary, so I am working directly with the Secretary not on this issue. So I can't comment on that. I am not familiar with it.

Senator BURR. Well, I would ask you, upon your confirmation, would you make a special effort to review the status of that review?

Ms. EVANS. Yes, sir.

Senator BURR. Thank you. In response to prehearing questions, you mentioned, "the culture of a large, slow-moving institution," as one of the factors that leads to delays in responding to Congressional inquiries. What steps would you take to ensure that this culture does not prevent the VA from meeting the Secretary's goals of responding to Congress within 2 weeks?

Ms. EVANS. Well, if confirmed, I hope to go down to OCLA, work in the system, get to know the processes, see the obstacles that the Congressional relations officers and the liaisons are faced with when doing their job. They are all dedicated, very hard working people who want to do their job efficiently and effectively. So my goal would be to work with Members of the Committee and their staffs as well as Members of Congress in personal offices who don't

have the good fortune of being on this Committee to know what their concerns are and how we can best answer them.

Senator BURR. I thank you for your honesty and candor today. Mr. Chairman, I look forward to the opportunity to have Ms. Evans before us for her confirmation.

Chairman AKAKA. Thank you very much. Thank you, Senator Burr.

Now I would like to call on Senator Burr. May I say, Senator Burr, you made some remarks about the nomination process. I just want you to know that Ray Jefferson's nomination was received by us on June 9 and Ms. Evans on June 23. That is a pretty rapid pace for all the paperwork that has to occur before we have this hearing, and so we put them together and have had this hearing set up today. I must tell you that we have to wait until we receive what we call "the official notice" from the White House on these nominations before we can proceed with the paperwork. But I would tell you that we have really moved it as rapidly as we could.

Senator BURRIS. Thank you, Mr. Chairman. I just talked with her yesterday and she told me that, but there was some concern, and I am sorry Senator Burr left, because I was deeply concerned about the nomination of Tammy Duckworth that took all that time. That is what we were—

Chairman AKAKA. This is the time for your questions.

Senator BURRIS. Yes, sir. Thank you.

Mr. Chairman, the nominee also has an Illinois connection. She worked for Congressman Terry Bruce, who was a very good friend of mine. When she told me that, I said, well, my vote is assured. If she can work for Terry, she will have to have a couple of medals.

[Laughter.]

Ms. EVANS. No.

Senator BURRIS. That is my buddy.

Joan, tell me this, because I am concerned. I had requested information from one of the hearings. There was the person at the VA who was in charge of construction and this request was made at least 2 months ago in reference to minority contractors where I had requested that we get a breakdown of who was doing the work on these construction sites for the VA; not only that, but a breakdown of the dollar amount, the ethnicity of the contractor, whether Hispanic, Asian, black, or female. To this day, I don't think I have received that information. You are currently at the Department of Veterans Affairs right now. You work for the Secretary, is that correct?

Ms. EVANS. Yes, sir.

Senator BURRIS. I hope that if you are confirmed, you probably could do that. But I just wonder, in listening to subjects Senator Burr raised, whether or not this is a pattern, how the VA responds to Congress, responds to a Senator.

So you having come from this legislative side to the executive side, I just hope that there would be, as far as you are concerned, a little better treatment, or information flowing on a timely basis. Is that something, if you are confirmed, that you can state to us unequivocally would take place?

Ms. EVANS. Yes, sir. I will work to act as expeditiously as the team can get together and also to keep you informed along the way.

Senator BURRIS. Because I am still looking for that information, and I would hope that when you would go back, my staff would be in touch with you, because I don't recall specifically the young lady who was here—we surely have a record of who was requested the information. I don't know what the hold-up is and why there is one. Maybe they don't have it. If they don't have it, then we ought to know because then we want to make sure that any of the construction that is to take place would open up opportunities for minority contractors to do a lot of that work. That is what I am concerned about.

That is the end of my questioning, Mr. Chairman, because I do have to take leave to make another appointment.

Good luck to you, and we look forward to working with you, Joan.

Ms. EVANS. Thank you, Senator.

Senator BURRIS. By the way, my Legislative Director, Ken Montoya, told me to come down here and make sure I asked you that question.

[Laughter.]

Ms. EVANS. Thank you.

Senator BURRIS. So you can blame Ken for that. He told me he was your buddy, too.

Ms. EVANS. Yes. Thank you, sir.

Chairman AKAKA. Thank you very much, Senator Burriss. We are really grateful for your role on this Committee and your thoughts are really welcomed.

Ms. Evans, I would just like to ask you a few questions about—one of them is on outreach and another is on casework.

Ms. EVANS. Yes, sir.

Chairman AKAKA. On casework, do you believe constituent casework should fall within the 2-week suggested turn-around for Congressional correspondence?

Ms. EVANS. Sir, I think that depends on the case and the complexity of it, but I think that all casework should be handled as expeditiously as any other request.

Chairman AKAKA. Thank you. About outreach, do you plan to improve outreach to Members of Congress and their staffs?

Ms. EVANS. Yes, sir. If confirmed, I personally would like to establish a goal of offering to meet with every member of the House and the Senate or their designated staff personally to find out what their concerns are and to evaluate those concerns as we look at transforming OCLA.

Chairman AKAKA. I certainly appreciate that.

There is something that I would like to seek clarification on, regarding subject matter experts. Can you please clarify something about direct communication between VA subject matter experts and Members of Congress and their staff. Do you believe there are circumstances where OCLA would not be involved in responding to questions from Congress, and if so, when would direct communication with VA experts be appropriate?

Ms. EVANS. Well, thank you, sir. What I would like to do, if confirmed, is to work with your staff leadership as well as the leadership in the VA to come up with an appropriate and timely system so that we meet your request with the depth of knowledge you are looking for.

Chairman AKAKA. Well, I really appreciate that. As you know, we are trying real hard to do all we can for veterans across the country, and what we are seeking to do is to work together with the new administration as much as we can to do the job. If we find better ways to do it, we will. So we would appreciate close communications between VA and the Congress, for us particularly on the Committee.

I appreciate you, your family and your friends being here, and I should say your supporters, too. I want to thank you for your participation in today's hearing. I appreciate your desire to serve our Nation's veterans.

For the information of Members and staff, I would like to move this nomination as soon as possible. To that end, I ask that any posthearing questions for either nominee be sent to the Committee's Legislative Clerk by the end of business tomorrow so we can move. I urge both nominees to provide answers to any posthearing questions as soon as possible so that the Committee can report the nominations to the full Senate.

Thank you again. This hearing is adjourned.

Ms. EVANS. Thank you.

[Whereupon, at 11:48 a.m., the Committee was adjourned.]

HEARING ON NOMINATIONS OF DR. ROBERT A. PETZEL AND DR. RAUL PEREA-HENZE

WEDNESDAY, DECEMBER 9, 2009

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 9:30 a.m., in room 418, Russell Senate Office Building, Hon. Daniel K. Akaka, Chairman of the Committee, presiding.

Present: Senators Akaka, Murray, Tester, Begich, Burr, and Johanns.

OPENING STATEMENT OF HON. DANIEL K. AKAKA, CHAIRMAN, U.S. SENATOR FROM HAWAII

Chairman AKAKA. The Senate Committee on Veterans' Affairs will come to order.

On November 18, the Senate received the nomination of Dr. Robert Petzel to serve as Under Secretary for Health of the Department of Veterans Affairs. Today's hearing is an important step in the Committee's process of consideration on this pending nomination.

The nominee before us has distinguished himself as a physician, an educator, and an administrator. He has served in many capacities in the Veterans Health Administration, as a Chief of Staff at a VA medical center, as a Network Director, and most recently as the Acting Deputy Under Secretary for Health. Dr. Petzel has, through his long career in VA, acquired impressive experience in the VA system and demonstrated a commitment to improving health care for the Nation's veterans. It is my firm belief that only someone with qualifications such as those possessed by Dr. Petzel could meet the challenges facing the next VA Under Secretary for Health.

VA is the largest health care organization in the country and has experienced significant growth in recent years. Yet its leaders have been unable to plan effectively for the future because they were never sure how much funding VA would receive in the coming years.

With advance funding for VA health care now a reality, this will be much less of an issue. However, since resources are sure to be tight during this economic downturn, appropriated funding provided to VHA must be used wisely.

Highly publicized failures of VA to deliver quality health care, and a lack of accountability at high levels for those failures, have impacted veterans' confidence in the system and the morale of the

dedicated men and women who work for VA. There has been significant change in the organizational structure of VHA in recent years. When VA's Networks were created in the mid-1990s, they were envisioned as lean management structures with less than a dozen employees. Today, VA's networks employ at least 1,000 individuals, many in positions without any direct responsibility for the delivery of health care services.

As modern medicine is able to save more lives on the battlefield than ever before, VA is facing new challenges in adapting to the needs of the most seriously injured. Recently, the Senate unanimously passed S. 1963, the proposed Caregiver and Veterans Omnibus Health Services Act of 2009. This legislation is one part of a larger effort to give VA tools to address the needs of the newest veterans. If enacted, this measure will provide vital support for the caregivers of the most seriously injured veterans from the Iraq and Afghanistan wars and improve services to almost every group of veterans, including women veterans, veterans who live in rural areas, and homeless veterans. The caregiver provisions recognize the unique needs of the latest generation of veterans, providing health care, counseling, support, and a living stipend to those who care for the Nation's wounded warriors.

Dr. Petzel has advocated for a new structure in VA which would create service lines. These service lines would ensure accountability among senior leadership for the services provided in VA hospitals and clinics throughout the country. He has also stressed the need to work to improve the quality of services across the system so that the veterans receiving care from the smallest VA clinics to the largest VA hospitals will receive high-quality care.

As a former Network Director and now Acting Principal Deputy Under Secretary of Health, Dr. Petzel has both the perspective and the credibility among his peers to succeed as VA's Under Secretary for Health. I am convinced that Dr. Petzel can ensure that VA is the health care provider of choice. Our Committee looks forward to partnering with Dr. Petzel and his colleagues in VA as we move forward with the goal of providing the best care anywhere to the Nation's veterans. My desire is that the Committee move expeditiously to confirm Dr. Petzel so that he can assume the role of being head of the Veterans Health Administration.

Now I would like to call on Senator Johanns for his opening statement.

**STATEMENT OF HON. MIKE JOHANNS,
U.S. SENATOR FROM NEVADA**

Senator JOHANNS. Mr. Chairman, thank you very, very much. I appreciate the opportunity to say just a few words. I can say to the Chairman that it probably would be adequate to say I agree with what you said there, but I do want to offer a thought or two.

First, Dr. Petzel, I want to say thank you. Thank you for your many, many years of service. You have such an impressive resumé, dating back to your early years at St. Olaf—and we shared a story. I went to a college just down the road from there, actually. But I look at your entire career, and it is a career of service and public service, which we thank you for.

I also want you to know, Doctor, as I mentioned to you briefly, I received on your behalf what I consider to be a very, very high recommendation. A gentleman by the name of Al Washko, whom you know very well, who is the Director of the VA Nebraska-Western Iowa health care system, gave me a call just a few days ago and pointed out to me that he had worked under you at some point in his career. He spoke of your leadership, your integrity, and what you brought to the job and could not have given you a more positive recommendation. That speaks highly of you, and it carries a lot of weight.

I have to tell you that I am excited about your nomination and very pleased to have the opportunity to not only speak favorably about that, but to also offer my words of support.

With the support of the Chairman, whom I publicly thank again, we had an opportunity to have a hearing in August at that VA facility in Omaha. They do such a great job there. Al's leadership has made such a great difference. As you know, it ranks so high in many areas, and yet I think we all agree that the facility is just flat worn out. The heating, ventilation, air-conditioning system is rated F, I think dating back to 1999. It just simply is a facility that has outlived its usefulness.

I really look forward to the opportunity to work with you on that. We have got some pretty serious problems there that we need to address, but I do not want to go into that in deep detail today because we will have an opportunity to address that facility and others around the country.

What I do want to encourage you to do is, as you take on this new responsibility, hoping that you are confirmed, to reach out to the Members of this Committee on a regular basis. We all serve on a number of committees. In fact, I have often commented that one of challenges of becoming a new U.S. Senator is trying to figure out how to be in two and three places at once.

This Committee, because of the leadership of the Chairman and the leadership of our Ranking Member, really is as nonpartisan as they come in the Senate. We do not work on this issue because it is a Republican issue or that issue because it concerns Democrats. We work on issues to try to help the lives of veterans who have given so much to our country. So we look forward to that opportunity to bring you on the team and to do all we can to work together with you. So I will just wrap up my comments today by wishing you the best and ending where I began by saying thank you for your many, many years of public service.

Chairman AKAKA. Thank you very much, Senator Johannis.
Senator Begich, your opening statement, please.

**STATEMENT OF HON. MARK BEGICH,
U.S. SENATOR FROM ALASKA**

Senator BEGICH. Mr. Chairman, I will pass. I will just wait for the questions.

Chairman AKAKA. Thank you.
Senator Murray?

**STATEMENT OF HON. PATTY MURRAY,
U.S. SENATOR FROM WASHINGTON**

Senator MURRAY. Thank you very much, Mr. Chairman, Senator Johanns this morning, and all of our colleagues, for holding this really important hearing to consider the nominations of Dr. Robert Petzel to be VA Under Secretary for Health and Dr. Raul Henze to be Assistant Secretary for Policy and Planning.

It goes without saying that both of these positions are vitally important both to the millions of veterans who rely on the VA for their health care and benefits and to the thousands of VA employees who work for our veterans.

If confirmed, both of these nominees will face very stubborn challenges that have persisted despite the efforts of their predecessors, so I look forward to working with both nominees to take real steps forward now on behalf of our Nation's veterans.

Mr. Chairman, I also just want to take a moment to reiterate a message that I have sent many, many times to previous nominees. It is in your interest, it is in the VA's interest, and it is certainly in the veterans' interest for you all to be open and honest with Congress if you are confirmed. I guarantee that you will have a healthier relationship with all of us here in Congress if you are up front and proactive with all of us. In the past, the VA too often tried to minimize and cover up problems. Veterans depend on the VA to provide an honest accounting of its programs and its policies.

Mr. Chairman, aside from the VA Secretary himself, there is perhaps no more important position affecting the health and well-being of our Nation's veterans than the Under Secretary of Health. Decisions made by the Under Secretary affect how long a patient has to wait to receive care, the quality of care provided, and many other areas. If confirmed in this position, Dr. Petzel would head the Nation's largest integrated health care system. He would oversee the delivery of care to more than 5 million veterans, and he would lead more than 200,000 health care professionals and support staff who work at more than 1,400 sites of care.

As Under Secretary of Health, he would take the point on tackling the VA's health care challenges. Those challenges include: providing mental health care to veterans who bear the invisible wounds of war, such as PTSD and TBI; preparing the VA for an influx of female veterans; expanding access to VA health care to Priority 8 veterans; and preparing the VA to care for more Iraq and Afghanistan veterans. Those are just some of the major challenges that he will face.

I was able to speak with Dr. Petzel last week about some of these issues when we met in my office, and he told me about his vision—I am sure he will talk about it today—about bringing the VA into the 21st century. I look forward to hearing more from you today on all of that.

I also had the chance to meet Dr. Henze last week. We talked about his public and private sector experience and how it would allow him, if confirmed, to use data analysis to drive the Office of Policy and Planning's strategic planning process. By all accounts, Dr. Henze has a strong and varied resumé, and he has his job cut out for him. The long-term challenges facing the VA are well known, and the Office of Policy and Planning has a central role to

play in pushing the VA forward to utilize long-term strategic planning. But too often the VA has been the victim of its own bureaucratic obstacles which delay the vital services and programs our veterans need. That is why I am interested to learn how Dr. Henze thinks the VA can creatively and realistically address the long-term challenges it faces.

So thank you very much, Mr. Chairman, for holding this hearing, and I look forward to the testimony of the witnesses.

Chairman AKAKA. Thank you very much, Senator Murray.
Senator Burris?

**STATEMENT OF HON. ROLAND W. BURRIS,
U.S. SENATOR FROM ILLINOIS**

Senator BURRIS. Thank you, Mr. Chairman.

Mr. Chairman, I am going to have to make just a few comments, since I will not be able to stay through the entire hearing, but I just want to make sure that Dr. Petzel gets a couple of thoughts from me. One, of course, would be the problem that we are having with the Marion hospital, the VA hospital in Marion, IL, where Senator Durbin and I were about 3 weeks ago with concerns of the changes. Secretary Shinseki has certainly been up to visit and has been concerned about it, and we all want to make sure that Marion is on the right track. Over the years they have had several deaths of veterans in that facility, and the medical staff—there is a new Director. He had been in there only 2 weeks when we were there about 2 months ago or maybe a month ago. So we are just concerned about that, Doctor. And if you are confirmed, we would hope that you would keep a very close watch on that situation because there are certain specifics that take place which we raised with the Director.

Rural medicine is an issue because that hospital serves a three- or four-State area—northern Kentucky, southeastern Missouri. A lot of those veterans come to the Marion facility, so we are deeply concerned about that.

Another issue is something that I do not know, but I have heard a lot of complaints about, Dr. Petzel, and that is with the dental care for our veterans.

Mr. Chairman, unfortunately, I will not be able to stay around to get details on that because I do have another engagement. I have to leave and be there very shortly. For the record we will be submitting, with your permission, Mr. Chairman, our other comments.

Chairman AKAKA. All right.

PREPARED STATEMENT OF HON. ROLAND W. BURRIS, U.S. SENATOR FROM ILLINOIS

Thank you Mr. Chairman, I would like to begin by extending a "Warm Welcome" to our distinguished guests, as well as fellow colleagues from the Committee.

In addition Mr. Chairman, I would like to thank you very much for holding this important hearing on the nomination of Dr. Petzel to be Under Secretary of Health at the Veterans Health Administration (VHA) and Dr. Perea-Henze to be the Assistant Secretary for Policy and Planning.

It goes without saying that the positions for which Dr. Petzel and Dr. Perea-Henze have been nominated are critically important; both to the millions of veterans who rely on the VA for their healthcare and to the thousands of hard working VA employees who care for our veterans.

Mr. Chairman, in my estimation, aside from the VA Secretary himself, there is perhaps no more important position affecting the health and well being of our Nation's veterans than the Under Secretary of Health. This position, in effect, serves as CEO of the VA's entire health care system, the largest integrated health care system in the United States.

Dr. Petzel has been nominated to the top VA health position at a time of great difficulty for the VA. The system is stretched to the limit trying to care for new veterans, while also serving existing veterans. Our Vietnam veterans are getting older, and many of them will be seeking care for age-related conditions at the same time that more and more of our newest veterans will be needing care for the wounds they suffered in Iraq and Afghanistan.

In addition, at the same time the VA struggles to address these issues, it must also:

- work with DOD to improve the seamless transition process,
- reduce waiting times for veterans seeking care at VA healthcare facilities,
- expand access to mental health services, and
- address care for patients with TBI.

If confirmed, the decisions made by Dr. Petzel in the Under Secretary position will affect how long a patient has to wait to receive care, the quality of the care provided, and many other areas. With this in mind, I look forward to hearing from Dr. Petzel on how he plans on dealing with these very important issues.

In relation to Dr. Perea-Henze's nomination for the Assistant Secretary of Policy and Planning position, if confirmed, he will be charged with the responsibility of ensuring that decisions made by the Secretary and his Deputy are made with full consideration of their impact throughout the department. The cross-cutting nature of this position makes it vital to the current and future well-being of the Department and the lives of this Nation's veterans.

That said I am also looking forward to hearing Dr. Perea-Henze's plans for dealing with the issues facing the Department and what he is going to do to ensure this Department is competent and capable today and fully prepared for the challenges of tomorrow.

Senator BURRIS. Thank you very much. We wish you well. Should you be confirmed, we look forward to working with you, Doctor. We have to take care of those individuals who took care of us. We can never, ever forget a veteran.

Thank you.

Chairman AKAKA. Thank you very much, Senator Burris.

Before I call on Senator Tester, I would ask Ranking Member Burr for your opening statement.

**STATEMENT OF HON. RICHARD BURR, RANKING MEMBER,
U.S. SENATOR FROM NORTH CAROLINA**

Senator BURR. Mr. Chairman, thank you, and thank you for the indulgence of the witnesses. I have had an opportunity to meet with Dr. Petzel. I would like my statement to be a part of the record, so I am not going to hold us up.

Chairman AKAKA. Without objection, it will be placed in the record.

Senator BURR. Thank you.

[The prepared statement of Senator Burr follows:]

PREPARED STATEMENT OF HON. RICHARD BURR, RANKING MEMBER,
U.S. SENATOR FROM NORTH CAROLINA

Thank you, Mr. Chairman. Welcome to both of our nominees and your family members in attendance this morning.

You both have been nominated to assume leadership positions at a critical time in our Nation's history. We are a nation at war, nearly the longest the United States of America has ever been engaged in.

Our advanced medical technology has made it possible for our servicemen and women to survive traumatic injuries that they never would have survived during previous wars. But when they come home, they need a state-of-the-art health care

system, as well as a hassle-free benefits system, that will help them return to civilian lives that are productive and full of promise. I have two prime examples from my home state: Eric Edmundson and Ted Wade.

Both of these young men came home from war broken in mind and body. But thanks to the constant love and dedication of their family members, as well as a medical system that focused on restoring their capabilities to the fullest extent possible, they are getting better every day.

Today's veterans expect this of us. They want a VA that is forward looking, innovative, and responsive. That's why both of your nominations are so vital.

Dr. Petzel, you and I met last week in my office to discuss many of the challenges the Veterans Health Administration faces. I told you that I believed what VHA needs is a leader who will shake things up, one who is bold, and who is willing to challenge an entrenched bureaucracy often wedded to ideas of the past.

I must admit, when I first heard that the nominee for this critical position was a career VA employee, I wondered how an insider could be the change agent of an administration where he has worked for 37 years.

But after meeting you, I think your experience and record may uniquely position you as the right person for this job. I learned from our discussion that you and I both share the vision that VA must continue to evolve into a 21st Century organization.

In the course of this hearing, I look forward to continuing the conversation we began in my office about what you hope to accomplish should you be confirmed.

Dr. Perea-Henze, you too have been nominated to an important position. The office you will head, if confirmed, serves as VA's internal "think tank" that can be the impetus behind innovation to improve VA's service to veterans. This office needs someone who will not only assist in developing effective policies and plans, but also someone who can be a forceful advocate within the Department to put those policies and plans into action.

In conclusion, congratulations to you both on your nominations. I again remind you of the importance of the mission you are seeking to undertake. There is perhaps no greater mission in government than the care of those who have worn the Nation's uniform in service.

I look forward to hearing from each of you about how you plan to improve the VA services for veterans during your tenure in VA.

Chairman AKAKA. Senator Tester?

**STATEMENT OF HON. JON TESTER,
U.S. SENATOR FROM MONTANA**

Senator TESTER. Well, thank you, Mr. Chairman, and thank you both, Dr. Petzel and Dr. Henze, for being here today. I apologize. You have two very, very important jobs that you are nominated for, and after the visit to my office and my opportunity to visit with both of you, I, too, believe that you are up for that challenge.

During my tenure, I think the VA got exponentially better—starting with Secretary Peake—and I think that Secretary Shinseki continues along those lines. So I think that you have the opportunity, once in these positions, to do some real good things for veterans across America.

Of course, you know my focus has been and continues to be on rural veterans. During our conversation in my office we talked about how we implement policies really to meet the needs of rural veterans. I think the home health issue and the issues that revolve around telehealth are issues and policies that I hope we can move forward on in a way that really meets the needs of the veterans in rural America.

I have got a few questions for the record. I hope I can stay here for the entire hearing, but depending on what unfolds in another Committee will determine whether I can stay here or not. Regardless of that, I wish you both the best. You have two very, very im-

portant jobs to do, and I look forward to working with both of you down the line.

Thank you, Mr. Chairman.

Chairman AKAKA. Thank you very much, Senator Tester.

Now I would like to recognize the Senator from Minnesota, Senator Al Franken, who is joining us this morning to introduce our nominee to the Committee. Senator Franken?

STATEMENT OF HON. AL FRANKEN, U.S. SENATOR FROM MINNESOTA, INTRODUCING DR. ROBERT A. PETZEL

Senator FRANKEN. Thank you, Mr. Chairman. Chairman Akaka, Ranking Member Burr, and Committee Members, thank you very much for giving me this opportunity to introduce Dr. Robert Petzel, who has been nominated for the critical job as Under Secretary for Health in the Department of Veterans Affairs.

As a relatively new member of the Senate, I do not think I have any higher priority than making sure that our veterans get the health care that they deserve. You might already know that my very first bill was to provide service dogs to wounded veterans who have both physical and mental wounds. I believe our veterans, our wounded warriors, will get tremendous benefits from those highly trained dogs.

Dr. Robert Petzel went to St. Olaf, one of Minnesota's outstanding colleges. He serves on the faculty of the medical school at the University of Minnesota and has long been based in Minneapolis, serving as Director of the Midwest VA Health Care Network. I am confident Dr. Petzel will bring the same dedication and skill to improving the health of our Nation's veterans as he brought to caring for veterans in Minnesota and other midwestern States.

I also know Dr. Petzel is committed to pursuing innovative solutions and evidence-based performance management to best provide that care. He has worked to expand the reach of community-based outpatient clinics in Minnesota without compromising the core functions of VA medical centers, and he has pursued the promise of telehealth and telemedicine within the VA.

VA's health care has been called the best anywhere. As the official at the head of the Veterans Health Administration, Dr. Petzel will be faced with the daunting task of making it even better. We owe our veterans nothing less.

Dr. Petzel's nomination is truly a source of pride for Minnesota. I look forward to working with him in the months and years ahead to make sure that our veterans have the highest possible level of care and quality-of-life.

Thank you.

Chairman AKAKA. Thank you very much, Senator Franken, for being here. Aloha and welcome to this Committee and also aloha and welcome to Dr. Petzel.

Senator FRANKEN. Thank you, Mr. Chairman. Aloha to you.

Chairman AKAKA. Thank you very much, Senator Franken.

Under the rules of the Committee, the testimony of all Presidential nominees appearing before the Committee shall be taken under oath. Dr. Petzel, would you now stand for the administration of the oath? Will you raise your right hand? Do you solemnly swear that the testimony you are about to give, that your responses to the

Committee, the Committee's questionnaire, your responses to all questions both live and in writing before the Senate Committee on Veterans' Affairs will be the truth, the whole truth, and nothing but the truth, so help you God?

Dr. PETZEL. I do.

Chairman AKAKA. Thank you.

Dr. Petzel, will you please begin with your statement? I understand your family is here. Will you please introduce them, too?

STATEMENT OF ROBERT A. PETZEL, M.D., NOMINEE TO BE UNDER SECRETARY FOR HEALTH, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Dr. PETZEL. Chairman Akaka, Ranking Member Burr, distinguished Members of this Committee, good morning.

Chairman AKAKA. Good morning.

Dr. PETZEL. I want to first thank Senator Al Franken from Minnesota for his very kind introduction. Before I begin my statement, I would like to introduce my family and thank them for their support: my wife, Dr. Sue Petzel; our daughter Andrea; our son, Aaron, from Minneapolis; and our son, Erik, and his wife, Jennifer, from the Washington, DC, area. Without their help and support, I would not be here before you today.

The Veterans Health Administration has a four-part mission: patient care, education, research, and a backup for national emergencies. But our foremost responsibility is to provide safe, effective patient-centered care for America's veterans. I believe that education and research enhance the patient-care environment, and I believe that the presence of students and residents and the generation of new knowledge through research do stimulate better care.

My first clinical rotation in medical school was at the VA Lakeside Medical Center in Chicago. The majority of my residency was spent in the Minneapolis VA medical center, and I have spent my entire professional life striving to provide the "Best Care Anywhere" to America's veterans.

The changes that have occurred in the Veterans Health Administration since my training 35 years ago have been stunning. A national reputation for quality and safety, an outstanding integrated array of mental health services, the electronic health record, and a sophisticated program to treat Traumatic Brain Injury are but a few of the accomplishments that VA has achieved over these last several years. We are empowering veterans to take control of their health care through Web applications like MyHealthVet. We are adopting new models of treatment that bring care closer to home by emphasizing non-institutional long-term care, and we have been developing proposals and working with Congress to support the family members and friends who assume caregiving responsibilities for their loved ones. This is particularly important for those young people who are severely injured returning from Iraq and Afghanistan who will need lifelong care. Our dramatically improved collaborations with the Department of Defense will enhance and improve care and services to those people returning from the conflict.

These are all great accomplishments, but we need to be better, and we can be better.

I understand health care systems, and I know the VA system very well. I know its strengths, its weaknesses, and its challenges. Its strengths are its mission, its dedicated workforce, its reputation for quality and safety, the electronic health record, our broad array of programs, and our degree of integration. Our weaknesses and challenges include developing a clear vision of what our health care system needs to be and will look like in the future, a lack of alignment of all of the elements of VA and VHA to achieve this vision, and the tremendous variation that occurs in our system across the country. Access for veterans has improved significantly, but veterans in rural areas still have to travel too long and too far for care. We have the largest integrated mental health care system in the country, but we still do not reach many veterans who need our services. Women are joining the military in record numbers, and we must ask ourselves if we have the services they need available to them in the manner in which they want them.

When Secretary Shinseki spoke before you in January, he promised that veterans would be at the center of our organization. I know the Secretary is committed to transforming VA, and I know how deeply he believes in this. Building the best health care system for America's veterans has been my life's work. This opportunity represents the culmination of a career spent caring for those who have worn the uniform and borne the burden.

If confirmed, I will bring an innovative and creative approach to the Veterans Health Administration. Beyond our transformation initiatives, I will focus on three areas: articulating and implementing a vision of what our health care system needs to look like in the future; more patient-centered, providing more team care and continuously improving itself; I will work to align the organization to achieve that vision, bringing all of the elements into line—our resource distribution methodology, our performance measurement system, and our huge array of programs—all, again, aligned to accomplish that vision; and, finally, reduce the variation in our organization, our structures, our business practices, and the way we deliver medical care.

If confirmed, I promise you that I will work diligently with Secretary Shinseki, the Congress, the Veterans Service Organizations, and all of VA to ensure our system provides the best care anywhere. The Under Secretary for Health's first responsibility is and always must be to advocate on behalf of America's veterans. I promise you, this will be the basis for my every decision.

Thank you again for the opportunity, and I look forward to answering your questions.

[The prepared statement of Dr. Petzel follows:]

PREPARED STATEMENT OF ROBERT A. PETZEL, M.D., NOMINEE TO BE UNDER SECRETARY FOR HEALTH, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Chairman Akaka, Ranking Member Burr, Distinguished Members of the Committee: Good morning.

Before I begin my statement, I would like to recognize and thank my family: my wife, Dr. Sue Petzel; my daughter Andrea, from Seattle; my son, Aaron, from Minneapolis; and my son, Erik and his wife Jennifer, from Washington, DC. Without their help and support, I would not be here before you today.

I am thankful and deeply humbled that President Obama and Secretary Shinseki have asked me to join their leadership team as we form a 21st Century Department of Veterans Affairs—one that is people-centric, results-driven, and forward-looking.

The Veterans Health Administration has a four-part mission: patient care, education, research, and a backup for national emergencies. But our foremost responsibility is to provide safe, effective patient-centered health care for America's Veterans. I believe that education and research enhance the patient care environment. The presence of students and residents and the generation of new knowledge stimulate better care.

My first clinical rotation in medical school was at the VA Lakeside Medical Center in Chicago. The majority of my residency was at the Minneapolis VA Medical Center, and I have spent my entire professional life in the Veterans Health Administration striving to provide the "Best Care Anywhere" to America's Veterans.

The changes that have occurred in the Veterans Health Administration since my training 35 years ago have been stunning. A national reputation for quality and safety, an outstanding integrated array of mental health services, the electronic health record and a sophisticated program to treat Traumatic Brain Injury are but a few of VA's accomplishments. We are empowering Veterans to take control of their health care decisions through applications like My HealtheVet. We are adopting new models of treatment that bring care closer to home by emphasizing non-institutional long-term care, and we have been developing proposals and working with Congress to support the family members and friends who assume caregiving responsibilities for their loved ones. This is particularly important for those young and severely injured servicemembers returning from Iraq and Afghanistan who will need lifelong care. Our dramatically improved collaboration with the Department of Defense will enhance and improve care and services to these returning servicemembers. These are all great accomplishments, but we need to be better, and we can be better.

I understand health care systems and I know the VA system very well. I know its strengths, its weaknesses, and its challenges. Its strengths are its mission, dedicated workforce, reputation for quality and safety, the electronic health record, our broad array of programs, and our degree of integration. Our weaknesses and challenges include developing a clear vision of what our health care system should be in the future, a lack of alignment, and many variations within our system. Access for Veterans has improved significantly, but Veterans in rural areas still have to travel too long and too far for care. We have the largest integrated mental health system in the country, but we still do not reach many Veterans who need these services. Women are joining the military in record numbers, and we must ask ourselves if we have the services they need available in a manner they want them.

When Secretary Shinseki spoke before you in January, he promised that Veterans would be at the center of our organization. I know the Secretary is committed to transforming VA, and I know how deeply he believes in this. Building the best health care system for America's Veterans has been my life's work. This opportunity would represent the culmination of a career spent caring for those who have worn the uniform and have borne the burden.

If confirmed, I will bring an innovative and creative approach to the Veterans Health Administration. Beyond our transformation initiatives, I will focus on three areas:

- Articulating a vision of what our health care system needs to become—more patient-centered, providing more team care and continuously improving;
- Aligning the organization to achieve that vision; and
- Reducing the variation in our organization, structures, business practices, and medical care.

If confirmed, I promise you that I will work diligently with Secretary Shinseki, Congress, the Veterans Service Organizations, and all of VA to ensure our system provides the best care anywhere for America's heroes. The Under Secretary for Health's first responsibility is and always must be to advocate on behalf of America's Veterans. I promise you, this mission will be the basis for every decision I make.

Thank you again for the opportunity to appear before you today. I would be pleased to answer your questions now.

RESPONSE TO PREHEARING QUESTIONS SUBMITTED BY HON. DANIEL K. AKAKA TO DR. ROBERT PETZEL, NOMINEE TO BE UNDER SECRETARY FOR HEALTH, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. What do you view as the biggest challenge facing the incoming Under Secretary for Health?

Response. There are three principal challenges I will confront if I am confirmed. First, the Department of Veterans Affairs (VA) must reduce variation. A national system requires national standards. Organizational structures, business practices, even the way we deliver medicine varies greatly. Veterans deserve consistent, high quality care in every location. Second, I will articulate a vision for VA as a national health care system that is the provider of choice for Veterans. Third, I will align our organizations and structures to realize this vision. We have an unmatched breadth and depth, but we need to marshal these resources toward implementing this vision.

Question 2. If confirmed, what would you like your legacy to be?

Response. If confirmed, I would like my legacy to be that as Under Secretary for Health, I articulated and implemented a new model of care to transform VA into a 21st century delivery system that is patient-centered, continually improves, and utilizes team care. This new model will improve quality and access, allow VA to reach more Veterans, and provide greater service that treats all Veterans' health care needs.

Question 3. What role, if any, do you believe VA should have in the national health care reform debate? What can be transferred from VA's experience to a national health care reform bill?

Response. Our principal role in the national health care reform debate will be to advocate on behalf of Veterans and ensure they have the best options available for care. As we strive to meet that challenge, VA demonstrates the value of integrated care, where all clinicians work for the same organization, have access to the same data, and have a common mission. VA's electronic health record is also an excellent and tangible example of how VA can support improved health care in the country through integrated and coordinated care. VA has virtually unmatched experience in establishing performance measurements and meeting these standards; this experience can help other providers develop and improve the quality of care patients receive.

Question 4. How do you compare VHA health care to health care available in the private sector? In what areas do you think VA lags behind the private sector, and how would you, if confirmed as Under Secretary for Health, implement improvements in those areas?

Response. VA compares very favorably with the private sector on technical measures of the quality of hospital care processes, outpatient and preventive care, and risk-adjusted mortality. I also believe we are unmatched in the care of complex, chronic illness, including mental illness and polytrauma, which are areas that are not routinely measured outside of VA. However, we lag behind others in our business practices, such as billing, coding, collections, and financial management systems. We also have been perceived as less transparent than other health care organizations. Secretary Shinseki has emphasized the importance of transparency. I agree with the Secretary that we must do more to help Veterans make informed decisions. FLITE is one resource I believe will help VA and VHA better manage these business processes, but it is only one element; we need to align our resources and our structures to ensure consistency and uniformity throughout the system.

Question 5. If confirmed, how would you propose to manage the confluence of demand for health care created by those veterans with service-connected disabilities and those veterans who are eligible for VA health care?

Response. Providing care to service-connected Veterans is one of our highest priorities, but we also want to be the provider of choice for all eligible Veterans and manage their care as well. VA is expanding access to Priority 8 Veterans in a gradual fashion so that more Veterans can receive care from us while ensuring we maintain the ability to provide care for service-connected Veterans.

Question 6. According to VA, there are more than 688 full time positions in VISN offices, and another 383 collateral VISN employees. That is a total of almost 1000 employees nationwide, or four times the number originally estimated when the VISNs were created. What explains this growth of these offices? What direct responsibility do you believe VISNs should have to enforce VA policy and to ensure the quality of care at individual facilities in their VISNs?

Response. Veterans Integrated Service Networks (VISN) are the basic operating units within VHA. The VISN structure encourages innovation and has been the

basis for many of the significant advances within VHA over the last 15 years. The responsibilities of VISNs have grown, which has in turn necessitated larger staffs. VISNs are responsible for all operational issues within their networks, and this is one area where we can reduce variation to improve the consistency of our organizational structures, business practices and medical care. For example, while I was the Network Director for VISN 23, we moved to a consolidated equipment purchasing system for imaging equipment such as CT machines. This shift resulted in savings of several million dollars as we were able to negotiate high volume contracts with lower prices per units, and we saved money on maintenance costs through uniformity throughout the VISN.

Question 7. Do you believe that the Under Secretary for Health has adequate authority over the VISNs and overall VHA activities?

Response. The Under Secretary for Health has adequate authority to supervise VISNs and other VHA activities. Network Directors are accountable to the Under Secretary, but accountability is a two-way street. The Under Secretary must clearly convey expectations and provide resources to help the VISN meet the standards set by Central Office. As I have said before, if confirmed, a key element of my objectives as Under Secretary will consist of reducing variation in our organizational structures, business practices and delivery of care. We want VISNs to be able to maintain flexibility to experiment and do what is needed at the local level, but as a former VISN director, I always knew that I needed to inform my supervisors in Central Office about issues and seek their approval when necessary.

Question 8. Are you satisfied with the amount of oversight that VA headquarters program managers are able to conduct? In your view, is budgetary authority a prerequisite for such oversight?

Response. The Deputy Under Secretary for Health for Operations and Management is responsible for all operational issues and overall management of our facilities. Program managers are distinct and are responsible for developing policy and working with the Networks to conduct oversight in their specialty areas. These offices need to work together and in close coordination with program managers to ensure that the right services are available and that facilities have the necessary resources in funding, staff and training. I believe there is an increased need for a significant clinical presence in operations and, if confirmed, plan to see this happen. I do not think budgetary authority is a prerequisite for oversight.

Question 9. Currently, VHA's quality management functions are separated from its patient safety functions, and both are separated from patient care services. What will you do, if confirmed, to ensure that these offices work together to monitor the quality of health care available throughout VHA's health care system? Please explain exactly what responsibilities you believe each of these offices should have for ensuring that individual facilities and VISNs provide quality health care?

Response. VHA needs an integrated approach to quality and safety. There is overlap between quality, safety, and patient care. We need to consider what we can and should do to better align our organizations to meet the needs of Veterans. Quality and safety data are necessary to supporting operations and our facilities, and if confirmed as Under Secretary for Health, I will see that this cooperation is taking place. The Office of Quality and Safety should be responsible for assessing our programs and gathering data that can be provided to the Office of Operations and Management and Patient Care Services to improve how we deliver health care. VHA has taken many actions to align quality, safety, patient care services and operations, including:

- Establishing the Office of Quality and Safety, whose chief officer reports directly to the Under Secretary for Health;
- Creating the Under Secretary's Coordinating Committee for Quality and Safety, which includes VHA Senior Leadership, the Office of Quality and Safety, the Office of Patient Care Services, Operations and Management, and others to coordinate quality and safety activities within VHA; and
- Holding a bi-weekly meeting to address quality issues with VHA senior leadership, along with the Offices of Quality and Safety, Patient Care Services, and Operations and Management.

Question 10. While VHA has many policies and procedures in place to ensure that veterans receive quality care, recent failures at individual facilities such as Marion, Illinois, Miami, Florida, and Philadelphia, Pennsylvania to follow those policies and procedures shows that more needs to be done. What can you do if confirmed to ensure that individual facilities follow VA directives? A recent news article criticized VA's response to problems identified in the Philadelphia VA hospital's prostate brachytherapy program, pointing out that VA had not really held anyone account-

able for these problems. How would you characterize VA's response to that issue, and what actions do you plan to take moving forward if you are confirmed?

Response. Although VA responded to these situations quickly upon learning about them, there is more we should do to improve the care we provide. VA also needs to do a better job of anticipating and identifying facilities that may have issues and resolving them before patient safety issues emerge.

The best way to ensure that facilities follow VA directives is to clearly explain our expectations, because without this, we cannot maintain accountability within the system. It is important to recognize that accountability includes more than just dismissal or reassignment. Accountability is a two-way street, and if we haven't provided our facilities or our staff with the resources to meet our expectations, it would be unfair to punish them for not meeting those standards. Accountability includes educating staff and connecting performance with ratings and awards to provide the proper incentives for compliance. The nature of our response should vary according to several factors, such as whether there has been an historical record of noncompliance; what impact the person's actions had on patient safety and care; and any other circumstances unique to the situation. VHA leadership is responsible for providing the right structures to ensure accountability.

Question 11. Please describe how you, if confirmed, would propose to use the Inspector General's office, and how you will use the Office of the Medical Inspector to ensure accountability and adequate oversight of VHA? In general, how do you see the respective roles of IG and Medical Inspector?

Response. In my view, the Office of the Inspector General (OIG) is largely independent and responds to concerns raised by the public, the Secretary, and Congress. The OIG's findings provide a good basis from which we can assess our system and its recommendations often help strengthen VHA by identifying areas in need of further attention. This benefit is consistent with my idea, if confirmed, to reduce variation in the system with regard to our organizational structures, business practices and medical care.

The Office of the Medical Inspector (OMI) reports directly to the Under Secretary for Health and helps VHA provide the best possible health care to Veterans by assessing the quality of their care and recommending corrective actions. The OMI possesses the experience and expertise within its staff to investigate on short notice almost any patient care concern. The OMI can also assist VHA with system-wide assessments of quality of care. If confirmed, I would plan to use the OMI to continue performing these functions.

Question 12. Recently, the reports of a contractor that reviews quality of care in VA nursing homes were removed from the public domain. Do you believe these reports should be publicly available, and why or why not?

Response. I agree with the Secretary that transparency is an important area where VA must move forward. In general, information necessary for Veterans to make an informed decision regarding their health care should be made public. Some internal quality assurance documents, such as peer review assessments, require clinicians to honestly and accurately evaluate the work of their colleagues to ensure Veterans receive safe, quality care. Sharing such documents with the public could be counterproductive, since it may induce providers to hold back or otherwise offer more reserved assessments, which would ultimately and adversely impact patient care.

Question 13. I have received complaints from veterans that there are delays in getting their wheelchairs, hearing aids, and other prosthetic and orthotic aids. If confirmed, how will you ensure that veterans receive the assistive devices they need when they need them?

Response. Prosthetics are an essential component of patient wellness and rehabilitation, and I can assure you that, if confirmed, I will provide Veterans the devices they need by offering appropriate staff and resources to the Office of Prosthetics and Sensory Aids. More than 98 percent of all requests in the month of October were responded to within 5 days. VA has developed a new monitor this year to help track the true timeliness of procurement and to determine when Veterans are not receiving equipment within the time we expect or items are not properly documented. We will work to improve this process as we move forward.

Our laboratories are nationally accredited to provide the most advanced functional and cosmetic prosthetics. VA has more than 600 contracts with vendors to provide care closer to home for Veterans, as well as 66 VA orthotic and prosthetic labs, all of which are nationally accredited. VA provides surgical implants, home respiratory care, wheeled mobility, telehealth equipment, home adaptations, vehicle adaptation, artificial limbs, through its Prosthetics and Sensory Aids Service. If confirmed, I

look forward to working with you and the Committee to remedy any problems experienced by Veterans or your constituents.

Question 14. Recently, two veterans from my home state of Hawaii contacted the Committee because their home health care was terminated because they no longer met eligibility criteria. One of these veterans was an 85 year old wheelchair-bound veteran with cancer. If confirmed, how will you ensure that there are standards and processes in place so that veterans in need of home care continue to get such care? What process would you put in place so that if a decision is made to terminate such care, that efforts made to ensure help with finding alternative assistance?

Response. I am unfamiliar with these specific cases, but in general, I think these services should be available to everyone who would otherwise need hospitalization or institutional care. If confirmed, I would look forward to working with you and your staff to resolve the issues mentioned above, as well as other issues that arise. The Secretary and I believe VA must be a more Veteran-centered organization, and this is an excellent example of an area where we can improve to better serve Veterans.

Question 15. I continue to hear about outside health care providers who will no longer see veterans because of delays in receiving payment from VA. What will you do, if confirmed, to encourage community providers to work with VA to provide services where there are no VA facilities?

Response. VHA needs to look closely at its business practices, and if confirmed, I will work to reduce variation in how we process claims and our billing procedures to produce greater consistency across the system. I will also look into different approaches for providing care outside VA. Our first responsibility is always to provide health care to Veterans and, if we are unable to offer those services directly, we must find a qualified provider who can.

Question 16. If confirmed, how would you address the fact that VHA's performance measures have a bit of a "one size fits all" nature to them? How would you keep the "good" part of encouraging appropriate screening while eliminating the "harm" side of requiring inappropriate screening of people who would be harmed, or at least not benefited, by screening? An example would be screening for colon cancer in a patient whose life expectancy is less than the time it would take to benefit from screening that particular patient? How do you minimize the "harm?"

Response. That is a good question, and one VA and the health care industry need to address. We have adopted a national system of evidence-based performance measurement and preventive and screening practices because the scientific evidence tells us that, for the vast majority of patients, these practices promote health and save lives. But for Veterans with complex conditions, trying to attain VA's performance measure standards may not be best for the patient. For example, a patient with a life expectancy of less than 6 months may not benefit from screening for cholesterol levels. We do not want measurement standards to interfere with sound clinical judgment or physician-patient dialog essential to Veteran-centered care. VA is working to refine its measurement approaches and is consulting with the National Quality Forum to ensure national performance standards reflect patient-level considerations. Research is the best way to improve care for patients with multiple, chronic conditions. If confirmed, I will advance a new model of health care that uses teams of providers in collaborative roles who can discuss the various conditions of each patient and determine the best course of action. These interactions can reduce concerns about overlapping conflicts or competing standards.

Question 17. What is your view of VA's initiatives to reduce medical errors? In your view, what really works, and what is counterproductive?

Response. VA has a strong system in place to reduce medical errors. We have adopted standard operating procedures that support patient safety. For example, prior to any surgery, we have a series of steps that protects the patient. The surgical site is marked in coordination with the patient, the surgical team discusses the operation, and prior to beginning, the team takes a time out to verify they will be performing the operation correctly. This time out process is also used for complex procedures such as cardiac catheterization and endoscopies.

VA's Bar Code Medication Administration system is another example that ensures the right patient receives the right medication, in the right dose, in the right manner. VA is a recognized leader in the Nation for identifying medical errors and developing ways to correct them. Our patient safety data help us to identify system vulnerabilities and trends, and to take corrective action before other organizations might even notice a problem or concern. VA's reporting system for "close calls" lets us find vulnerabilities and fix them before serious harm occurs.

Question 18. What are your views on whether VA should fill prescriptions written by outside providers that are brought to VA for filling by Veterans who are not otherwise receiving any care from VA?

Response. The safety and care of our Veterans is of primary concern. Therefore, if we are providing medications, we should also be providing care to ensure Veterans are receiving the correct treatment for their conditions. VA has unique expertise in Veteran-specific care and we can identify conditions that civilian physicians may miss. We also want to have a comprehensive picture of the patient's medical history so that we can prevent any drug-drug or drug-allergy interactions that could adversely affect the Veteran.

Question 19. What is your view of the role that VA's labor partners play in the overall effort to improve VA health care delivery?

Response. I think VA's labor partners play a very important role in improving VA's overall health care delivery. I am a strong supporter of VA's union partnerships, and in my time as Network Director for VISN 23, I maintained very positive relationships with our union representatives.

Question 20. If confirmed, what would you do to improve VA care in rural areas? How would you improve recruitment and retention of high quality health care providers in rural areas, increase VA telehealth and telemedicine, ensure linkages with community providers, and increase the use of mobile vans?

Response. Providing care in rural areas is a challenge—not just for VA, but for the entire country. VHA's Healthcare Retention and Recruitment Office has developed a course as part of its Recruiter University that addresses rural recruiting and is placing national recruiters who conduct targeted recruitment for rural areas. VHA is also working to develop additional training and partnerships with state offices of rural health.

We have a number of opportunities to work together with community health agencies and to leverage relationships within communities, such as Tribal governments. Telehealth and telemedicine are two key instruments that bring care to rural Veterans, and VA is rapidly expanding these services. If confirmed, I will continue these efforts. VA's Office of Rural Health has a budget of \$250 million to support local and national initiatives through VISNs and program offices, including a pilot involving the use of mobile vans. If confirmed, I will see that we identify priorities and provide funding through a robust and prompt review process. VA will examine the results of this pilot prior to making any decisions about further expansion.

Question 21. What opportunities for improvement do you see in VA's research programs?

Response. VA is very grateful to Congress for providing a strong budget for VA's research programs. Some areas of research that I would particularly promote include investigations concerning Traumatic Brain Injury and Post Traumatic Stress Disorder, as well as Gulf War Veterans' Illnesses, Agent Orange exposure, issues affecting women Veterans, and genomic medicine. Oversight is an essential component to a productive research program. VA is an example of an integrated system that incorporates both health care and research; our work in maintaining rigorous standards for human subject research sets the bar for the Nation.

Question 22. If confirmed, how would you encourage research that is related to veterans' health care needs?

Response. All research VA supports benefits Veterans and contributes to their health care needs. For example, research into chronic conditions will benefit a substantial number of VA enrollees. We can encourage more research related to Veterans' health care issues through partnerships with the Department of Defense, the National Institutes of Health, our affiliates, and other organizations. If confirmed, I will personally encourage more research by being a strong advocate for additional support for VA's research programs.

Question 23. In past years, there have been cost overruns in both prosthetics and long-term care. In light of the recent GAO report pointing out a lack of financial controls in VA's Financial Management System, what will you do, if confirmed, to prevent similar cost overruns in the future?

Response. If confirmed, one of my primary objectives will be to align VHA to support consistent organizational structure, business practices, and medical care to realize efficiencies. FLITE can also help us more efficiently utilize the resources we have.

In the areas of prosthetics and long-term care, VA will continue to meet the needs of Veterans. The future for long-term care is non-institutional care that Veterans can receive in their homes or in the community. Through aggressive national contracts and clinical practice recommendations, VA can add value while saving tax-

payer dollars, and still provide the most advanced technology available in the market.

If confirmed, I will review the forecasting models VA uses to project demand for prosthetics and long-term care, and I look forward to working with Committee to support these important programs.

Question 24. Recently, Committee staff collected data on six randomly selected, very large CBOCs to determine whether they were providing all of the mental health services required under VHA's Uniform Mental Health Services Handbook. This review found several instances in which CBOCs did not supply all mental health services required. How will you, if confirmed, ensure that all VA facilities provide the required mental health services to the veterans who need them?

Response. VA's Mental Health Services Handbook includes requirements for all community-based outpatient clinics (CBOC) to provide primary care and mental health care. CBOCs can satisfy this requirement in several ways: through VA staffing, contract care, visiting providers, in-house contractors, or telehealth. For the largest CBOCs, the Handbook required implementation by October 1, 2009 for VA to provide most mental health services on site. Most of the very large CBOCs were delivering most of the required services long before then. If confirmed, I will ensure all CBOCs have the appropriate resources to meet demand uniformly and with minimal variance to be certain Veterans can access the care they need. I would ensure VISN and VA medical center directors understand their obligations. If a facility is not meeting the necessary standards, we would require it to develop plans to come into compliance and regularly check on the implementation of those plans.

Question 25. What is your view regarding the value of Vet Centers? What changes to Vet Centers, if any, would you propose, if confirmed?

Response. Vet Centers are an essential component of the VA system. They are an alternate door through which Veterans can access VA health care and benefits. Vet Centers have been very successful in building relationships with local VA medical centers, Veterans organizations and their communities, and if confirmed, I would encourage them to continue building these connections. There is great value in not folding Vet Centers into the mainstream VA health care system—their status is a unique asset to be valued, not diminished. VA has been increasing the number of Vet Centers significantly over the last few years (including mobile Vet Centers deployed to rural areas), and if confirmed, I will evaluate our footprint and determine what other steps may be necessary to provide more services to more Veterans. One initiative that we recently began that I would like to promote, if confirmed, is greater outreach and support for women Veterans. VA has provided \$25 million to hire and staff counselors specifically for women Veterans at 120 Vet Centers, and is expanding services for family members as well when that counseling relates to the readjustment needs of the Veteran.

Question 26. What is your view about allowing Vet Centers to partner with outside groups, such as those involved in existing DOD programs that offer a proactive approach to giving families the tools they need to be healthy?

Response. Vet Centers have been helping families with the process of a Veteran's readjustment for years now, and they maintain strong working relationships with providers in their communities to provide further support when our statutory limitations prevent us from doing more. Dr. Al Batres, the Director of Readjustment Counseling, is passionate about finding new methods for reaching and helping Veterans, and we will work together to explore further options. If confirmed, I look forward to discussing this issue and hearing the Committee's thoughts about new approaches Vet Centers can adopt to help Veterans and family members. Our Mobile Vet Centers have proven to be a very effective resource in reaching out to communities and helping Veterans and their family members readjust.

Question 27. How will you, if confirmed, implement integrated health care, merging mental health services and primary care services, considering that most veterans enter VA care through primary care?

Response. Integrating mental health and primary care is a key element of integrated care. Within the VA system, 40 percent of our primary care patients also have a significant mental health need, usually depression. Five years ago, VA began incorporating depression treatment into primary care clinics by bringing in specified mental health staff. This has been remarkably successful, as it helps Veterans receive the care they need without the stigma some see from seeking mental health care. I want to ensure every VA medical center's primary care clinic can provide similar services. In VISN 23, while I was the Network Director, we piloted a project examining the effectiveness of integrating mental health and primary care which was found so successful that we required every primary care facility in the Network to adopt this model.

Question 28. Are you confident that current VHA authorities and procedures allow sufficiently expeditious hiring of medical personnel? Please describe any recommendations that you have for changes to the current hiring system?

Response. As the Acting Principal Deputy Under Secretary for Health, as a Network Director, and as a Medical Center Director, I have first-hand knowledge about the difficulties VA sometimes faces in hiring personnel. VHA recognized the need to improve the efficiency of many of its processes related to recruitment and staffing and launched a recruitment collaborative that resulted in significant reductions in the average time it takes to bring an employee on board. However, there is still more to do in this area and VHA is continuing the effort into 2010.

Assistant Secretary for Human Resources John SepuAE1lveda has a number of initiatives underway to improve the hiring process, and if confirmed, I look forward to working closely with him to ensure VHA is able to improve its processes. I think VHA can reduce the average length of time it takes to fill positions, and I would be very interested in hearing from the Committee as well as our union representatives on what approaches they have considered. The most important step we can take is to study, review and re-engineer our internal processes to expedite the hiring process. If confirmed, I would work with Assistant Secretary SepuAE1lveda on these initiatives.

The Committee and the Senate recently passed S. 1963, the Caregiver and Veterans Omnibus Health Services Act of 2009, which contained a number of human resources provisions that will help VA recruit and retain clinicians. Most notable is the Secretarial authority to extend title 38 status to additional health care occupations. These are important tools that will help us recruit highly qualified health care professionals.

Question 29. In my view, Physician Assistants play a vital and growing role in the delivery of health care. VA has already indicated that they will expand the role of the PA Advisor. What new efforts would you undertake if confirmed as Under Secretary for Health to ensure full participation of the PA Advisor in health care planning and to provide adequate resources for the position?

Response. I agree with you that Physician Assistants (PA) play a vital and growing role in the delivery of health care in VA. VHA currently employs approximately 1,900 PAs and is the largest single employer of PAs in the country, employing 2.5 percent of all those practicing. VA plans to relocate the PA Advisor from a field-based to a VA Central Office-based full-time position at the end of the incumbent's term in April 2010. If confirmed, I look forward to discussing with the new PA Advisor how VA can most effectively utilize the position and make the most use of our PAs to provide better care to Veterans.

Question 30. Public Law 109-461, "The Veterans Benefits, Health Care, and Information Technology Act of 2006," added Marriage and Family Therapists and Licensed Professional Mental Health Counselors to the list of health professionals that VA may employ. VHA has said it will begin hiring those professionals by September 2010. Is VHA on target to meet the deadline?

Response. VA conducted a study to assess the use of marriage and family therapists (MFT) and licensed professional mental health counselors (LPC) in providing mental health services to Veterans. Based on the results of this study, VA has decided to develop separate hybrid title 38 qualification standards for the new occupations. VA has begun an extensive job analysis to prepare these qualification standards. Once approved, the standards will be subject to the collaboration process with VA's national unions. We expect this process will be complete by summer 2010. In the meantime, Veterans are continuing to receive the mental health care they need and deserve. VA is meeting the access standard for a full evaluation and initial treatment within 15 days 96 percent of the time.

There are currently 245 health care employees with an advanced degree in marriage and family therapy and 86 with a background as an LPC. VA will continue to hire individuals with these credentials to meet the health care needs of Veterans while we work through the process of establishing qualification standards for MFTs and LPCs. I would also note, as mentioned earlier, that Vet Centers are able to provide counseling to the families of Veterans as long as it relates to the readjustment of the Veteran.

Question 31. Marriage and Family Therapists and Licensed Mental Health Counselors have similar or comparable qualifications with social workers who have been eligible to work with VA for years. If confirmed, how will you utilize these health professionals?

Response. I think there are opportunities for further expansion of VA experts with these qualifications providing marriage and family therapy already. If confirmed, I look forward to input and recommendations from Veterans, union representatives,

and VA leaders on how VA could best use these health care professionals. Of course, I would welcome the Committee's recommendations on this issue as well.

Question 32. Do you see a value to establishing a position of Chief Psychologist at VHA headquarters to ensure that psychologists are involved in rehabilitation, long-term care, and primary care?

Response. My wife is a psychologist, so I can assure you that I am quite aware of the abilities of psychologists and the important role they play in the delivery of mental health care. The Deputy Chief Consultant for Mental Health, Dr. Antonette Zeiss, is a psychologist and brings this perspective to the Office's discussions and policy. Psychologists are well-represented throughout VHA and VA Central Office, and VA is the largest employer and trainer of psychologists in the country. The new model for health care will involve team care that brings together experts in different fields, and psychologists will perform an important function in this delivery model. If confirmed, I look forward to examining the role psychologists can fill in developing policy in VA.

Question 33. Much has been promised in recent years about ensuring that there is a smooth transition between DOD and VA for separating servicemembers. What is the state of progress in this area, and what more needs to be done?

Response. In the past few years, VA and DOD have made tremendous progress in collaborating to ease the transition of servicemembers. We have several different organizations nationally that support this cooperation, such as the Senior Oversight Committee, the Joint Executive Council, and the Health Executive Council. More needs to be done. Part of the long-term solution to the issue of a smooth transition is the Virtual Lifetime Electronic Record (VLER). VLER supports a Veteran-centered approach to health benefits and provides uniform, comprehensive services and consistent access to information for Veterans and providers. VLER will streamline the use of data and reduce the burden for beneficiaries to provide information, improve quality and support more effective and efficient delivery of care and benefits, and reduce costs by decreasing errors and duplicate tests. VLER will begin with a production pilot in San Diego that will be achieved in January and will include additional pilots by the end of FY 2010.

In the short- to medium-term, VA should continue its efforts to transitioning Veterans returning from service in Iraq or Afghanistan. In 2008, VA expanded and enhanced outreach services to Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) servicemembers and Veterans with hands-on briefings, health care enrollment and personal interaction at:

- Demobilization briefings at 61 sites;
- Yellow Ribbon Reintegration Program events at 30–60–90 day Post-Demobilization events;
- Post-Deployment Health Reassessments (PDHRA), including those conducted at VAMCs;
- Combat Veteran Call Center to contact all separating OEF/OIF Veterans;
- National Guard and VA partnership between Transition Assistance Advisors and state coalitions;
- Individual Ready Reserve Musters at community locations or VAMCs; and
- OEF/OIF Web site.

Our outreach efforts have provided Veterans with knowledge and access to VA services and benefits; of the 1,070,000 who have separated from active duty since 2002, 46 percent have used VA. VA established OEF/OIF Care Management teams in each VISN and has placed an OEF/OIF program manager, Transition Patient Advocate, and case managers at every Medical Center to identify OEF/OIF Veterans, coordinate the delivery of care and services for them, and provide case management. For wounded, ill and injured Veterans, VA has stationed 31 liaisons at 17 Military Treatment Facilities to facilitate the transfer of care to VA health care facilities. Together with DOD and VBA, VHA has actively participated in the Disability Evaluation System (DES). This program provides streamlined disability exams for wounded, ill and injured servicemembers. Jointly, we are expanding this initiative to cover additional DOD sites. We are expanding our call center activities to include a specific focus on women Veterans and developing strategies to identify OEF/OIF Veterans at high risk for homelessness.

Question 34. How do you propose, if confirmed, to really create movement between DOD and VHA in information sharing?

Response. VLER is part of the long-term solution for information sharing. VA must maintain a strong working relationship with DOD, and based on my experience in Minneapolis, I know firsthand how beneficial complete access to information can be. At the Minneapolis Polytrauma Rehabilitation Center (PRC) clinicians receive significantly more information now than they did 5 years ago, including im-

ages and data from the combat theater. By placing liaisons in each other's facilities, VA and DOD are supporting patient transfers with teams of case managers and a warm handoff. The Federal Recovery Coordination Program has done tremendous work with the most severely injured and ill servicemembers and Veterans.

VA currently has several modalities that help with information sharing. First, the Federal Health Information Exchange (FHIE) supports the monthly, one-time transfer of viewable historical electronic health information from DOD to VA upon a servicemember's separation or retirement. DOD has transferred electronic health data on more than 5 million retired or discharged servicemembers.

Second, the Bidirectional Health Information Exchange (BHIE) enables real-time sharing of viewable electronic health information between VA and DOD for shared patients. BHIE supports care for more than 3 million shared VA/DOD patients. BHIE and FHIE are viewable by VA clinicians treating patients or VBA claims staff adjudicating disability claims.

Third, the Clinical Health Data Repository (CHDR) is an interface between DOD's Clinical Data Repository and VA's Health Data Repository that supports the exchange and storage of computable allergy and pharmacy information for active dual consumers of VA and DOD health care. CHDR computable data supports drug-drug and drug-allergy interaction checks.

In September 2009, VA and DOD successfully implemented improvements to existing systems to support full interoperability of health data as mandated by the 2008 NDAA and defined by the Interagency Clinical Informatics Board. Most recently, on November 25, 2009, VA announced a partnership with Kaiser Permanente to launch a pilot program that will exchange electronic health record information using the Nationwide Health Information Network.

Question 35. Access to health care, especially mental health care, continues to be an issue for National Guard and Reserve members. If confirmed, how will you work to ensure that members of the Guard and Reserve get the VA health care for which they are eligible?

Response. In Minnesota, the Beyond the Yellow Ribbon Program has proven highly successful in reaching members of the National Guard; VA has been able to contact almost 90 percent of Guard members and we have seen enrollment rates as high as 76 percent at some events. As Network Director in VISN 23, we involved VHA and VBA personnel at these and other events to let recently separated Veterans and their families know about the array of benefits they have earned in service to their country. VA also works closely with State Departments of Veterans Affairs. I would like to see elements of this approach adopted nationally, and if confirmed, I look forward to discussing this issue with you to learn what approaches you think VA could adopt to provide even better support for Veterans.

Enrolling and working with members of the Reserve Component is more difficult because they are often scattered throughout the state. VA can and must visit demobilization sites to reach these members while they are still gathered in one place. Additionally, VA has an assortment of other national outreach efforts, including the Yellow Ribbon Reintegration Program, the Post-Deployment Health Reassessments, the Combat Veteran Call Center Initiative, National Guard and VA partnerships, Individual Ready Reserve Musters, and VA's OEF/OIF Web site. VA presently has staff at all 61 demobilization sites for the Reserve Components and has reached out to over 73,000 members while offering them opportunities to enroll into VA health care. VA also reaches this group of Veterans and their families through social media (including YouTube, Facebook, Twitter, and blogs) as well as our internet presence. VA continues to use face-to-face encounters and personal calls to returning servicemembers to coordinate appointments for their health care needs.

Question 36. Recently, the Committee held hearings on contract health care in VA. During that hearing, it was noted that VA has over 2,000 different contracts for health care. If confirmed, how will you ensure that VA oversees the quality of care provided by contract providers?

Response. Contract care is a potential vulnerability within our system. The variation of requirements and standards is one area that will receive my close attention if I am confirmed as Under Secretary for Health. VA should standardize organizations and business practices to ensure quality controls are maintained with any care provided outside of a VA facility or by a contractor within a VA hospital. This means including requirements that contractors meet VA quality assurance measures and defining mechanisms for auditing the care provided to ensure it meets or exceeds our standards, among other conditions.

Question 37. Recently, S. 1963, the proposed Caregiver and Veterans Omnibus Health Services Act of 2009 passed the Senate unanimously. What are your personal views on the role VA should have in assisting caregivers with their critical

role? If confirmed, what steps would you take to ensure timely implementation of the bill, once it becomes law?

Response. If confirmed, I plan to implement all legislation as quickly as possible. The Senate voted to approve S. 1963, which contains a number of provisions for caregivers. VA has been working diligently with your staff, the House, and the Office of Management and Budget to develop a position on a comprehensive system of increased benefits and support for caregivers. VA currently has a full-time national Caregiver Support Program which is developing a system-wide approach to caregiver assistance in consultation with its established Caregiver Advisory Board. All VA medical centers have an appointed Caregiver Support Point of Contact to facilitate local activities and identify best practices. Additionally, VA concluded eight caregiver assistance pilot programs in August 2009. These identified best practices for providing caregiver training and education and support services, including a range of options for respite care. VA is developing national recommendations based on this work that will create a solid foundation for the national Caregiver Support Program.

Question 38. VA has long played a significant role in training future health care providers through its affiliation with academic centers. What is your sense of the overall state of VA affiliations?

Response. The overall state of VA affiliations is strong, but there is always room for improvement. The Secretary recently accepted the report of a distinguished panel, the Blue Ribbon Panel on VA-Medical School Affiliations, which provided 44 specific recommendations to further enhance this important partnership. VHA is developing an implementation plan that will provide a template for taking action on these recommendations and is expected to provide a report to Congress on progress in the near future. Medical affiliations with the Nation's health professional schools enhances the quality of care VA provides, as students are apt to ask questions about why care is provided in the manner it is; these teaching opportunities benefit Veterans, clinicians, and affiliates.

Twenty-seven percent of VA's clinical staff trained in a VA medical center prior to their employment, including nearly 60 percent of our physicians and 70 percent of our optometrists and psychologists. Currently, 89 percent of VA trainees would recommend their training to others, and 86 percent feel that their training in VA is equivalent or better than comparable training at other sites. Nearly two-thirds of VA trainees consider employment with VA after their training rotations end. VA is a national resource for health professions education, training over 100,000 students in more than 40 disciplines annually. VA is the only Federal agency presently addressing the national shortage of physicians by expanding its support for graduate medical education (GME). In October, VA awarded 254 new GME positions, bringing the total of new positions awarded as part of the GME Enhancement Initiative to over 1,200 of the 2,000 initially approved for distribution. Approximately 80 percent of these new positions have gone to areas of the country with the largest increase in Veterans. VA also established five new partnerships for the VA Nursing Academy in April, for a total of 15.

Question 39. If confirmed, how will you strengthen those affiliations, to ensure more training opportunities in areas such as telemedicine, nursing, and physical or occupational therapy?

Response. Affiliations are a critical component of VA care. VA is developing a new model of care that is patient-centered, continuously improving, and utilizing a team approach to health care. VA is working with its academic partners to take the lead in creating patient-centered, team-based and inter-professional educational programs. VA is currently the largest provider of telemedicine in the country, and has significant opportunities for training in this area. VA is expanding training programs in areas of specific Veteran health care needs, such as mental health, rehabilitation, Traumatic Brain Injury and rural health. Nursing is another area where VA is helping address the national shortage of health care providers through the VA Nursing Academy.

Question 40. What is your view of the VA nursing academy and the resulting partnerships?

Response. The VA Nursing Academy is a concept I fully endorse. Nurses are the backbone of the VA system, and our care is only as good as the people who provide it. VA launched the VA Nursing Academy to address the nationwide shortage of nurses. The purpose of the Academy is to expand the number of faculty in our affiliated nursing schools, increase nursing student enrollment, increase the number of students who come to VA for clinical training, and promote innovations in nursing education and clinical practice. Four partnerships were established for the 2007-2008 school year. Six additional partnerships were selected in 2008. Earlier this

year, VA announced five new partnerships in Asheville, NC; Birmingham, AL; Honolulu, HI; New York, NY; and Pittsburgh, PA.

Question 41. Traumatic Brain Injury has been described as one of the signature wounds of the Iraq and Afghanistan war. What is your view of the overall VA capacity to treat TBIs? What is your sense of how VA is working with community TBI programs to ensure appropriate referrals? What is your view about VA's ability to fully address the blindness, hearing loss, and tinnitus that often accompany TBI?

Response. VA has an excellent system for Traumatic Brain Injury (TBI) and polytrauma care. VISN 23 is home to the Minneapolis PRC, so I have seen firsthand how much this system can save and improve the lives of Veterans and their families. For almost 20 years, VA has had centers with developed expertise in military service related brain injuries unmatched in the civilian community. The VISN works closely with community providers as a complement to VA's care if VA facilities are geographically inaccessible or VA is otherwise unable to provide the needed treatment. As Network Director, I approved several such requests for care outside the VA, despite the greater cost, because this was what the Veteran needed. VA routinely establishes cooperative agreements with private sector facilities to provide specialized TBI neurobehavioral care and services to Veterans. VA has integrated teams of clinicians, including experts in sensory loss (audiologists, ophthalmologists, optometrists, Blind Rehabilitation Specialists, etc.) who are available to help Veterans with TBI and polytrauma to address other symptoms such as blindness, hearing loss, or tinnitus.

With regard to blindness and low vision, VA has an exceptional program that provides care and support in locations across the country on both an inpatient and outpatient basis. The Polytrauma System of Care provides specialized medical rehabilitation, coordinates support efforts, and provides information for patients and family members across the country. VA currently has 108 specialized TBI rehabilitation locations across the country. Our PRCs have telecommunications equipment where they can conduct video-conferences with other facilities if these locations need additional expertise or consultative support. VA is also establishing Assistive Technology Laboratories at the PRCs to provide the most advanced technology to Veterans and servicemembers. Finally, VA has a comprehensive TBI Screening and Evaluation program to assess all OEF/OIF Veterans entering the VA system. Since April 2007, any OEF/OIF Veteran seen by a VA health care provider is screened for possible TBI. To date, VA has screened over 354,000 OEF/OIF Veterans for mild TBI, and approximately seven percent (24,559) have received a confirmed diagnosis of mild TBI.

Question 42. What progress has VA made in getting the Vision Centers of Excellence up and running? What remains to be done?

Response. Over 182,000 diagnoses of ocular injury were made among active duty servicemembers between 1998 and 2007. The rate of injury rose after 2000 due to increased exposure to blast injuries. VA understands the importance of providing the best care possible to Veterans with these injuries, and the Vision Center of Excellence is an important resource for these Veterans and their providers. In October 2009, VA and DOD signed a Memorandum of Understanding to support the new Vision Center of Excellence (VCoE). Both the Director and Deputy Director have been appointed. Three of six VA hiring actions have been completed, and VA has committed \$6.9 million to support staff development and educational programs through FY 2013. VCoE is cosponsoring a conference for providers in December 2009 on TBI-related visual and auditory impairment, and is planning a conference on artificial vision and retinal prostheses for late FY 2010. The data fields for the Eye Injury Registry were defined earlier this year, and while it is being developed, VA data needed to populate the Registry will be accrued and stored in a VA database by the second quarter of FY 2010. VA anticipates it will complete recruiting for support staff by the end of the second quarter of FY 2010.

Question 43. In 2003, VA and the Indian Health Service entered into a Memorandum of Understanding to improve care for Native American veterans. More than six years later, progress remains limited. What would you do if confirmed as Under Secretary to improve this coordination?

Response. As Network Director for VISN 23, I have a great deal of experience in working closely with IHS and other organizations to provide care and outreach to Native American Veterans. VISN 23 has 27 Native American reservations, and has developed programs on many reservations to help Veterans. We worked with Tribal communities to develop CBOCs, Post Traumatic Stress Disorder (PTSD) treatment, and telehealth support sites, and developed a compensated work therapy program in South Dakota. This is an underserved population and we have to do more to reach them. In my experience, 50 percent of the adult male Native American popu-

lation in South Dakota was Veterans, and VA supports both national and local efforts to create a better support system for them. A key component of this effort is culturally appropriate training. One example of this type of training we used in VISN 23 was a weeklong retreat for VA employees working with the Lakota Tribe that proved very effective in terms of building relationships and supporting care.

Question 44. With the increasing number of women veterans, how do you intend, if confirmed, to ensure that their gender specific needs are met and that VAMCs are accessible to them, including women veterans with catastrophic disabilities like spinal cord injury?

Response. Women Veterans are increasingly enrolling in the military, and in VA. They are also using our services at greater and greater levels. VA must find ways to meet their needs through improved services, access, and privacy. VA is upgrading our facilities and CBOCs to ensure they are focused on safety, dignity and sensitivity to deliver comprehensive primary care for women that includes gender specific needs. Where feasible, VA is developing comprehensive and integrated women's health care on all our campuses to provide one location for women's care—primary, gynecological, mental health and all necessary services. Gender specific cases like breast cancer are relatively few in VHA, but they are no less important than outside VA. The Office of Patient Care Services and the Women's Health Strategic Healthcare Group are developing a methodology to track all women with breast cancer to ensure they receive an appropriate diagnosis, treatment and follow up.

As the Secretary has said, this is an area where VA is playing catch-up, and if confirmed, I will make it a priority as Under Secretary for Health. VHA facilities just completed implementation plans for the delivery of comprehensive primary care for the next five years. These plans include the resource and staffing needs to fully address the increasing demands for care delivery for women Veterans through a patient-centered medical home approach.

Question 45. Providing outreach and education to women veterans are crucial tasks as VA transitions into a 21st Century health care system. If confirmed, how would you collaborate with the Center for Women Veterans to accomplish these tasks?

Response. VHA's Offices of Patient Care Services and Operations and Management are working closely with VHA's Women Veterans Health Strategic Healthcare Group to identify the needs of women Veterans and institute policy changes to provide greater privacy and dignity for women Veterans. This work group also works closely with the Center for Women Veterans to conduct outreach and develop new policies and proposals, and VHA has an advisor on the Department's Advisory Committee on Women Veterans. This means creating an environment in which women Veterans can feel comfortable enough to seek care. And it means responding to the actual needs of women Veterans.

One area I have always wanted to see VHA do better in is encouraging direct input from Veterans. If confirmed, I will see that this happens. VHA should conduct focus groups with different populations to find out what care and services they want and how they want it. That includes sitting down with women Veterans and hearing from them about how VA can meet and exceed their expectations for care. Close collaboration with the Center for Women Veterans can make this a successful venture. Conducting outreach to women Veterans through the existing Combat Call center infrastructure will also be helpful.

Question 46. What do you see as VHA's role in the campaign to end homelessness among veterans within five years?

Response. VHA has a major role in the President's and the Secretary's campaign to end homelessness. The vast majority of our budget to combat homelessness, approximately 80 percent, comes from VHA which finances the grant and per diem program, the domiciliary programs, and we conduct outreach to homeless Veterans or those at-risk for homelessness. The recent and ongoing expansion of the Department of Housing and Urban Development-VA Supported Housing (HUD-VASH) program helps VA offer permanent housing to Veterans and family members when they need it. Many of the factors that contribute to homelessness are health issues, such as mental health disorders, substance use disorders, and the like. Consequently, to end homelessness, VHA must provide Veterans the health care they need to treat the underlying conditions.

Question 47. If confirmed, how will you work with the Under Secretary for Benefits to resolve information sharing issues so as to attempt to ensure that veterans receive all of the benefits, both monetary and health related, for which they are eligible?

Response. VHA and the Veterans Benefits Administration (VBA) play important, complementary roles in supporting Veterans. While many processes and objectives

are distinct, there are important areas of overlap. For example, many of the examinations VBA needs completed to make assessments concerning compensation and pension are done by VHA providers. VHA also supports rehabilitation and compensated work therapy programs, which complement VBA's vocational rehabilitation and employment programs. I think VHA and VBA must work closely together, because to Veterans, there is no distinction—there is just one VA. While I was the Network Director of VISN 23, we regularly had our medical center directors meet with VBA regional directors to share information and identify new ways to collaborate. I think this kind of cooperation at the local and national levels will strengthen the bonds between the two administrations and within VA, ultimately resulting in better care and services for Veterans.

Question 48. If confirmed, how would the division of labor work between the USH's office and the Chief Information Officer's office on health technology matters?

Response. The new Assistant Secretary for Information and Technology (OI&T), Roger Baker, has done an excellent job in improving cooperation and coordination between OI&T and VHA. The Under Secretary for Health and the Chief Information Officer should work together closely to identify priorities and fund these projects as well. VA has made significant progress in defining the areas where OI&T will have the lead and where VHA's Office of Health Information will have the lead. This includes distinguishing between information technology and medical equipment, where VHA will set policy and priorities. This has been particularly helpful with regard to expanding telehealth.

Question 49. In your view, what additional applications of VHA's Information Technology capability are crucial? If confirmed, how will you work with the CIO to ensure the development and implementation of new applications?

Response. It is clear that health information technology will become even more critical to effective health care in the future. As the Veteran population continues to embrace technology as a primary means of communication, we must adopt similar technologies to effectively reach and care for them. Veterans are increasingly using their personal health record, My HealtheVet, to manage their health care and interact with VA. Secure messaging is being piloted in locations across the country to facilitate better communication between Veterans and their providers.

Under the leadership of Assistant Secretary Baker, VA can provide the efficiencies and returns on investment that Veterans, Congress and the public expects. VHA meets regularly with Mr. Baker to identify opportunities for partnership.

Question 50. What is your view about allowing State Veterans Homes to draw upon the same revenue sources as Community Nursing Homes are able to draw upon for the care of highly service-connected Veterans?

Response. State Veterans Homes are an invaluable asset, and VA complies with existing law with regard to payment for care for highly service-connected Veterans. VA is continuing discussions with the Committee and if confirmed, I look forward to hearing your thoughts on this subject.

Question 51. Do you believe that the Health Care Center Facility Leasing Program is a viable alternative to major construction? When are such leases appropriate?

Response. Health Care Center leasing can be a viable alternative to major construction, but this has to be a site-specific determination. There is a threshold below which it may not make sense to build a new facility, particularly given the delay that would result from the major construction process. Providing medical care space through leasing, rather than construction, results in quicker occupancy of state-of-the-art, right-sized buildings. Leasing also provides flexibility for an exit strategy if required based upon changing Veteran demographics. VA can also mitigate space and infrastructure deficiencies, providing a consolidated, Veteran-centric, modern, safe health care environment. The major lease process is a two-step process where VA competitively preselects a site, determines the conceptual design for the new facility, and then competitively procures a developer who will purchase the site, build the facility, and lease it to VA. This process normally takes 16 to 18 months. Smaller facilities may be procured in a shorter timeframe using a one-step process where the site and developer are selected simultaneously. Once a contract is awarded, a new leased facility is ready for activation following an average construction period of two years. VA procures leases for 20 years, the maximum term allowed by General Services Administration (GSA) regulations.

RESPONSE TO PREHEARING QUESTIONS SUBMITTED BY HON. RICHARD BURR TO ROBERT A. PETZEL, M.D., NOMINEE TO BE UNDER SECRETARY FOR HEALTH, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

1. In July 2009, the Veterans Health Administration (VHA) issued directive 1004.2, "Advance Care Planning and Management of Advance Directives," which provides that primary care practitioners are responsible for "[g]iving patients pertinent educational materials (e.g., Refer patients to the 'Your Life, Your Choices' module in MyHeatheVet at the web site <http://www.myhealth.va.gov>, or provide written material such as Appendix C)."

- A. As a Veterans Integrated Service Network (VISN) director, how did you implement that directive?

Response:

- In Veterans Integrated Service Network 23 (VISN 23), we hired a hospice and palliative care physician and a coordinator to implement VHA Directive 1004.2, "Advance Care Planning and Management of Advance Directives." These two individuals have been active and have visited almost every medical center in the VISN to review appropriate protocols and to educate providers on proper approaches to advance directives.

- B. Did facilities under your direction supply "Your Life, Your Choices" to patients or their family members?

Response:

- The "Your Life, Your Choices" material was not sent out in VISN 23 because it was not part of the official package. Physicians may or may not have used it, but I did not direct our facilities to provide the material to patients or their family members.

- C. While a VISN director, did you receive any other advance directives materials or guidance from VHA?

Response:

- I am not aware of other advance directive materials or guidance that was sent out during my tenure as VISN Director. We did make advance directive planning part of our strategic initiative as a VISN because we felt that educating patients and their family members on the value of advance planning is worthwhile and valuable. As a result of this initiative, we hired hospice and palliative care coordinators at the eight VA medical centers in VISN 23. In April 2009, VA Central Office held an audio conference education seminar for providers concerning dementia and advance care planning, but no directives were issued during this seminar. I do not know if any VISN 23 physicians participated.

D. If “Your Life, Your Choices” was used during your tenure as a VISN director, did any health care providers or patients raise any objections to the subject matter in that document?

Response:

- As I stated in an earlier response, VISN 23 did not formally send out or direct facilities to use, “Your Life, Your Choices.” Individual physicians may have used this document, but to the best of my knowledge, I received no complaints or objections regarding this material.

2. “Your Life, Your Choices” is listed as the primary advance directive planning tool in VHA directive 1004.2. Although it is still listed in 1004.2, the document is no longer available on the website for the Department of Veterans Affairs (VA). It is my understanding that the document was removed from the VA website following scrutiny for some of the content and resources identified in it. “Your Life, Your Choices” lists the group Choice in Dying as the only third-party advance directives resource. Choice in Dying was formerly known as the National Euthanasia Society and has previously been a proponent of right to die laws.

A. Do you believe it is appropriate to provide veterans, as the only suggested advance directives resource, with the contact information for an organization that has publically supported right to die laws in the United States?

Response:

- I do not believe it is appropriate that there be only one resource for advance directives, regardless of the author. Advance directive planning represents one of the most private and significant decisions a person can make. Any material provided should be neutral and informative and allow the patient and his or her family to make an educated and appropriate decision.

B. VA has indicated that the 1997 and 2007 versions of “Your Life, Your Choices” are under review by a panel of experts. How will you proceed with this process in order to address some of the concerns that have been raised?

Response:

- If confirmed, I will oversee the review process of this document and ensure that any changes made have been thoroughly considered. I would ensure that any inappropriate or non-neutral material is removed before the final version is made available. I would consult with a wide cross-section of individuals familiar with end-of-life decisions and advance directives to hear from those with differing perspectives on this issue.

- C. Since the development of the original 1997 version there have been several end-of-life/advance directive resources developed. If confirmed as the Under Secretary for Health, would you direct VA to consider all such resources?**

Response:

- Yes.

- 3. The Administration has previously opposed S.801, legislation that would provide training, counseling, support services, health care, and a stipend to the designated family caregivers of severely injured veterans. Those provisions were included in S. 1963, the Caregivers and Veterans Omnibus Health Services Act of 2009, which recently passed the Senate.**

- A. During your tenure at VA, what has been your experience with the level of support VA provides to caregivers?**

Response:

- VA does provide some support for caregivers of Veterans, such as respite care, training, temporary lodging, insurance benefits through the Servicemembers Group Life Insurance Traumatic Injury Protection Program (TSGLI), as well as Aid and Attendance and Special Monthly Compensation benefits available to Veterans. VA also contracts for caregiver services with more than 4,000 home health and similar public and private agencies approved by the Centers for Medicare and Medicaid Services or through state licensure. In these agreements, VA contracts with the agency, who then independently hires and trains the caregiver. We also recently completed eight caregiver pilot programs that VA will use to determine what additional support we can provide.
- Caregivers provide a vital service and many need additional support and help to reduce caregiver stress and burden. VA wants to work with Congress on ways VA can do more, and if confirmed, I will work with the VA leadership in support of VA's efforts with the Senate and House to develop legislation that meets the needs of Veterans and their caregivers, and then to quickly implement these laws once enacted.

- B. What do you believe VA's level of obligation should be for those severely injured veterans and their families?**

Response:

- There are numerous areas VA should examine such as providing additional support to caregivers through expanded training and more robust support for medically-related travel for the Veteran. Additionally, VA should seriously

examine the opportunity to provide health care benefits for caregivers, particularly for those who have had to end their employment to care for a loved one. Finally, VA needs to develop an approach that will compensate caregivers for their service. If confirmed, I look forward to working with Secretary Shinseki and this Committee to develop a proposal that will work for Veterans, caregivers and VA.

4. In the past two years, the VA Inspector General (IG) has found deficiencies in Quality Management at several VA medical centers. These have included issues with peer review, privileging, and credentialing.

A. If confirmed, what steps would you take to address issues with privileging and credentialing?

Response:

- We must ensure that every VA professional is properly privileged and credentialed to perform the tasks he/she has been asked to do. This will require diligent and continuous review at the facility level, and if confirmed, I will require VISN Directors to ensure each facility in their network meets or exceeds the VHA standards. Ultimately, the medical center directors are responsible for operations within their facilities and must be held accountable for this fundamental function of health care organizations. I think peer review must be held to the same standards, and when used correctly, can provide an additional layer of security and oversight for quality operations.

B. As a VISN director, what steps did you take to ensure that the facilities within your VISN were adhering to quality management protocols?

Response:

- In VISN 23, we identified a Quality Manager responsible for reviewing the quality management programs at each facility. This Manager was responsible for reviewing programs and holding each facility accountable to the Network's standards. If confirmed, I would like to see this model applied nationally to reduce variation across the system and to align our organizational structures to provide safe and quality health care to Veterans.

5. Please provide copies of all relevant performance and leadership data during your time as a VISN director, including ratings associated with the Executive Career Field Performance Plan.

Response:

- These materials are being provided separately.

6. In your questionnaire, you answered “none” to questions 16(c), 16(d), and 16(e), in response to a request to list any testimony, speeches, or interviews you have given in the past ten years. Yet, information available on-line appears to reflect that you have testified, delivered speeches, and provided interviews during that time.

A. Would you please clarify whether – in either your personal or professional capacity – you have testified, delivered speeches or talks, or been interviewed at any time during the last ten years?

Response:

- I responded to questions 16(c), 16(d) and 16(e) of my questionnaire under the assumption it was asking about non-professional remarks I made in public forums. I have provided informal remarks to Veterans’ Service Organizations (VSOs) on a regular basis during my time as Chief of Staff and Network Director. These were often brief updates about current activity within the VISN, and as such, I do not have copies of these presentations. These VSOs included the local chapters of the American Legion, Veterans of Foreign Wars, Disabled American Veterans, Former POWs, and county Veterans service officers.
- I have appeared before a Congressional hearing on four occasions in the last several years. These include:
 - a. April 29, 2002: Veterans Forum with Representative Lane Evans, VISN 23 Update (statement attached)
 - b. June 27, 2006: House Veterans’ Affairs Committee, Subcommittee on Health, “VA’s Efforts to Provide High Quality Health Care to Veterans in Rural Communities” (no written statement, but I did answer questions)
 - c. April 18, 2007: House Veterans’ Affairs Committee, Subcommittee on Health, “Access to VA Health Care: How Easy Is It for Veterans— Addressing the Gaps” (no written statement, but I was available to answer questions)
 - d. June 18, 2009: House Veterans’ Affairs Committee, Subcommittee on Health, “Legislative Hearing on H.R. 2770, H.R. 1293, H.R. 1197, H.R. 1302, H.R. 1335, H.R. 1546, H.R. 2734, H.R. 2738, H.R. 2770, H.R. 2898, and Draft Discussion Legislation” (written statement submitted, but no oral testimony provided and no questions answered)
- I have records of the following speeches I delivered that involved formal remarks:
 1. VA Upper Midwest Integration SMAG Presentation – April 2001
 2. SVAC Hearing – Nursing Workforce Strategies Innovation Panel and Nurse Managed Primary Care Delivery Clinics – June 2001
 3. ACA Spread and Sustainability: The Veterans Health Administration Experience – Washington, DC – February 2004

4. MDRC – Boston, MA – March 2004
5. NLB Strategic Planning Retreat – April 2004
6. Senior Management Conference – Part Time Physician Time and Attendance – August 2004
7. Advanced Clinical Access (ACA): Creating the Health Care Workplace of the Future – New Orleans, LA – May 2005
8. ACA for NLB – January 2006
9. National Health Council Voluntary Health Leadership Conference: Health Care 2015 and Beyond – Thoughts on Planning Ahead – Marco Island, FL – February 2006
10. ACA2: Blueprint for the Future – Reno, NV – March, 2006
11. Compelled to Act – Quebec Medical Association – Quebec City, Canada – April 2006
12. ACA: Blueprint for the Future – San Antonio, TX – May, 2006
13. Project HERO – Chicago, IL – July 2006
14. Health System Transformation – Ontario, Canada PHCTF Summit – August 2006
15. Health System Transformation – Quebec, Canada – October 2006
16. AMSUS 112th Meeting: Healthcare 2015 – San Antonio, TX – November 2006
17. ACA 2006: Blueprint for the Future – Las Vegas, NV – December, 2006
18. Canadian Medical Association CEO Forum – Las Vegas, NV – March 2007
19. National Health Service Institute: Health Improvement Through Leadership – England – July 2007
20. AAMC Deans/VA Panel – Washington, DC – November 2007
21. International Perspectives: The Veterans Health Administration Experience – Ontario, Canada – February 2008
22. Systems Redesign: The Future FIX Collaborative – New Orleans, LA – February 2008
23. Improving Chronic Illnesses Care: VISN 23 Chronic Disease Collaborative – March 2008
24. Healthcare Improvement in the VA – England – March 2008
25. Transformational Leadership – Minneapolis, MN – April 2008
26. Presentation to British Officials – VA Midwest Healthcare Network – April 2008
27. VA Non-Institutional Care: Where Are We Going? VHA Home Care Conference – May 2008
28. Tri Care West Sub Regional Warriors Care Summit – Colorado Springs, CO – July 2008
29. Health Care Trends – July 2008
30. Veterans Health Care: The Future – Fargo, ND – September 2008
31. VHA Research & Development – Petzel Hetrick Research Administrative Review Plenary – January 2009
32. Universal Services Task Force Report – May 2009

- I have records of the following interviews I have provided in the past 10 years:
 1. "Senators Vow to Keep Veterans Out in Front," Brainerd Dispatch, November 13, 2001

B. If so, would you please provide an amended questionnaire listing any such activities and provide copies of any such remarks?

Response:

- Yes.

7. In your questionnaire, you answered "none" to question 12, which inquired about any memberships or offices you have held in professional, fraternal, business, scholarly, civic, charitable, and other organizations during the past ten years.

A. To be clear, is that answer meant to suggest that, during that time, you were not a member of any organizations for doctors or internists, such as the American College of Physicians?

Response:

- I previously held a membership position with the America College of Physicians, but I ended my membership approximately 10 years ago.

B. If there are any organizations that you belonged to or were a member of during that time, would you please provided an amended questionnaire listing any such associations?

Response:

- There were no other organizations of which I was a member to report at this time.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. DANIEL K. AKAKA TO ROBERT A. PETZEL, M.D., NOMINEE TO BE UNDER SECRETARY FOR HEALTH, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. In your responses to my prehearing questions, you indicated a desire to reduce variation throughout the VA health care system, while still allowing the networks to experiment with new approaches. Please explain what your specific plans are in this area.

Response. There are many areas where we need to reduce variation and many methods we can use to accomplish this end, so I will outline a few I think we can adopt to improve the quality of care and services we provide. First, we need to reduce variation in the methodology we use to distribute resources from the network level to the facility level. We also need to reduce variation within our networks through consolidated services, such as biomedical engineering, the business office, and laboratory and imaging equipment. One example of a consolidated approach the Department of Veterans Affairs (VA) has recently adopted is with regard to endoscopes. By moving to a national contract with three vendors, we can both more effectively use resources and enhance the quality of care by simplifying the processing and re-processing of this type of medical equipment.

We also need to look at standardizing the organization and structure of our networks. The fee care program is another area where we can reduce variation. VA must continue standardizing clinical care around evidence-based practices. We can do this by promoting clinical practice guidelines. During the beginning of his tenure, Secretary Shinseki asked for a briefing from each Veterans Integrated Service Network (VISN), and we can use the lessons learned from these discussions to identify further opportunities to further reduce variation across the system.

Question 2. As a network director, how did you respond to the “management” of your network by Central Office? For example, on one of your evaluations, you were encouraged to do better with regard to providing fee basis care within 30 days. As the Under Secretary for Health, how will you modify management approaches, stemming from your own experiences?

Response. As Network Director, I responded to requests from Central Office to improve our processes by focusing on areas identified as needing improvement. For example, when Central Office informed me that we should be doing better with regard to providing fee basis care, we provided additional resources and attention and are now one of the best in the country in terms of processing fee basis requests. If confirmed as Under Secretary for Health, I will first clearly define where we are and where we are going as a health care system. This vision is essential to any further progress. Second, I would clearly explain to our Network Directors our expectations. Third, I would provide our leadership and facilities across the country with the resources and training necessary to meet those expectations. Finally, I would ensure the system monitors, measures, and maintains those expectations to verify they are being met. If they are not, we will hold our leadership accountable. This may mean providing greater education or training, connecting compliance with performance awards, or disciplinary action, if justified by the circumstances.

Question 3. VA health care has been criticized lately for not being the “best.” My goal is to ensure that VA care of all kinds, but especially care for war traumas, should be the best. How do you answer those who wish to contract out more of VA care?

Response. If we are going to be the health care provider the American people look to in terms of fulfilling our promise to America’s Veterans, we must be a system that develops and uses expertise in Veteran-specific health care conditions to ensure Veterans receive the best care possible. Veterans deserve no less, and I believe that contracting out care would reduce this specialized knowledge and ultimately result in worse health care for Veterans. We must maintain competencies in these Veteran-specific areas (such as Post Traumatic Stress Disorder and Traumatic Brain Injury) while also continuing competencies for general health care needs that Veterans will have. VA providers have specific knowledge and a sensitivity to conditions or cultural attributes specific to the Veteran population, and these represent a unique benefit of the VA system. Our comprehensive and integrated health care system also offers unmatched quality and care for Veterans. With that being said, there are times when VA will need to contract for care or use our fee-basis authority, and in these circumstances, it is our responsibility to ensure these community providers are offering the quality care our Veterans deserve.

Question 4. Walter Reed is providing the most sophisticated artificial limbs and the Center for the Intrepid at the Brooke Army Medical Center is the premier rehabilitation facility for war injuries. How do you plan to bring VA prosthetics care up to par with these facilities?

Response. I believe we do an excellent job with the operational aspects of providing Veterans with the prosthetic services they need. I understand your point about providing the latest technologies to Veterans, and if confirmed, I will ensure VA continues to provide state-of-the-art technology to our Veterans. VA is establishing an amputation system of care, which will include a tele-amputation system of care, to make available expert advice on post-amputation care widely available. This system will also include a link to Walter Reed Army Medical Center to access their expertise, when appropriate.

Question 5. There are many VA research facilities that are in dire need of updating and renovation in order to accommodate cutting edge research. The Committee hears frequently about leaking roofs and pipes, inadequate ventilation, and even unsafe buildings. We have not yet seen a plan from VA to address this need. What is your plan for bringing VA’s research facilities into the 21st century?

Response. VA needs a consolidated plan to address the capital needs of our research facilities. Research has long been the “crown jewel” of the VA system, but to maintain this program will require long-term investment. If confirmed, I will work as Under Secretary for Health to provide our research program the funds they need to conduct minor construction or other repairs to support these efforts. The Office of Research and Development has conducted a comprehensive analysis on 53 VA research facilities, and we will analyze 20 additional facilities by November 2010. In response to the issues we identified in these surveys, VA allocated over \$41 million in FY 2009 toward upgrading our research facilities. We anticipate a similar level of construction for FY 2010, in addition to an anticipated expenditure of more than \$23 million in non-recurring maintenance funds to support improvements in 20 research facilities, including clinics and laboratories in: Boston, MA; Providence,

RI; Canandaigua, NY; Durham, NC; Columbia, SC; Lexington, KY; Cincinnati, OH; Ann Arbor, MI; Indianapolis, IN; Milwaukee, WI; Houston, TX; San Antonio, TX; Salt Lake City, UT; Portland, OR; Seattle, WA; San Diego, CA; and West Los Angeles, CA. I recognize the critical role VA's research opportunities can fill in recruiting and retaining highly qualified physicians, and I will work to improve this program.

Question 6. The challenges of reaching veterans in rural America are well documented. How will you, if confirmed, effectively conduct outreach to these veterans, especially when VA points of care are so far removed from their communities?

Response. I think that if we are going to meet the needs of rural Veterans, we must support and advance four key areas. First, community-based outpatient clinics (CBOC) and Vet Centers have been an important resource over the past decade in bringing care closer to home for many Veterans. VA currently operates 783 CBOCs and 233 Vet Centers and by the end of fiscal year (FY) 2010, we will operate more than 850 CBOCs, while by the end of the second quarter of FY 2010, we will have activated an additional 39 Vet Centers. We similarly operate 40 outreach clinics in rural and highly rural areas. We will continue to assess the needs of other locations and develop resources accordingly. Second, we must support telehealth and telemedicine programs that facilitate the delivery of health care in the Veteran's home or the Veteran's community. We have been expanding these programs, and I will ensure continued robust support if confirmed. Telehealth-based care to rural Veterans increased by over 20 percent in FY 2009, with more than 116,000 Veterans receiving such care. VA is establishing a National Telemental Health Center to coordinate delivery of specialist mental health advice with an emphasis on rural locations, and has developed a Clinical Enterprise Video-Conferencing Network that greatly enhances the ability to deliver this care. Third, home-based primary care (HBPC) is another model of care VA can use to meet the needs of rural Veterans. Many of our VA medical centers (VAMC) offer HBPC, and we are expanding this program to rural and highly rural areas by supporting these teams at our larger CBOCs. This year, we have identified 39 new sites for HBPC care in rural and highly rural areas alone. Finally, there will be times when VA will need to contract for care or use its fee-basis program. When this is necessary, it is important that we reduce the variation across our system in how we make these arrangements and process payment so that these valuable partners will remain a resource for Veterans. Congress has generously provided the Office of Rural Health with resources to enhance these four approaches and others, and I look forward to the potential some of these programs have for greater use.

Question 7. From your own experience in Network 23, what specifically did you learn about the best ways to reach rural veterans?

Response. In VISN 23, a network home to many rural areas, we found the four approaches described in my previous response to be very effective. Rural areas are not all the same, though, and a "one size fits all" approach is unrealistic.

Question 8. The problems at the Marion, Illinois VA are well documented and speak to tremendous failures in quality management. The Majority Whip here in the Senate wished to relay his concerns to you on Marion, and to ask about your plans to provide a robust quality management program at all levels and in every facility involved in VA health care. Please share your plans.

Response. I am committed to ensuring that the Quality Management System throughout VA optimizes health care processes and outcomes through an organized, systematic approach to planning, delivering, measuring, and improving health care. Lessons from health care and other industries, as well as my personal experience, highlight the critical role of leaders throughout the organization, and particularly senior leadership, in ensuring that health care is safe, effective, patient-centered, timely, efficient, and equitable. The role of leaders must therefore be reflected in accountability structures; the flow of quality management data within and outside the organization; and identification, prioritization, and coordination of improvement activities.

If confirmed, I will ensure that clear expectations and the resources to meet those expectations are provided to our Networks and facilities. One important element of a strong quality management program is inculcating a culture among both leadership and staff that embraces the value of quality programs. We will achieve this culture by providing clear messages reinforced by appropriate education and training; by connecting quality management programs to our performance assessments; by ensuring we have the correct personnel in place at our facilities; and finally, through the appropriate use of policy, guidance and oversight. For example, we are currently using our available recruitment and retention incentives to attract highly qualified providers and executives to locations like Marion. Furthermore, we are initiating steps to improve our peer review process by bringing outside experts to re-

view episodes of care provided at our facilities. VA recently issued revised guidance for quality management, peer review, and the credentialing and privileging of physicians, and we will undertake a series of educational events directed at facility leaders in 2010. Finally, as part of the Secretary's overarching vision for transformation, we are working to provide Veterans, their families, and the American public with comparative information about VA hospital performance, including data about mortality, readmissions, and health care-associated complications.

Question 9. During the nomination hearing you stated that you believe it is possible that we end homelessness among veterans in the next five years by addressing the present homeless population and by providing services to those who might become homeless. How do you believe VA can identify those veterans "who might become homeless?"

Response. To identify Veterans who might become homeless requires close cooperation with a number of partners. For those Veterans already in the VA system, our integrated health care system provides mental health resources in primary care settings and can be an effective early warning system to identify Veterans with conditions such as substance use disorders or severe mental illness that could put them at risk for homelessness. There is a body of research that identifies risk factors for homelessness; these include prior episodes of homelessness, mental health issues, substance abuse, incarceration as an adult, and lack of income.

VA can also work with homeowners who have used the Veterans Benefits Administration to identify Veterans who are falling behind on their mortgages and provide additional support to them. The bigger challenge is reaching those Veterans not within the VA system. To help them, VA must partner with other Federal, state and local groups, both governmental and non-governmental (such as our many grant and per diem partners) to conduct outreach and provide services to Veterans.

Question 10. What do you envision to be "long term solutions" for problems, such as mental illness, that lead to chronic homelessness?

Response. The President and the Secretary are committed to ending homelessness among Veterans in 5 years, and to do this will require long term solutions. The most challenging group of Veterans in this regard is the chronically mentally ill. VA will need to enhance its system of transitional housing and supportive services that either we provide or that we have arranged with community partners to provide, to ensure that housing and mental health services are available to this vulnerable population. The Secretary is committed to a review of existing VA facilities that will identify infrastructure we can use to support these objectives.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. PATTY MURRAY TO ROBERT A. PETZEL, M.D., NOMINEE TO BE UNDER SECRETARY FOR HEALTH, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. Painful and disabling joint and back disorders continue to be reported as the top health problems of veterans returning from Iraq and Afghanistan, according to Department of Veterans Affairs' (VA) statistics. Recent numbers from the VA now show that nearly half of these returning veterans are offered preliminary diagnoses of musculoskeletal ailments. However, the VA currently has only 28.5 chiropractors providing on-station care and services at 36 facilities, according to written testimony provided to this Committee by VA Acting Under Secretary for Health Gerald Cross earlier this year. This written testimony also states that the VA does not oppose eventually increasing the number of VA sites providing chiropractic care.

a. In your experience as VISN 23 Network Director, was chiropractic care readily available to veterans, and especially to veterans of the wars in Iraq and Afghanistan?

Response. In my experience in VISN 23, I was not aware of any complaints from Veterans about accessing chiropractic care. This care and service was available to Veterans at each of our facilities, whether through an in-house provider, a contract agreement, or through fee-basis.

b. If confirmed, what assurances could you give that chiropractic care at VA major medical facilities is expanded within a reasonable timeframe?

Response. My understanding is that VA has a policy to provide chiropractic care to Veterans in need of those services. If confirmed, I would ensure this policy is being implemented and that this care is accessible. I can assure you that if confirmed, we will periodically assess demand for chiropractic services to determine if additional resources are needed.

c. What new reporting procedures or policies, if any, will you establish within the VA to ensure the adequate provision of chiropractic care?

Response. VA's Office of Rehabilitation Services is responsible for overseeing chiropractic care, and if confirmed, I would ask them for quarterly updates for each VISN to determine patient demand and usage to determine if additional resources are needed.

Question 2. I have been informed that companies known by the VA as "resellers" have experienced significant difficulties attempting to secure and maintain FSS contracts which would enable them to compete for orders to supply VA medical facilities. The departure of some of these companies from holding FSS contracts has resulted in significantly higher prices paid by VA hospitals to purchase supplies. Will you work with VA management in an effort to resolve this matter and thus ensure greater competition in the procurement process?

Response. Yes, if confirmed I will work with VA management to explore options for contracting arrangements involving reusable medical equipment.

Question 3. More and more women are separating from the uniformed services everyday and one message I hear time and time again is that the VA is ill prepared to deal with the needs of female veterans.

a. How did you address this in VISN 23 and how do you aim to address this as head of the Veterans Health Administration?

Response. In VISN 23, we ensured every VAMC in our network had an identified women Veteran's program manager long before it was required nationally. We also encouraged our facilities to develop women's health clinics at our major locations. One important step we took that proved quite effective was to hold women Veterans focus groups where we solicited information from them to determine what care they needed and how they wanted it to be provided. If confirmed, I will ensure all of our medical centers to do this as well. VA has recently conducted an extensive survey of women Veterans to understand their use of health care and perceived barriers to receiving care in VA. We will quickly analyze those results and brief the Committee on the results. In addition, we have already conducted a national evaluation of our health care environment to identify privacy and dignity concerns applicable to women Veterans based upon an evaluation by the Government Accountability Office. If confirmed, I will ensure these facilities receive the necessary resources and attention to resolve these issues. We also need to provide comprehensive services to women Veterans; I believe this can be done either through separate women's health clinics that offer primary and specialty services in an exclusive clinic for women, or through a comprehensive primary care setting. Third, if confirmed, we need to increase training for our health care providers to improve their awareness and sensitivity to women Veterans' health care needs. VA currently offers a mini-residency for women's health, through which we have trained over 300 providers. We are committed to training at least one provider at every site, including CBOCs, by the end of next year. Finally, we need to adapt our programs to meet the needs of women Veterans by providing newborn care. We also need to work with Congress to find an approach that can facilitate access in the first place by providing or making available child care for all Veterans, not just women Veterans. If confirmed, I look forward to working with the Committee to develop just such a proposal.

b. What is the VA currently doing to prepare for female veterans returning Afghanistan and Iraq?

Response. VA has a number of programs underway to meet the needs of women Veterans, including women Veterans returning from Iraq and Afghanistan. With 86 percent of this group under the age of 40 and of child-bearing age, we have re-focused primary health care to be proficient in gender-specific care issues for women. Our facilities have identified deficiencies with regard to privacy and dignity and are working to rectify these, and we have placed full-time Women Veterans Program Managers at all 144 of our health care systems. Currently, 68 percent of VA providers are women, and while we have a policy that allows a Veteran to request a provider of the same gender, if confirmed, I would ensure this is being followed. We have a number of outreach programs for Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans, and part of this program is focusing specifically on women Veterans to inform them of the benefits they have earned through service. Finally, VA has provided \$25 million to hire and staff counselors specifically for women Veterans at 160 Vet Centers.

Question 4. As a Senator representing a large state with many rural and tribal veterans, I have heard about limited access to care and concerns with the quality of health care provided to these veteran populations.

a. What are your thoughts on how to increase access to those veterans who live in rural areas, including tribal veterans?

Response. I think that if we are going to meet the needs of rural Veterans and Veterans in tribal areas, we must support and advance four key areas. First, community-based outpatient clinics (CBOC) have been an important resource over the past decade in bringing care closer to home for many Veterans. VA currently operates 783 CBOCs and by the end of fiscal year (FY) 2010, we will operate more than 850. We similarly operate 40 outreach clinics in rural and highly rural areas. We will continue to assess the needs of other locations and develop resources accordingly. Second, we must support telehealth and telemedicine programs that facilitate the delivery of health care in the Veteran's home or the Veteran's community. We have been expanding these programs, and I will ensure continued robust support if confirmed. VA research has substantiated the benefits of telehealth as a means of providing health care to the American Indian/Alaska Native (AI/AN), and Hawaiian Native Veteran population we serve. There are currently seven operational telehealth programs providing services to Tribal communities and nine programs in deployment. VA telehealth programs to tribal communities predominantly involve clinical video-conferencing to provide mental health services and home telehealth services for diabetes and mental health conditions. VA has completed a cultural competency program to ensure that providers are sensitive to the particular circumstances of using telehealth to reach into tribal communities to deliver services using telehealth. Third, home-based primary care (HBPC) is another model of care VA can use to meet the needs of rural Veterans. Many of our VA medical centers (VAMC) offer HBPC, and we are expanding this program to rural and highly rural areas by supporting these teams at our larger CBOCs. This year, we have identified 39 new sites for HBPC care in rural and highly rural areas alone. Finally, there will be times when VA will need to contract for care or use its fee-basis program. When this is necessary, it is important that we reduce the variation across our system in how we make these arrangements and process payment so that these valuable partners will remain a resource for Veterans. Congress has generously provided us with resources to support rural Veterans that support these four approaches and others, and I look forward to the potential some of these programs have for greater use.

Another key element to improving the care of Native American Veterans is culturally appropriate training. One example of this type of training we used in VISN 23 was a weeklong retreat for VA employees working with the Lakota Tribe that proved very effective in terms of building relationships and supporting care.

b. In particular, how can the VHA maximize resources within the CBOC system?

Response. One approach VA can adopt to maximize the resources we have within the CBOC system and to provide better care to American Indian/Alaskan Native Veterans is through co-location of facilities on tribal lands. In VISN 23, we worked with Tribal communities to develop CBOCs, to provide Post Traumatic Stress Disorder (PTSD) treatment, and create telehealth support sites, as well as a compensated work therapy program in South Dakota.

c. How do you intend to improve partnerships with IHS and tribes as head of the VHA?

Response. As VISN 23 Director, I have a great deal of experience working closely with the Indian Health Service (IHS) and other organizations to provide care and outreach to Native American Veterans. VISN 23 has 27 Native American reservations, and has developed programs on many reservations to help Veterans. I believe that American Indian/Alaskan Native Veterans and Veterans from the Pacific Islands are among the most vulnerable and underserved populations within VA, and if confirmed, I will work to enhance the services available to this population. I will bring my years of experience and commitment to working with IHS and tribal governments to further this end. For example, I believe we should make services available on or proximate to large AI/AN reservations with significant Veteran populations.

Question 5. As you know, many of the Members of the Committee believe it is unfair that Priority 8 veterans do not get access to the system they were promised. I am heartened by the President and Secretary Shinseki's new efforts on this front, but I would like to obtain your thoughts on this area of veterans care.

a. As VISN director what was your view on restricting access for Priority 8 veterans?

Response. My view on this issue has not changed from my time as Network Director to Acting Principal Deputy Under Secretary for Health. I support the Secretary's proposal to gradually expand enrollment to more Priority Group 8 Veterans.

b. If confirmed, how do you think the VHA can continue to expand care for Priority 8 veterans so all veterans may access the VA health care system?

Response. I believe VA can afford to support additional Priority Group 8 Veterans if we continue a gradual expansion that provides the system and our infrastructure time to adjust. An immediate complete expansion to all eligible Priority Group 8 Veterans would increase wait times and reduce the quality of care for Veterans already in the system.

Question 6. During the hearing, I mentioned a worrying staffing shortfall that veterans have mentioned to me at the Port Angeles, Washington CBOC, where the VA has said they will be hiring a full time doctor for months.

a. What is currently being done to ensure a full time doctor is hired in a timely manner?

Response. The VA Puget Sound Health Care System has initiated processes to expedite credentialing, privileging, and human resource requirements of qualified candidates. We have flexibility and options for physician pay to offer recruitment incentives for providers in rural areas like Port Angeles.

b. Can you assure me that veterans in the Port Angeles area will not have to wait any longer to see a doctor at the Port Angeles CBOC?

Response. I can promise you I will follow this issue on your behalf and work with the Network and the VA Puget Sound Health Care System to ensure that Veterans in the Port Angeles area receive the care they need.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. JON TESTER TO ROBERT A. PETZEL, M.D., NOMINEE TO BE UNDER SECRETARY FOR HEALTH, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. As we discussed in my office, the so-called “super clinic” model holds promise for providing more services to veterans closer to where the veteran lives. This is particularly important for Medical Centers with large numbers of rural and frontier veterans. One good example of this “super clinic” model is Billings, Montana. However, in order to expand the types of health services that can be offered at the CBOC in Billings, Phase II of the new clinic’s construction must not be delayed. Will you commit to reviewing the urgency of funding Phase II of this project? And more generally, what is your view of the potential for “super clinics” to provide better care to rural and frontier veterans?

Response. I am not familiar with the Billings project, but if confirmed, I look forward to working with you to ensure Veterans in Montana receive the care they need. I can commit to you that I will review the funding for this program if confirmed. I think the health care center model may be appropriate for a number of locations, such as Billings, Montana, where we can provide primary care, mental health services, and ambulatory surgery in areas with sufficient demand and need. VA has formed a workgroup to define VA’s options for facilities by types of services provided and metrics, and I look forward to seeing what we can do to improve the care of rural Veterans, including those in Montana.

Question 2. Based on your experience as Director of VISN 23, what is your view of how home health care can be used to improve health among rural and frontier veterans? Do you believe that VHA can do more to increase home health care opportunities for veterans?

Response. Home health care is a fundamentally important program to bring care not only to home-bound Veterans, but also to rural Veterans. If confirmed, I will support the expansion of this program to offer Veterans more opportunities to participate.

If we are going to meet the needs of rural Veterans, we must support and advance four key areas. First, community-based outpatient clinics (CBOC) have been an important resource over the past decade in bringing care closer to home for many Veterans. VA currently operates 783 CBOCs and by the end of fiscal year (FY) 2010, we will operate more than 850. We similarly operate 40 outreach clinics in rural and highly rural areas. We will continue to assess the needs of other locations and develop resources accordingly. Second, we must support telehealth and telemedicine programs that facilitate the delivery of health care in the Veteran’s home or the Veteran’s community. We have been expanding these programs, and I will ensure continued robust support if confirmed. Currently, more than 40,000 Veterans are supported in living independently through the use of home telehealth technologies. Third, home-based primary care (HBPC) is another model of care VA can use to meet the needs of rural Veterans. Many of our VA medical centers (VAMC) offer HBPC, and we are expanding this program to rural and highly rural areas by supporting these teams at our larger CBOCs. This year, we have identified 39 new sites for HBPC care in rural and highly rural areas alone. Finally, there will be times

when VA will need to contract for care or use its fee-basis program. For example, VA will continue to purchase home and community-based services from traditional agency providers and through the Aging Network to support Veterans with these needs. We anticipate expanding this program to rural counties in 15 states this year. When we do purchase care, it is important that we reduce the variation across our system in how we make these arrangements and process payment so that these valuable partners will remain a resource for Veterans. Congress has generously provided us with resources to support rural Veterans that support these four approaches and others, and I look forward to the potential some of these programs have for greater use.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. MARK BEGICH TO ROBERT A. PETZEL, M.D., NOMINEE TO BE UNDER SECRETARY FOR HEALTH, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. I was pleased to see in your 2006 testimony to the Subcommittee on Health House Committee on Veterans Affairs your focus on the ongoing efforts in the Veterans Health Administration (VHA) to provide safe, effective, efficient and compassionate health care to veterans residing in rural areas. As we have discussed in this Committee, rural area veterans often face additional challenges such as limited finances and fewer specialists. These combined challenges have produced a situation where veterans in remote regions experience a reduced health-related quality of life. Veterans in rural communities such as Alaska and Montana face the added burden of travel eligibility.

What is your opinion on a waiver to the existing law to exempt those veterans whose only means of travel to their appointment is by air or sea or exceeds a designated certain distance? And how will you work to waive the requirements?

Response. The Department of Veterans Affairs (VA) is committed to ensuring that health care services are accessible to all enrolled Veterans. VA currently offers air transportation to Veterans based on clinical need, and I think this is a good basis for our program. In Veterans Integrated Service Network (VISN) 23, some Veterans had to travel significant distances for care, so I understand your concern and the challenges Veterans face. For example, Veterans residing in Minot, ND and visiting a VA clinic there would have to travel approximately 6 hours to receive care at the Fargo VA Medical Center. I understand VA has looked at the financial costs and benefits of providing air travel to other VA facilities for Alaska Veterans compared with securing health care through contracts or fee-basis. This analysis found that providing air transportation was significantly less costly than seeking care in the community, so these proposals can make good economic sense while improving the health care of Veterans.

If confirmed, I am interested in working with you and the Committee to further improve our ability to deliver the care Veterans need. I believe it is appropriate for VA to administer a program that provides air or sea transportation when no other mode of transportation is available (for example, in some highly rural areas or in the Pacific Islands), or when the Veteran's condition necessitates travel by means other than driving. There are other factors that may also justify a waiver of our normal beneficiary travel requirements, and I look forward to hearing your ideas on this matter.

Question 2. When you were Administrator at the VA in Upper Midwest Network you testified to Congress about the nursing workforce strategies and primary care clinics run by nurse practitioners in the U.S. Department of Veterans Affairs Upper Midwest Health Care Network, in the states of Minnesota, North Dakota, and South Dakota. Nurse Practitioners are effective as providers of safe, high-quality, cost-effective primary care in rural frontier states. How do you plan to expand this concept to the rest of the VA clinic system?

Response. I believe nurse practitioners play an important role in providing direct primary care in VA. Nurse practitioners are licensed, independent providers capable of diagnosing patients, providing treatment, and prescribing medications without the supervision of a physician. I believe using nurse practitioners is an important approach to providing primary care for Veterans in rural areas, where we and the private sector have encountered difficulties recruiting and retaining other qualified professionals. Nurse practitioners currently fill primary care provider roles in many VA settings, and if confirmed, I am interested in expanding the use of nurse practitioners even further. Nurse practitioners will and must play a larger role in health care delivery in the future. I would be happy to meet with you to discuss these ideas in greater detail.

Question 3. As a member of the Blue Ribbon Panel that advised the Secretary on issues related to a comprehensive philosophical framework to enhance VA's partnerships with medical schools and affiliated institutions, those affiliations were broadly assessed in light of changes of medical education, research priorities, and the health care needs of veterans. What were some of the relevant changes that have occurred from this Blue Ribbon Task Force?

Response. The Secretary recently accepted the report of a distinguished panel, the Blue Ribbon Panel on VA-Medical School Affiliations, which provided 44 specific recommendations to further enhance this important partnership. The Veterans Health Administration (VHA) is developing an implementation plan that will allow us to take action on these recommendations, but no changes have been instituted yet. If confirmed, I look forward to providing Congress with a report on the Panel's recommendations and VA's implementation plans early next year. Our affiliations play an important role in delivering and enhancing patient care. VA is transforming its culture and models of care, and by working with our academic partners, we will take the lead in creating patient-centered, team-based and inter-professional educational programs.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. ROLAND W. BURRIS TO ROBERT A. PETZEL, M.D., NOMINEE TO BE UNDER SECRETARY FOR HEALTH, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. Dr. Petzel, there has been a push, mostly from within VA, to encourage more cooperation and sharing agreements between VA and the Department of Defense (DOD). This has recently been shown with the Partnership between the North Chicago VA Medical Center and the Great Lakes Naval Hospital to create the Captain James A. Lovell Federal Health Care Center in 2010. With this in mind, what other areas do you see as having the most potential for new sharing arrangements?

Response. I think it is correct to pursue these types of cooperative arrangements, as they provide an opportunity to leverage existing resources and meet the needs of both active servicemembers and America's Veterans. In particular, these joint ventures allow for improved access, continuity, and quality of care for VA and Department of Defense (DOD) beneficiaries in settings where there are strict performance measures that are closely monitored by accountable leadership. In addition, joint ventures provide the opportunity for cost savings, particularly in situations where DOD or VA would otherwise have to purchase care within local communities.

In addition to the facility in North Chicago, VA and DOD currently operate the eight joint venture sites listed below. These sites share equipment, facilities and human resources to provide better, cheaper care for servicemembers and Veterans.

- North Chicago—North Chicago VA Medical Center/Naval Health Clinic Great Lakes
- Las Vegas—Michael O'Callaghan Federal Hospital: VA Southern Nevada Health Care System/99th Medical Group, Nellis AFB
- Anchorage—Alaska VA Health Care System/3rd Medical Group, Elmendorf AFB
- Honolulu—VA Pacific Islands Health Care System (Spark M. Matsunaga Medical Center)/Tripler Army Medical Center
- Albuquerque—New Mexico VA Health Care System/377th Medical Group, Kirtland AFB
- Key West—Miami VA Health Care System (Community Based Outpatient Clinic)/Naval Medical Clinic Key West
- El Paso—El Paso VA Health Care System/William Beaumont Army Medical Center
- Fairfield—Northern California VA Health Care System/David Grant Medical Center, 60th Medical Group, Travis AFB

In addition, the DOD/VA Health Executive Committee is developing criteria for a comprehensive analysis of all military treatment facilities and VA medical centers to determine other locations where joint ventures make sense. We intend to review the analysis of these sites during the second quarter of FY 2010, with the intent of developing action plans for execution before the end of the fiscal year.

Question 2. Dr. Petzel, do you think the VA should rescreen or contact veterans that returned from OIF/OEF before the VA had a Traumatic Brain Injury (TBI) screening mechanism in place?

Response. I believe we have already screened all Veterans who have come to VA who have returned from OEF/OIF for Traumatic Brain Injury (TBI). We began this screening in April 2007, and through the end of August 2009, VA screened 354,239

OEF/OIF Veterans for possible mild TBI. Of the 45,105 who screened positive and completed a follow up examination, 23,388 received a confirmed diagnosis of mild TBI. About 93 percent of all Veterans who are screened are determined not to have TBI, yet all who are screened and report current symptoms are evaluated and treated. Our current screening program identifies those Veterans who returned from OEF/OIF before April 2007, and once they enroll and begin receiving care, our electronic health record triggers a clinical reminder to alert all VHA providers to screen for TBI.

In May 2008, VA began a Veteran Call Center Initiative to reach out to OEF/OIF Veterans who separated between FY 2002 and December 2008. The Call Center representatives informed Veterans of their benefits, including enhanced health care enrollment opportunities, and determine if VA can assist in any way. This effort initially focused on approximately 15,500 Veterans VA believed had injuries or illnesses that might need care management. The Call Center also contacted any combat Veteran who had never used a VA medical facility before. Almost 38 percent of those we spoke with requested information or assistance as a result of our outreach. The Call Center Initiative continues today, focusing on those Veterans who have separated since 2001.

Question 3. Dr. Petzel, I am deeply concerned about VA's present approach to caring for veterans suffering from PTSD and other mental health disorders.

a. Please describe the priority that you believe VA should place on providing care to veterans with PTSD, and how you would ensure that priority is manifested in budget requests and programmatic planning.

Response. Providing treatment for Post Traumatic Stress Disorder (PTSD) is a high priority for VA and for me. If confirmed, I would ensure this priority is manifested in budget requests by reviewing the information we have concerning patient demand, incidence rates and available services and augment our requests as needed to provide Veterans the care they need.

b. From your experience as Acting Principal Deputy Under Secretary, what is your assessment of the unmet treatment needs among veterans with PTSD? Where do you see the most room for VA to improve?

Response. VA has a budget of over \$4 billion for mental health care, and our integrated system of primary and mental health care is unmatched. Our programs are deep and broad, and I believe we provide excellent evidence-based treatments for those Veterans we see. We do very well for those Veterans we see, but we need to do better in reaching out to those not already in our system. We need to improve our outreach with service organizations, community providers, and the friends and family members of Veterans to help them recognize potential issues and to let them know our services are available to them. Vet Centers are an excellent resource, in that they are a non-threatening, non-clinical environment where Veterans can receive counseling or help. Vet Centers are an alternate door to VA care. VA has been increasing its use of outreach approaches designed to reach Veterans, such as our Suicide Prevention Hotline advertisements and other public service announcements. These are important steps in the right direction, but we can and must do more.

Question 4. Dr. Petzel, do you believe that the VistA system is still able to meet the clinical and administrative needs of VHA?

Response. Yes, I think the Veterans Health Information System and Technology Architecture (VistA) is able to meet the clinical and administrative needs of VA at this time. We need to continue to invest in and improve the system to meet the needs of our patients, health care providers, and administrative professionals. I am confident that, in collaboration with Assistant Secretary for Information and Technology, Roger Baker, we can achieve this goal.

Question 5. Dr. Petzel, As you may know, I am deeply concerned about issues relating to long-term care services and delivery in VA. Based on estimates, the number of veterans age 85 and older will dramatically increase—from 154,000 in 1990 to 1.3 million in 2010. If confirmed, what changes would you seek to implement to allow VHA to respond to the impact of this looming change?

Response. The future of long-term care is in non-institutional care. VA policy is to provide long-term care services in the least restrictive setting that is medically appropriate and safe for the Veteran, and whenever possible in non-institutional home and community-based settings. Nursing home care should be reserved for situations in which a Veteran can no longer be safely maintained in the community. VA is committed to continued expansion of its own capacity to provide non-institutional long-term care services to meet the full demand for such care for Veterans enrolled in the VA health care system by the end of fiscal year 2011. We must also expand telehealth and home-based primary care to meet the needs of our aging Veteran population. Currently, the average daily census for home telehealth-based serv-

ices is 29,000 Veterans, and VA plans to provide 50 percent of its non-institutional care needs through home telehealth by the end of FY 2011. We are also increasing the use of home-based primary care and home health aide services to meet the needs of our aging Veteran population. VA already provides other services, such as respite care and adult day health care, which help older Veterans and their caregivers maintain independence, and these programs will grow in importance over the coming years.

Question 6. Dr. Petzel, I commend VA's establishment of a permanent office to address the needs of returning servicemembers. While many strides have been made to ensure a seamless transition from active duty to veteran status, more must be done to ease this integration into the VA system and reintegration into society. What is your view of the work that remains in this area, and how would you seek to accomplish a truly seamless transition? What are your plans to combat the cultural issues that accompany the transition to veteran status?

Response. VA is doing a better job than ever before in reaching out to Veterans to help them in the transition process. There is still more to do, however. We must intensify our current efforts. In 2009, VA expanded and enhanced outreach services to OEF/OIF servicemembers and Veterans with hands-on briefings, health care enrollment prior to leaving the demobilization site, and personal interactions with VA staff at events throughout the deployment cycle. Specifically, VA staff interacts with Veterans and servicemembers face-to-face at military units or VA medical centers across the country through the following events:

- Demobilization briefings for all of the services at 61 military sites;
- Yellow Ribbon Reintegration Program events at 30–60–90 day Post-Demobilization events;
- Post-Deployment Health Reassessments (PDHRA), including those conducted at VAMCs;
- VA Combat Veteran Call Center staff contacts all separating OEF/OIF Veterans;
- National Guard and VA partnership utilizing the Transition Assistance Advisors to ensure that VA and community services are coordinated through state coalitions;
- Individual Ready Reserve Musters and VA briefings at community locations or VA medical centers; and
- OEF/OIF Web site to provide access to VA information about VA benefits and services, as well as social media technology.

With regard to the cultural issues you raise, there are a few examples of work VA is doing to address these concerns. As I mentioned before, we are using more social media to connect with a younger generation of Veterans and provide them information in a manner that is more familiar and satisfactory for them. Our goal is to reach out to Veterans seven times within their first 6 months back to change VA's perception as more Veteran-centric. VA is proactive in contacting and finding Veterans, rather than waiting for them to come to us, and that is the approach we need. Our integrated health care system makes available mental health services in primary care settings, and our Vet Centers also offer an excellent resource for supporting Veterans in a comfortable environment near their home. If I am confirmed, we will do more in the coming year, such as increasing our use of social media, providing tours of VA medical centers and hosting Welcome Home events, and continuing to enhance our close ties with the National Guard and state coalitions to ensure that returning servicemembers can access VA services.

[The Committee questionnaire for Presidential nominees follows:]

QUESTIONNAIRE FOR PRESIDENTIAL NOMINEES

PART I: ALL OF THE INFORMATION IN THIS PART WILL BE MADE PUBLIC

1. **Name:** Robert A. Petzel, M.D.
2. **Address Home:** 4621 E. Lake Harriet Parkway, Minneapolis, MN 55409

Minneapolis Office: 5445 Minnehaha Avenue, Second floor, Minneapolis, MN 55417
3. **Position to which nominated.** Under Secretary for Health, Veterans Health Administration, U.S. Department of Veterans Affairs
4. **Date of nomination.** November 18, 2009
5. **Date of birth:** May 8, 1943
6. **Place of birth:** Berwyn, IL, USA
7. **Marital status.** Married
8. **Full name of spouse:** Sue vanOosten Petzel
9. **Names and ages of children**
 - Andrea Petzel, age 36
 - Aaron Petzel, age 34
 - Erik Petzel, age 29
10. **Education** (List all post-secondary institutions of higher learning, dates attended, degree(s) received, and date degree(s) granted).
 - St. Olaf College, Northfield, MN, 1961-1965, B.A. 1965
 - Northwestern University Medical School, Chicago, IL, 1965-1969, M.D. 1969
 - Internship, Wesley Memorial Hospital, Chicago, IL, 1969-1970
 - Internal Medicine Residency, University of Minnesota, 1970-1973
11. **Honors and Awards** (List all scholarships, fellowships, honorary degrees, honorary society memberships, and any other special recognition for outstanding service or achievement).

None.
12. **Memberships** (List all memberships and offices held in professional, fraternal, business, scholarly, civic, charitable, and other organizations for the last ten years. Include the dates of any such memberships or offices).

None.

13. Employment record (List all employment (except military service) since your twenty-first birthday, including the title, description of job, name of employer, location of work, and inclusive dates of employment).

See Attachment 1.

14. Military service (List all military service (including reserve components and National Guard or Air National Guard) with inclusive dates of service, rank, titles, permanent duty stations and units of assignment, descriptions of assignments, any military medals, and type of discharge).

None.

15. Government service record (List any advisory, consultative, honorary, or other part-time service or positions with Federal, State, or local governments other than those listed under Employment record, above).

None.

16. Published writings and public statements (in last 10 years)

(a) List the titles, publishers, and dates of books, articles, reports, letters to the editor, editorial pieces, or other published materials you have written or edited, including materials appearing only on the Internet. (Copies of any such materials may be requested by the Committee.)

See Attachment 2.

(b) List any reports, memoranda, or policy statements you prepared or contributed in the preparation of on behalf of any association, committee, conference, or organization of which you were or are a member.

None.

(c) List any testimony, official statements or other communications relating to matters of public policy that you have issued or provided or that others presented on your behalf to public bodies or officials.

- a. April 29, 2002: Veterans Forum with Representative Lane Evans, VISN 23 Update (statement attached)
- b. June 27, 2006: House Veterans' Affairs Committee, Subcommittee on Health, "VA's Efforts to Provide High Quality Health Care to Veterans in Rural Communities" (no written statement, but I did answer questions)
- c. April 18, 2007: House Veterans' Affairs Committee, Subcommittee on Health, "Access to VA Health Care: How Easy Is It for Veterans—Addressing the Gaps" (no written statement, but I was available to answer questions)
- d. June 18, 2009: House Veterans' Affairs Committee, Subcommittee on Health, "Legislative Hearing on H.R. 2770, H.R. 1293, H.R. 1197, H.R. 1302, H.R. 1335, H.R. 1546, H.R. 2734, H.R. 2738, H.R. 2770, H.R. 2898, and Draft Discussion Legislation" (written statement submitted, but no oral testimony provided and no questions answered)

(d) List any speeches or talks delivered by you, including commencement speeches, remarks, lectures, panel discussions, conferences, political speeches, and question-and-answer sessions. Include the dates and places where such speeches or talks were given.

1. VA Upper Midwest Integration SMAG Presentation – April 2001
2. SVAC Hearing – Nursing Workforce Strategies Innovation Panel and Nurse Managed Primary Care Delivery Clinics – June 2001
3. ACA Spread and Sustainability: The Veterans Health Administration Experience – Washington, DC – February 2004
4. MDRC – Boston, MA – March 2004
5. NLB Strategic Planning Retreat – April 2004
6. Senior Management Conference – Part Time Physician Time and Attendance – August 2004
7. Advanced Clinical Access (ACA): Creating the Health Care Workplace of the Future – New Orleans, LA – May 2005
8. ACA for NLB – January 2006
9. National Health Council Voluntary Health Leadership Conference: Health Care 2015 and Beyond – Thoughts on Planning Ahead – Marco Island, FL – February 2006
10. ACA2: Blueprint for the Future – Reno, NV – March, 2006
11. Compelled to Act – Quebec Medical Association – Quebec City, Canada – April 2006
12. ACA: Blueprint for the Future – San Antonio, TX – May, 2006
13. Project HERO – Chicago, IL – July 2006
14. Health System Transformation – Ontario, Canada PHCTF Summit – August 2006
15. Health System Transformation – Quebec, Canada – October 2006
16. AMSUS 112th Meeting: Healthcare 2015 – San Antonio, TX – November 2006
17. ACA 2006: Blueprint for the Future – Las Vegas, NV – December, 2006
18. Canadian Medical Association CEO Forum – Las Vegas, NV – March 2007
19. National Health Service Institute: Health Improvement Through Leadership – England – July 2007
20. AAMC Deans/VA Panel – Washington, DC – November 2007
21. International Perspectives: The Veterans Health Administration Experience – Ontario, Canada – February 2008
22. Systems Redesign: The Future FIX Collaborative – New Orleans, LA – February 2008
23. Improving Chronic Illnesses Care: VISN 23 Chronic Disease Collaborative – March 2008
24. Healthcare Improvement in the VA – England – March 2008
25. Transformational Leadership – Minneapolis, MN – April 2008
26. Presentation to British Officials – VA Midwest Healthcare Network – April 2008
27. VA Non-Institutional Care: Where Are We Going? VHA Home Care Conference – May 2008
28. Tri Care West Sub Regional Warriors Care Summit – Colorado Springs, CO – July 2008
29. Health Care Trends – July 2008
30. Veterans Health Care: The Future – Fargo, ND – September 2008
31. VHA Research & Development – Petzel Hetrick Research Administrative Review Plenary – January 2009
32. Universal Services Task Force Report – May 2009

(e) List all interviews you have given to newspapers, magazines or other publications, and radio or television stations (including the dates of such interviews).

"Senators Vow to Keep Veterans Issues Out Front," Brainerd Dispatch, November 13, 2001

17. Political affiliations and activities

(a) List all financial contributions to any political party or election committee during the last 10 years.

See Attachment 3.

(b) List all elective public offices for which you have been a candidate and the month and year of each election involved.

None.

(c) List all memberships and offices held in and services rendered, whether compensated or not, to any political party or election committee.

None.

18. Future employment relationships

(a) State whether you will sever all connections with your present employer, business firm, association, or organization if you are confirmed by the Senate.

Not applicable; currently working at U.S. Department of Veterans Affairs.

(b) State whether you have any plans after completing Government service to resume employment, affiliation, or practice with your previous employer, business firm, association, or organization.

None.

(c) What commitments, if any, have been made to you for employment after you leave Federal service?

None.

(d) (If appointed for a term of specified duration) Do you intend to serve the full term for which you have been appointed?

N/A

(e) (If appointed for an indefinite period) Do you intend to serve until the next Presidential election?

Yes.

19. Potential conflicts of interest

(a) Describe any financial arrangements, deferred compensation agreements, or other continuing financial, business, or professional dealings which you have with business associates, clients, or customers who will be affected by policies which you will influence in the position to which you have been nominated.

In connection with the nomination process, I have consulted with the Office of Government Ethics and the Department of Veterans Affairs designated agency ethics official to identify potential conflicts of interest. Any potential conflicts of interest will be resolved in accordance with the terms of an ethics agreement that I have entered into with the Department's designated agency ethics official and that has been provided to this Committee. I am not aware of any other potential conflicts of interest.

(b) List any investments, obligations, liabilities, or other financial relationships which could be affected by policies which you will influence in the position to which you have been nominated.

In connection with the nomination process, I have consulted with the Office of Government Ethics and the Department of Veterans Affairs designated agency ethics official to identify potential conflicts of interest. Any potential conflicts of interest will be resolved in accordance with the terms of an ethics agreement that I have entered into with the Department's designated agency ethics official and that has been provided to this Committee. I am not aware of any other potential conflicts of interest.

(c) Describe any business relationship, dealing, or financial transaction which you have had during the last 5 years, whether for yourself, on behalf of a client, or acting as an agent, that constitutes a potential conflict of interest with the position to which you have been nominated.

In connection with the nomination process, I have consulted with the Office of Government Ethics and the Department of Veterans Affairs designated agency ethics official to identify potential conflicts of interest. Any potential conflicts of interest will be resolved in accordance with the terms of an ethics agreement that I have entered into with the Department's designated agency ethics official and that has been provided to this Committee. I am not aware of any other potential conflicts of interest.

(d) Describe any activity during the past 10 years in which you have engaged for the purpose of directly or indirectly influencing the passage, defeat, or modification of any legislation or affecting the administration and execution of law or public policy. Activities performed as an employee of the Federal government need not be listed.

None.

(e) Explain how you will resolve any potential conflict of interest that may be disclosed by your responses to the above items. (Please provide a copy of any trust or other agreements involved in Part II.)

In connection with the nomination process, I have consulted with the Office of Government Ethics and the Department of Veterans Affairs designated agency ethics official to identify potential conflicts of interest. Any potential conflicts of interest will be resolved in accordance with the terms of an ethics agreement that I have entered into with the Department's designated agency ethics official and that has been provided to this Committee. I am not aware of any other potential conflicts of interest.

20. Testifying before the Congress

(a) Do you agree to appear and testify before any duly constituted committee of the Congress upon the request of such committee?

Yes.

(b) Do you agree to provide such information as is requested by such a committee?

Yes.

Robert A. Petzel, M.D.

Attachment 1

Part I, #13 - Employment:

- Intern, Wesley Memorial Hospital, Chicago, IL, 1969-1970
- Resident, Internal Medicine, University of Minnesota, 1970-1973
- Staff Physician, VA Medical Center, Minneapolis, MN, 1973-1978
- Associate Chief of Staff for Ambulatory Care, VA Medical Center, Minneapolis, MN, 1978-1980
- Chief of Medical Staff, VA Medical Center, Minneapolis, MN, 1980-1995
- Director, Veterans Integrated Service Network (VISN 13 and VISN 23), U.S. Department of Veterans Affairs, 1995-May 2009
- Acting Principal Deputy Under Secretary for Health, Veterans Health Administration, U.S. Department of Veterans Affairs, May 2009 – Present

Robert A. Petzel, M.D.

Attachment 2

PART I, #16(a) - Publications (in last 10 years):

1. Van Deusen Lukas, C., Metriko, M., Lowcock, S., Donaldson, R., Blakely, M., Davies, M., Petzel, R., Monitoring the Progress of Integration. Quality Management in Health Care, 10:1-11, 2002.
2. Robinson, K. A., Petzel, R. A., Roles of Nurse Practitioners in the U.S. Department of Veteran Affairs: Mezey, MD, McGivern, DO, & Sullivan-Marx, EM. (2003), Nurse Practitioners: Evolution of Advanced Practice (4th ed.) New York: Springer. Book Chapter.
3. Harmon, J., Scotti, D., Behson, S., Farias, G., Petzel, R., Neuman, J.H., and Keashly, L., Effects of High- Involvement Work Practices on Employee Satisfaction and Service Costs in the Veterans Healthcare. Journal of Healthcare Management, 48:393-406, 2003.
4. Schall, M., Nolan, K., Murray, M., Petzel, R., Parlier, R., Levesque, O., Access Improvement in the Veterans Administration Primary Care & Specialty Care Clinics. Joint Commission Journal on Quality and Safety, 30:415 - 423, 2004.
5. Singh, J.A., Borowsky, S.J., Nugent, G., Murdoch, M., Zhao, Y., Nelson, D.B., Petzel, R., Nichol, K., Health-Related Quality of Life, Functional Impairment and Health Care Utilization in Veterans: Veterans' Quality of Life Study. Journal of the American Geriatrics Society, 53:1-6, 2005.
6. Wahls, T.L., Jones, E., Stewart, G., Murphy, J., Petzel, R., Relatively Lower Satisfaction Reported by Primary Care Providers in Multiple Satisfaction Scales and Operational Domains Relative to Specialty Medicine and Mental Health Providers, Federal Practitioner, 24:11 22, 25-28, 31-32, 35, 38, 2007.
7. Van Deusen Lukas, C., Metriko, M., Mohr, D., Seibert, M.N., Parlier, R.; Petzel, R.A., Implementation of a Clinical Innovation: The Diffusion of Advanced Clinic Access in Veterans Affairs. Journal of Ambulatory Care Management, 31:94-108, 2008.
8. Bonello, R., Fletcher, C., Becker, W., Clutter, K., Cook, J., Arjes, S., Petzel, R., An ICU Quality Improvement Collaborative in Nine Hospitals. Joint Commission Journal on Quality and Patient Safety, 34: 639-645, 2008.
9. Craig, JT., Petzel, R., Management Perspectives on Research Contributions to Practice Through Collaboration in the U.S. Veterans Health Administration: QUERI Series. Implementation Science, 4:8, 1-14, February 2009.
10. Petersen, L.A., LeChauncy, D.W., Urech, T., Pietz, K., Profit, J., Conrad, D., Petzel, R., Dudley, R.A., Design and Rationale of a Cluster Randomized Controlled Trial of Pay-For-Performance for Hypertension Treatment. Accepted for publication.
11. Nichol, K., Petzel, R., et al. Influenza Vaccination Knowledge, Attitudes and Practices Among Healthcare Workers in the Department of Veterans Affairs Midwest Health Care Network. Submitted to Weekly Morbidity and Mortality Review.
12. Fletcher, C., Bonello, R., Becker, W., Arjes, S., Clutter, K., Cook, J., Petzel, R. Evolution of Staff Attitudes Toward and Perception of a Veterans Administration ICU Quality Improvement Collaborative. In Preparation.

PART I, #17, Political affiliations and activities:
(a) Financial Contributions

The following list includes all my contributions to political parties or election committees during the last 10 years that I have been able to identify based on my recollection and records:

- Democratic National Committee - less than \$200/year
- Congressional Democrats - less than \$200/year
- Minnesota DFL - less than \$200/year
- Al Gore 2000 campaign - less than \$200/year
- John Kerry 2004 campaign - less than \$200
- Rodney Skoe, Minnesota State Senate campaign - \$50
- Paul Wellstone campaign - less than \$200
- Al Franken 2008 campaign - less than \$200
- Tim Walz 2008 campaign - less than \$200
- Barack Obama 2008 campaign - less than \$250

[A letter from the Office of Government Ethics follows:]



United States
Office of Government Ethics
1201 New York Avenue, NW., Suite 500
Washington, DC 20005-3917

November 24, 2009

The Honorable Daniel K. Akaka
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the Ethics in Government Act of 1978, I enclose a copy of the financial disclosure report filed by Robert A. Petzel, who has been nominated by President Obama for the position of Under Secretary for Health, Department of Veterans Affairs.

We have reviewed the report and have also obtained advice from the agency concerning any possible conflict in light of its functions and the nominee's proposed duties. Also enclosed is an ethics agreement outlining the actions that the nominee will undertake to avoid conflicts of interest. Unless a date for compliance is indicated in the ethics agreement, the nominee must fully comply within three months of confirmation with any action specified in the ethics agreement.

Based thereon, we believe that this nominee is in compliance with applicable laws and regulations governing conflicts of interest.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert I. Cusick".

Robert I. Cusick
Director

Enclosures

[Letter from Robert A. Petzel, M.D., to the Office of General Counsel, U.S. Department of Veterans Affairs:]

November 17, 2009

Mr. Walter A. Hall (023)
Assistant General Counsel and
Designated Agency Ethics Official
U.S. Department of Veterans Affairs
Washington, D.C. 20420

Dear Mr. Hall:

The purpose of this letter is to describe the steps that I will take to avoid any actual or apparent conflict of interest in the event that I am confirmed for the position of Under Secretary for Health of the U.S. Department of Veterans Affairs.

As required by 18 U.S.C. § 208(a), I will not participate personally and substantially in any particular matter that has a direct and predictable effect on my financial interests or those of any person whose interests are imputed to me, unless I first obtain a written waiver, pursuant to 18 U.S.C. § 208(b)(1), or qualify for a regulatory exemption, pursuant to 18 U.S.C. § 208(b)(2). I understand that the interests of the following persons are imputed to me: any spouse or minor child of mine; any general partner of a partnership in which I am a limited or general partner; any organization in which I serve as officer, director, trustee, general partner or employee; and any person or organization with which I am negotiating or have an arrangement concerning prospective employment.

My wife and I will divest our interests in the following entities within 90 days of my confirmation: Biogen, Covidien PLC, General Electric, Genzyme Corp, HCP Incorporated, Health Care REIT, Inc., Ligand Pharmaceuticals, Merck, Pfizer, Rockwell Collins, and St. Jude Medical Inc. With regard to each of these entities I will not participate personally and substantially in any particular matter that has a direct and predictable effect on the financial interests of the entity until I have divested of it, unless I first obtain a written waiver, pursuant to 18 U.S.C. § 208(b)(1), or qualify for a regulatory exemption, pursuant to 18 U.S.C. § 208(b)(2).

I understand that I may be eligible to request a Certificate of Divestiture for the assets my wife and I have committed to divest and that a Certificate of Divestiture is effective only if obtained prior to divestiture. Regardless of whether I receive a Certificate of Divestiture, I will divest these assets within 90 days of my confirmation and will invest the proceeds in non-conflicting assets.

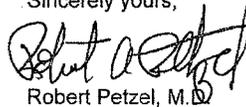
I currently serve as an Associate Professor of Medicine at the University of Minnesota. Upon confirmation I will resign this position. For a period of one year after my resignation, I will not participate personally and substantially in any particular matter involving specific parties in which the University of Minnesota is a party or represents a party, unless I am first authorized to participate, pursuant to 5 C.F.R. § 2635.502(d). Furthermore, my wife is currently an employee of the University of Minnesota, after the expiration of the one-year period following my resignation from the University, for as long as my wife is an employee of the University, I will not participate personally and substantially in any particular matter involving specific parties in which the University of Minnesota is a party or represents a party, unless I am first authorized to participate under 5 C.F.R. § 2635.502(d).

My wife receives an annuity under the Minnesota State Retirement System, a defined benefit pension plan. I will not participate personally and substantially in any particular matter that has a direct and predictable effect on the ability or willingness of the State of Minnesota to provide this contractual benefit to her, unless I first obtain a written waiver, pursuant to 18 U.S.C. § 208(b)(1), or qualify for a regulatory exemption, pursuant to 18 U.S.C. § 208(b)(2), such as 5 C.F.R. § 2640.201(c)(2).

My wife participates in the University of Minnesota Physicians Retirement, a defined contribution pension plan. You have advised me that this defined contribution plan qualifies for an exemption at 5 C.F.R. § 2640.201(c)(1)(ii).

Finally, I understand that as an appointee I am required to sign the Ethics Pledge (Exec. Order No. 13490) and that I will be bound by the requirements and restrictions therein in addition to the commitments I have made in this and any other ethics agreement.

Sincerely yours,



Robert Petzel, M.D.

Chairman AKAKA. Thank you very much, Dr. Petzel, and I also want to add my welcome and aloha to your family gathered here.

Dr. Petzel, without question—and you have noted it—you will be an advocate for veterans. I think we would all like to know what will you do to ensure that the best interests of veterans is behind each and every decision you make, so let me ask: how will you advocate for that approach as VA deals with pressure from OMB to limit spending in health care?

Dr. PETZEL. Thank you, Senator Akaka. I do believe that my responsibility is, as you have put it, to advocate for veterans and that includes ensuring that we have adequate resources to accomplish the things that we are being asked by Congress and the President to accomplish. I have a reputation for candor, and I believe that it is my responsibility to speak candidly with the Secretary, who also believes that his first responsibility is to advocate for the resources necessary to take care of veterans. But to speak candidly with him and to speak candidly with Congress about what our needs are and how those needs are being met, and if confirmed, I promise you that I will deal openly and directly with you about what our needs are and whether or not those needs are being met.

Chairman AKAKA. Doctor, there is a tremendous need for VA to reach out and treat returning veterans who need mental health services. With each high-profile case, DOD becomes more and more engaged in providing PTSD care, even on the battlefield, an idea that many have concerns with. Can DOD and VA work together to ensure mental health needs are met in the active-duty servicemember and the new veteran?

Dr. PETZEL. Thank you again, Senator Akaka. You have highlighted what I think is one of the signal problems with the present conflict, and that is the high incidence of behavior health and mental health problems in the veterans that are returning from this conflict, particularly those veterans that have been exposed, actually exposed, to combat.

VA and DOD have a number of mechanisms set up to jointly address these problems. Recently, the Secretary for the Department of Defense and the Secretary of VA, Mr. Shinseki, jointly held a conference, a summit, if you will, on mental health issues of returning servicemembers and actually people that remain in the service. In addition to that, we have several structures where these things are discussed regularly. The Joint Executive Council, the Health Executive Council, and the Senior Oversight Committee are all places where these issues are discussed.

I believe that VA is the premier institution, if you will, in this country right now when it comes to knowing and treating patients with PTSD, and my hope would be that we can work with the military, share our expertise, and provide perhaps some of the services that it needs. I believe that we will be able to accomplish this through these joint efforts.

Chairman AKAKA. I am glad to hear that. I am glad to hear about the joint efforts. I think we need to develop this as much as possible and work together on this. I just want to be sure that you can ensure this will happen. Let me ask you that question. How will you ensure that this happens?

Dr. PETZEL. Thank you, Senator. I play an important role in each one of those groups that I mentioned before. The mental health services are directly responsible to me within VHA, and I can assure you and this Committee, if confirmed, I will make certain that all that we have to offer is brought to bear on the issues of PTSD particularly, but mental health in general, of the returning servicemembers. We will work with the Department of Defense. Again, I think we have the expertise to offer them the kinds of things that returning servicemembers need and I think we should be in a position to do that.

Chairman AKAKA. Dr. Petzel, you should know that, as Chairman, I am committed to strong oversight. Most recently, I have had staff look at whether facilities were actually making improvements to mental health care that they have been directed to make, like having evening and weekend hours. Committee staff determined that there was poor compliance overall. What will you do to ensure that facilities are making the requisite improvements?

Dr. PETZEL. Thank you, Senator. Well, we have clearly—VHA has clearly outlined what the requirements are. There should be little misunderstanding on the part of people as to what needs to be done and should be done. I think it is our responsibility here

in Washington, and if confirmed, I will assume that responsibility, to ensure that, indeed, those things are being done.

Are the construction projects to provide a safe mental health environment being done? Are all the programs that we have said we want as part of our panoply of mental health services, are they all in place in all of our facilities? I promise you, again, if confirmed, that I will assure that we are doing the things that we have promised Congress and promised the veteran community that we will do.

Chairman AKAKA. I understand that for many facilities, there simply isn't the physical space to expand and provide more mental health care. How will you reassess minor construction?

Dr. PETZEL. Thank you. I believe that we need to review the minor health construction projects and see that these projects reflect the priorities within VHA. If confirmed, I would do that. We obviously have patient safety issues, generally speaking, at the top of that. But mental health is an important part of the services that we provide, and if there are projects on that schedule that are necessary in order to accomplish all that we need to accomplish at a facility in terms of mental health, then we have to assess if that is in the appropriate priority.

So my promise to you, if confirmed, would be to review the minor construction process and the minor construction project list to ensure that those things that we have said are priorities are indeed reflected in that construction list.

Chairman AKAKA. Thank you very much.

Senator Burr?

Senator BURR. Thank you, Mr. Chairman.

Dr. Petzel, welcome. We had a delightful short time together—

Dr. PETZEL. Yes.

Senator BURR [continuing]. But very insightful. A couple of housekeeping things and then a couple of serious questions.

Dr. Petzel, do you pledge to swiftly and accurately respond to all requests for information made by me or my staff on my behalf?

Dr. PETZEL. Absolutely, Senator, I do.

Senator BURR. I thank you. VA has more tools and resources than ever before to end homelessness for our Nation's veterans. Do you believe it is possible to actually accomplish that in the next 5 years?

Dr. PETZEL. I do. That is an excellent question—

Senator BURR. What do you think it will take?

Dr. PETZEL. Well, I think it is going to take a number of things. First of all, we need to deal with the present homeless population, and that can be divided in several ways, one of which is the chronic and the not-chronic homeless veterans. I think our approach to those two populations is slightly different.

Second, in order to eliminate homelessness, it is going to be absolutely essential that we prevent homelessness. So a major part of our effort is going to have to be directed at those people who might become homeless, those people who are on the edge or threatened. We will work with State and Federal agencies to help and internally within our organization to try and identify those people and provide the services they need, be it housing, be it a job, or job

training, or medical care, before the situation has reached the point where those people are indeed helpless.

So if we are going to eliminate homelessness, a major effort needs to go toward preventing homelessness. A major effort needs to go toward finding long-term solutions to the problems of chronic homelessness.

Senator BURR. Would you agree that homelessness and chronic homelessness suggest a breakdown in our ability to deliver the wraparound care out of the Veterans Administration that we should?

Dr. PETZEL. I would agree with you, Senator; that is one of the issues that affects homelessness.

Senator BURR. Doctor, in your testimony, you cite what you believe are the weaknesses of the VA's health care system, including the need for a vision of what the system should be in the future, which is one that I agree with; lack of alignment; and too many variations within the system. What is your plan to correct these weaknesses for the entire system, if confirmed?

Dr. PETZEL. Well, first, we need to develop a consensus within the VA, Senator, about what this health care system is going to look like in the future. I outlined three features that I think need to be there, though there are many others: patient-centeredness; a concept of team care; and the concept of continuous improvement, so that all of the work that we do is crafted in the nature of continuously improving that work.

In terms of alignment, we have many wonderful programs. The VA probably has the broadest array of programs. Mental health is an excellent example of that. Nobody offers the range of services in mental health that the VA does. But it has been my experience that these programs are not always aligned toward this common vision, that they are much more interested in their particular program activities, et cetera. So we need to align everything, every activity within VHA, to accomplish this consensus vision of what our system is going to look like.

In terms of variation, the Secretary had a briefing from each one of the 21 networks and it was really quite remarkable how different many of these networks are, how they operate differently. This is not necessarily good business. We need to reduce the variation in our structures and organizations at the network level. We need to reduce the variation in our business practices. I think everybody is aware of the VA's fee-basis program and that there have been difficulties in some parts of the country collecting and paying fee-basis accounts.

If you were to look across this country, you would find that those 21 networks probably each have a different approach to fee basis. That is not appropriate for an integrated organization like ours. We need to have a system, a best practice system for administering the fee-basis program.

An example in our network of reducing variation, several years ago we developed an imaging service line and came to an agreement amongst all the radiologists that we would buy a single vendor's products in all of our imaging suites. So now we have a single vendor's products in all of our imaging suites. It has reduced our cost. We had tremendous savings when it came to those purchases.

Now our biomedical engineers have a much easier job of taking care of just one manufacturer's equipment.

I think those sorts of things, with that and with laboratory equipment, need to be done across the country.

Senator BURR. Let us talk about your time as the Director of the VISN. In your response to prehearing questions, you stated that addressing issues with privileging and credentialing of VA providers will require diligent and continuous review at the facility level. You also pledge that, if confirmed, you would ensure that each facility in each network meets or exceeds the VA standard. Well, as the new director, how do you ensure that facilities in the network meet or exceed the VA standards?

Dr. PETZEL. Thank you, Senator. We have to have an oversight process that assures us that the mechanisms are in place to review and audit those credentialing processes. That is an action that obviously has to occur at the local level, and what we need to know and we need to be sure of is that the local leadership are doing the things that need to be done to ensure that the credentialing and privileging process is functioning correctly, and that means periodic audits by outside interested parties not directly related to the credentialing process.

This kind of thing is not unique to credentialing and privileging. There are an incredible number, as you know, of processes within a medical center that one needs to be assured are operating correctly, and the question could be asked of any one of those processes: how are you going to ensure, or how do we ensure that those things are being done correctly?

One is that we assure ourselves what the internal audit processes are. Two is that we periodically—ourselves, from a central office perspective—audit and review those processes to see if, indeed, they are being followed.

Senator BURR. Do you believe that there are different standards today, VISN by VISN, on privileging and credentialing?

Dr. PETZEL. No, Senator, I don't believe there are different standards. I believe there are different—

Senator BURR. Different applications?

Dr. PETZEL [continuing]. Different level of execution.

Senator BURR. OK, thank you.

Dr. PETZEL. Absolutely.

Senator BURR. I thank you. I thank the Chair.

Chairman AKAKA. Thank you very much, Senator Burr.

Senator Murray?

Senator MURRAY. Thank you very much, Mr. Chairman.

Dr. Petzel, as you know, last week President Obama outlined a change in strategy to increase troops in Afghanistan by an additional 30,000, bringing the number of troops in Afghanistan to over 100,000. Now, Admiral Mullen pointed out on Monday that this will increase American casualties, and I want to make sure that the Department of Defense and the Department of Veterans Affairs have taken steps to adequately plan for that increased number of veterans that we know we will see seeking care, because we can't afford to repeat the mistake of the last 5 years.

So given the reality of what we know is coming, do you think the VHA needs to change its planning to handle the increased numbers of OIF and OEF veterans seeking care?

Dr. PETZEL. Thank you, Senator Murray. I cannot speak, of course, for the Department of Defense, but in terms of the VA, we have assessed what the impact would be of an additional 30,000 troops being deployed. Obviously, not all of those people are going to be coming back to us immediately, but there will be casualties and there will be patients or people discharged from the service which will represent an increase in our workload.

We have calculated what the expense of that might be and we are trying to include that in future budget requests. In the meantime, I am assured that we do have adequate resources to provide for all of the returning servicemembers from those two conflicts. As I said earlier, if that is not the case, you will get my candid opinion that it is not so.

Senator MURRAY. OK. Well, we have had experience in the past where the VHA has recognized the need for increased resources, and somewhere between the Congressional Budget Office and here, it isn't accurately reflected in VA's budget request. I am assuming that if that should occur, you will be honest with us about your needs and tell us if a budget doesn't adequately reflect what you are seeing, if that is the case.

Dr. PETZEL. I will, Senator. I also need to point out that Secretary Shinseki's first priority is delivering adequate resources to the organization. He has repeatedly talked about that being his major responsibility. I have confidence that if the resources aren't there, that he will ask for them.

Senator MURRAY. OK. Well, you were VISN 23 Director, so from that perspective, do you think that we are prepared for an increased number of OIF and OEF veterans?

Dr. PETZEL. I do. I do. How much of that increase is going to occur, it is really very difficult to know. Again, this is the 2010 budget that we are talking about—

Senator MURRAY. Right.

Dr. PETZEL [continuing]. And we have yet to see what is going to happen with the 2011 budget. But again, if I don't believe—if I am confirmed and I don't believe that we have got adequate resources, I will be discussing that with the Secretary and I will be discussing that with the Committees.

Senator MURRAY. OK. As VHA Under Secretary, what hurdles do you think we need to address to make sure that you have the staff and the resources that you are going to need to make sure that the veterans returning from Iraq and Afghanistan, as well as our veterans who are in the system from previous conflicts, are treated?

Dr. PETZEL. Thank you, Senator. I think the first hurdle is assessing what the need is and being sure that we understand how much we need in terms of resources.

I think second is ensuring that we have got those projections worked into our budget; and I know, again, for 2010, there was a very labored and, I believe, careful calculation as to what the impact of returning veterans would be on programs like TBI, like PTSD.

So, the first thing is being able to predict what that need is. The second barrier, if you will, is advocating for those resources with the various structures that we have to deal with when we are looking at our budget. I am confident that the 2010 budget does have in it adequate resources to do those things.

Senator MURRAY. What you currently have, but you are working on the 2011 budget—or you will be——

Dr. PETZEL. I haven't yet seen what the 2011 budget is going to look like. We are in the midst of those negotiations. So it is difficult for me to speak definitively about what that final budget will look like.

Senator MURRAY. Let us just say, once you are confirmed, Doctor——

Dr. PETZEL. Once I am confirmed, I will be very candid with you.

Senator MURRAY. We need you to be candid. If between the Congressional Budget Office and elsewhere it gets reduced from where you all think it ought to be, we want to know from this Committee's perspective because that communication breakdown means that veterans won't get the care they need if we are short with funding.

Dr. PETZEL. Absolutely.

Senator MURRAY. We are now ramping up and we have a number of folks coming home. It will impact next year's budget. It certainly will impact budgets in the out years, so we need to have an honest figure on that.

I am hearing a lot about staffing issues from medical centers around the country. You are a former VISN Director. What do you think we need to do in VHA to make sure that we hire the doctors, the mental health providers, the specialists, and all the key personnel in a timely fashion?

Dr. PETZEL. Thank you, Senator Murray. There are two aspects to that question. One is the timely fashion, and I am pleased that Assistant Secretary Sepúlveda is reviewing and going to be making substantial changes in our H.R. processes, in our hiring process, because quite frankly, in my experience as a network director, it just took too long in many cases to hire a physician, to hire a nurse, et cetera. Those processes need to be reviewed, and I am grateful for the fact that he is doing that. If confirmed, I look forward to working with him to find the best ways and the quickest ways to bring qualified people on. So that is one aspect.

The other aspect, though, is making sure that we have got the salary structure and the incentives that we need to attract the kinds of professionals that we want and need, and that particularly is important in rural areas, because not only us, but the outside world, the private sector, has trouble recruiting to some very rural and remote areas.

I am pleased that S. 1963 has in it a number of processes and recommendations that will help us, I think, hire those people, will help speed the hiring process. In addition to that, as I understand it, Senator Durbin has proposed providing some incentives specifically for recruiting to rural areas for both health care executives and clinical people. I think all those things would help.

Senator MURRAY. Well, we have a particular area, Port Angeles in my homestate of Washington, that has been trying to hire a doc-

tor for months. We have been told for months it is going to happen. So once you are confirmed, I will be calling you about that.

Dr. PETZEL. Please. If I am confirmed, I would be delighted to talk with you about that.

Senator MURRAY. OK. Mr. Chairman, I do have some questions I would like to submit for the record. Unfortunately, I have another commitment I have to make. But again, to both of our nominees, thank you so much for your service to our country.

Chairman AKAKA. Thank you very much, Senator Murray. We will place your questions in the record.

Now, we will have questions from Senator Begich.

Senator BEGICH. Thank you very much, Mr. Chairman, and thank you, Doctor, for being here. Just for the record, I will be supporting your confirmation. I believe the President has all the rights to pick who he wants, but also he survives and dies based on your work, so it is on your shoulders.

I just sent a letter to Secretary Shinseki regarding a report that just came out by the Office of Inspector General (OIG) regarding some significant challenges they have in Alaska, specifically in the Anchorage office, in regards to their management and the capacity for it to manage services and ensure that benefits are given in a timely manner. The tone of the letter was pretty dismayed, and I was somewhat outraged by the many findings.

The good news is the Anchorage office recognizes these findings, and I want to know if you are, one, aware of the IG report, and two, I know it is not necessarily in your purview, but because of your senior staff level, you may have the capacity to assist in trying to clean this mess up. So what would be your comments, if you have any, at this point?

Dr. PETZEL. Well, thank you, Senator. I do share your concerns. I have not read the details of the report, but I have seen the press release, and I have seen a summary of the report and I do share your concerns. While this is VBA, we are one VA.

Senator BEGICH. That is right.

Dr. PETZEL. VHA does provide a lot of support and services for people that are applying for veterans' benefits. We do the examinations. We work with VBA to expedite these processes. So I think that we need to, as one VA, take some responsibility for this.

Senator BEGICH. Well, if there is anything—I am assuming the Secretary and his staff will get back to me, but obviously if it crosses into any of your purview, I would really appreciate your efforts in ensuring that you do what you can very rapidly. Alaska has the highest per capita amount of veterans in the country. Seventy-thousand, 11 percent of our population are veterans, and growing. So I just think it is critical that we do what we can, especially in Anchorage, which is half the population of the State. So—

Dr. PETZEL. Thank you, Senator. I agree with that, and I will carry your concerns back to the Secretary.

Senator BEGICH. Very good.

Dr. PETZEL. I will carry your concerns back to Admiral Dunne and the Veterans' Benefits Administration.

Senator BEGICH. Great. Thank you very much.

I was reviewing some testimony, I think it was from 2006 in a subcommittee on health in the House, and your support for rural health care for veterans, which, as you can imagine in Alaska, is a very complex issue. I tried to tell Senator Tester I would represent Montana, also, in its rural concerns, because he had to leave.

But one of the issues is, in Alaska, many of our veterans can get waivers because they have no other transportation other than air or sea or the land distance is significant. I am curious, on those travel waivers, where do you stand and how do you feel about those, especially in remote, rural areas. Is that a policy that you will continue to support?

Dr. PETZEL. Thank you. I am not specifically familiar with the waiver process—

Senator BEGICH. OK.

Dr. PETZEL [continuing]. So I probably can't comment specifically. I will find out and get back to you about that—

Senator BEGICH. Can you respond for the record?

Dr. PETZEL. But I will say that if people can't travel, I mean, the whole principle behind the travel reimbursement is the fact that if you can't afford to get to the health care, you can't get the health care.

Senator BEGICH. Right.

Dr. PETZEL. So it is necessary to support. If that is the case, then I certainly would be supportive of providing for access to health care for your people in whatever way we need to do it.

Senator BEGICH. Excellent. Well, if you could, respond in more detail as you look at that policy. The big issue for us is, I mean, literally, you don't have roads to some of these areas. I think a lot of times when people think of rural communities, they think of, well, you have got to drive 200 miles to get to the hospital. In remote Alaska you can't even drive two miles, let alone 200 feet, in some of these areas. So your review of that would be great, and obviously your support.

[The information requested during the hearing follows:]

RESPONSE TO REQUEST ARISING DURING THE HEARING BY HON. MARK BEGICH TO ROBERT A. PETZEL, M.D., NOMINEE TO BE UNDER SECRETARY FOR HEALTH, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Request: What is your opinion on a waiver to the existing law to exempt those veterans whose only means of travel to their appointment is by air or sea or exceeds a designated certain distance? And how will you work to waive the requirements?

Response. The Department of Veterans Affairs (VA) is committed to ensuring that health care services are accessible to all enrolled Veterans. VA currently offers air transportation to Veterans based on clinical need, and I think this is a good basis for our program. In Veterans Integrated Service Network (VISN) 23, some Veterans had to travel significant distances for care, so I understand your concern and the challenges Veterans face. For example, Veterans residing in Minot, ND and visiting a VA clinic there would have to travel approximately 6 hours to receive care at the Fargo VA Medical Center. I understand VA has looked at the financial costs and benefits of providing air travel to other VA facilities for Alaska Veterans compared with securing health care through contracts or fee-basis. This analysis found that providing air transportation was significantly less costly than seeking care in the community, so these proposals can make good economic sense while improving the health care of Veterans.

If confirmed, I am interested in working with you and the Committee to further improve our ability to deliver the care Veterans need. I believe it is appropriate for VA to administer a program that provides air or sea transportation when no other

mode of transportation is available (for example, in some highly rural areas or in the Pacific Islands), or when the Veteran's condition necessitates travel by means other than driving. There are other factors that may also justify a waiver of our normal beneficiary travel requirements, and I look forward to hearing your ideas on this matter.

Senator BEGICH. I want to ask one broad question, and then I have two quick ones. I read that your Strategic Plan expires in about 11 or 12 months. I am assuming the VA is in the process of revising that, their long-range strategic plan. Do you have any comment on that?

Dr. PETZEL. Well, Senator, my understanding at the Department level, we went through—they went through a process that began late spring or early summer of developing a strategic plan and then developing operating plans.

Senator BEGICH. Excellent.

Dr. PETZEL. That for 2010 is pretty well put to bed, if you will. Now we are looking at execution of the operating plans.

As a part of that process, again, it is my understanding, there will be a periodic review. Again, next spring or summer, there will be another look strategically and a revision of that plan. It is a living document. It is not cast in stone and it will be reviewed periodically, as I understand it.

Senator BEGICH. Yes. There is an annual and then there is a 5-year plan. The one I am thinking of, this longer-range plan, what kind of a plan is there? There is a 2006 through 2011 plan, and now it is about to expire. So that is the one I am thinking of. So if you could respond back for the record on that, that will be great.

[The information requested during the hearing follows:]

RESPONSE TO REQUEST ARISING DURING THE HEARING BY HON. MARK BEGICH TO ROBERT A. PETZEL, M.D., NOMINEE TO BE UNDER SECRETARY FOR HEALTH, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Request: When should Congress expect the VA to publish the next long-range strategic plan? Is there a way to give to this Committee a report card or milestones of progress made, rather than waiting until the report is complete?

Response. It is my understanding that the VA Strategic Plan for FY 2010–2014 is in development at this time and is currently being reviewed by the Office of Management and Budget (OMB). I understand that the Department expects to publish the VA Strategic Plan for FY 2010–2014 in the near future.

If confirmed, I would be happy to work with the Department to update you and the Committee on VA's progress in implementing the VA Strategic Plan. VA will be pleased to brief you and the Committee on the results contained in this report each year.

Senator BEGICH. Thank you, Mr. Chairman, I will end on this. If I could follow-up on Senator Murray's question regarding staffing for VA and the concern with Iraq and Afghanistan veterans that are coming through. I want to make sure I understood what you said, and I appreciate that you are going to be very candid with the Committee as the budget process goes forward.

My assumption is, based on your comments, there has been a calculation, a review of what this might be in the long term. So I am assuming that there is some sort of report that has been done to look out on the horizon about what is going to happen. That is what you are utilizing to develop your budgetary process. Is that a document that is available for us in this Committee to review? I am assuming there is no way you can plan 2–3 years out without

doing a full review. My guess is that you have and there is something that is in process.

Dr. PETZEL. That is an excellent question, Senator Begich, and I don't know. I have seen the projections, or have heard of the projections for 2011, but I don't know what sort of a document exists. I would be delighted to find out and we can get back to you in the posthearing questions.

Senator BEGICH. If you could share that with the Committee, I think that was what Senator Murray was asking, is that long-term? I just assume there is a planning document somewhere.

Again, thank you very much. I congratulate you in advance; and I agree with the Chairman, the faster we can make these appointments happen, the better off the VA is and the more services we can deliver to our veterans. So thank you for your willingness to serve.

Dr. PETZEL. Thank you, Senator.

Chairman AKAKA. Thank you very much, Dr. Petzel, for your responses.

Before we let you go, let me just ask this. I think we both share the view that the VA needs solid partnerships with its academic affiliates. You indicated that there is room for improvement in this area. What specific steps will you take to strengthen academic partnerships?

Dr. PETZEL. That is an excellent question, because affiliations, Senator Akaka, in my mind, are a very important part of why VA is as good as it is today.

Just a bit of background. There was a Blue Ribbon Panel that was empowered by previous Secretaries, the recommendations for which Secretary Shinseki has recently signed off on, and I believe there will be a briefing for this Committee sometime in the near future, right after the first of January. In it, there are a number of recommendations, and I don't want to preempt that briefing, but just briefly, the idea that there will be structure set up at the network level for interacting with affiliates. Affiliates feel that as we develop networks, the local management's responsibility for affiliations and power, if you will, in affiliations was somewhat diluted and they are looking for, and I strongly support this, some sort of a mechanism for interacting with affiliates at the network level.

The second thing was the development of a national affiliations group, if you will, that not only includes the medical school affiliations, but nursing schools and other educational affiliates that can have a more national perspective and influence on what happens with affiliations. They are very important. We train 100,000 individuals in our medical centers each year. Seventy percent of the physicians and psychologists that work in the VA trained in the VA medical centers. They are important training resources for the Nation and they are very important recruitment tools, if you will, for the VA.

So I think it is very important that we strengthen them and I would see this national structure and accountability for having working relationships with affiliates set up at the network level as being important steps.

Chairman AKAKA. Thank you, Dr. Petzel. I have other questions I will submit for the record.

Senator Begich, do you have any second round?

Senator BEGICH. Yes, one quick question. I am glad you mentioned the Blue Ribbon Panel. If I could just ask one, which you don't have to answer now since I will put it in the record. In regards to your nurse practitioners and the program that you developed, I think it was in three or four States, that I found very interesting, and very intriguing regarding the delivery of services from nurse practitioners in clinics. It is much more efficient in a lot of ways, because you can deliver more nurses, in a sense, to the field quicker than doctors, obviously, because their education span is less than 7–9 years, so you can get them sooner.

So I would be very interested—I am assuming with the Blue Ribbon, if we get something down the path here in January, that this may be part of the discussion. Am I safe to say that, or—

Dr. PETZEL. Yes, Senator, you are.

Senator BEGICH. OK. Very good. That is all, Mr. Chairman. Thank you.

Chairman AKAKA. Thank you. Thank you very much.

I want to thank you again, Dr. Petzel, for your participation in today's hearing. It is helpful to us. Today's veterans will benefit from your experiences as an educator and administrator and a leader in the delivery of high-quality health care.

But with this in mind, I would like to bring Dr. Petzel's nomination before the Committee and full Senate as soon as possible. I ask that any posthearing questions for Dr. Petzel be sent to the Committee's Legislative Clerk by noon tomorrow with the intention of the Committee voting on the nomination next Wednesday, the 16th.

So again, thank you very much, and I thank your family for joining you here.

Dr. PETZEL. Thank you, Senator Akaka, and to the Committee, for the opportunity to appear.

Chairman AKAKA. Thank you.

Good morning and welcome, Dr. Perea-Henze.

Dr. PEREA-HENZE. Good morning, Mr. Chairman.

Chairman AKAKA. The Committee will now turn to the President's nomination of Dr. Raul Perea-Henze to be Assistant Secretary of Policy and Planning at the Department of Veterans Affairs.

I am delighted that with this nomination and Dr. Petzel's, we are closer to providing Secretary Shinseki with his full leadership team at VA. I am hopeful that this Committee, and then the full Senate, will move expeditiously to consider Dr. Perea-Henze's nomination. It is important that the position of Assistant Secretary for Policy and Planning be filled as soon as feasible.

Dr. Perea-Henze has extensive public and private sector experience. Most recently, he was a senior executive at Pfizer and Merck. Earlier, he served as Deputy Assistant Secretary of Commerce for Management and Budget, and Senior Health Care Advisor at the White House during the Clinton Administration.

Dr. Perea-Henze's academic background includes a medical degree from the University of Mexico and a Master's Degree in Public Health with a concentration in Health Policy and Management from Yale University's School of Medicine.

The Assistant Secretary for Policy and Planning provides advice, plans, and reports to the Secretary and other VA senior leaders in the area of corporate policy, strategic planning and management improvement, to support VA's endeavors to provide benefits and services to our Nation's veterans in an effective and efficient manner.

I have received every indication that Dr. Perea-Henze combined service in the public and private sectors is well regarded and will be pertinent to the position for which he has been nominated.

Dr. Perea-Henze, I will tell you the same thing I told Secretary Shinseki during his confirmation hearing. Assuming your confirmation as the next Assistant Secretary for Policy and Planning, you will face tremendous challenges. In my view, holding a leadership position at VA is one of the most challenging jobs in or out of government, and that is never truer than in a time of war as we are in at the present time.

I look forward to your testimony today, your responses to questions from Committee Members, and to any posthearing questions.

Senator Burr, any opening statement?

Senator BURR. No. I also welcome the doctor and apologize that with the schedule up here I have not had the opportunity to sit down privately with you, but certainly look forward to this hearing and your confirmation.

Chairman AKAKA. Thank you very much.

Senator BEGICH.

Senator BEGICH. No statement. Again, I look forward to the question and answer period, and thank you very much for your willingness to serve.

Chairman AKAKA. Under the rules of the Committee, Doctor, the testimony of all Presidential nominees appearing before the Committee shall be taken by oath. So, Doctor, will you please now stand and raise your right hand?

Do you solemnly swear that the testimony you are about to give this Committee, your responses to the Committee's questionnaire, and your responses to all questions, both live and in writing, before the Senate Committee on Veterans' Affairs will be the truth, the whole truth and nothing but the truth, so help you, God.

Dr. PEREA-HENZE. I do.

Chairman AKAKA. Thank you.

Doctor, will you please begin with your statement?

**STATEMENT OF RAUL PEREA-HENZE, MD, MPH, DESIGNATE
TO BE THE ASSISTANT SECRETARY FOR POLICY AND PLAN-
NING, U.S. DEPARTMENT OF VETERANS AFFAIRS**

Dr. PEREA-HENZE. Thank you, Mr. Chairman. Chairman Akaka, Senator Burr, distinguished Members of the Senate Committee on Veterans' Affairs, thank you for the opportunity to appear before you today. I am deeply honored and humbled by President Obama's nomination to serve as Assistant Secretary for Policy and Planning at the Department of Veterans Affairs, and I greatly appreciate the President's and Secretary Shinseki's confidence in me to lead this important function and help achieve their vision of transforming the VA into a 21st Century organization.

Although my family is not physically present here, I stand on their shoulders—those members of my family who served in government like my grandmother, the military, my grandfather, or as physicians like my father and mental health professionals like my mother—as I have the honor to appear in front of you today. They have been my inspiration to pursue a passion for finding ways to help others.

As a physician and public health professional, I have strived to find innovative cures and secure access to medicines for those who need them, so they can, like me, hope to achieve their full God-given potential. If confirmed, I hope to bring almost 25 years of experience in planning and strategy, to serve the needs of veterans and contribute to their well-being and the well-being of those who care for them.

First, as a physician, I began my career in policy and planning in New York City government where I oversaw the development of patient center services at one of the largest public hospitals in the Nation; ensured the optimization of funds and services for those affected with HIV and AIDS and other infectious diseases; and created a 10-year strategic plan for mental health and substance abuse services.

At the Commerce Department, I managed policy issues as a White House Fellow and Chief of Staff for the Under Secretary for International Trade, and later I co-led an organization of close to 700 people as the Deputy Assistant Secretary for Administration. These experiences provided me with a broad understanding of how the Federal Government works and made me aware of the value and expertise of those who have devoted their careers to public service.

My subsequent experience in the private sector, advising and working for leading Fortune 100 companies in management consulting and in the health care sector, provided me with business acumen and a results-oriented approach driven by a long-term vision.

I believe with these combined capabilities I can bring significant value and innovation to those served by the Department of Veterans Affairs—the veterans and those caring for the veterans.

The Assistant Secretary for Policy and Planning is responsible for providing advice and counsel to the Secretary and other senior leaders, and helping formulate corporate policy and strategic planning. If confirmed, I commit to faithfully advise the Secretary and Deputy Secretary, and to work with Congress to provide better services and benefits for our Nation's veterans.

The Office of Policy and Planning is responsible for developing the data and analysis to drive strategic planning and policy development for the Department. This critical function is essential to the transformation effort as articulated by President Obama and Secretary Shinseki. The appropriate collection, analysis, and management of accurate data from a national survey of veterans and other population studies, as well as measurement of the effect of VA services and benefits, is essential to informing sound policy decisions. Through such efforts, the Office of Policy and Planning will be instrumental in helping VA achieve the President's and Secretary Shinseki's objectives.

In addition, if confirmed, I intend to establish and maintain strong working relationships with my counterparts at the Department of Defense and other key organizations to improve the delivery of health services and benefits to servicemembers and veterans.

If confirmed, I also hope to bring stability, vision, and innovation to the Office of Policy and Planning. I will work to optimize data collection and scientific methodologies for the analysis of the veteran populations and VA services and benefits, so this information can transform the services they and their loved ones receive.

I will work tirelessly to support Secretary Shinseki's goals for a VA that is people-centric, results-oriented, and forward-looking. I believe that I can provide strong leadership and clear vision to this office, so it can be regarded as a model across the Federal Government.

In closing, I would like to thank this distinguished Committee again for the opportunity to appear before you today. If confirmed, I stand ready to work with Congress and to advance President Obama's and Secretary Shinseki's goal to transform the VA into a 21st Century organization centered on those it serves.

I look forward to any questions you may have.

[The prepared statement of Dr. Perea-Henze follows:]

PREPARED STATEMENT OF RAUL PEREA-HENZE, M.D., NOMINEE TO BE ASSISTANT SECRETARY FOR POLICY AND PLANNING, U.S. DEPARTMENT OF VETERANS AFFAIRS

Chairman Akaka, Senator Burr, Distinguished Members of the Senate Committee on Veterans' Affairs, thank you for the opportunity to appear before you today.

I am deeply honored and humbled by President Obama's nomination to serve as Assistant Secretary for Policy and Planning at the Department of Veterans Affairs. And I greatly appreciate the President and Secretary Shinseki's confidence in me to lead this important function and help achieve their vision of transforming the VA into a 21st century organization.

Although my family is not physically present here, I stand on their shoulders. Those members of my family who served in government, the military, or as physicians and mental health professionals, as I have the honor to appear in front of you today. They have been my inspiration to pursue a passion for finding ways to help others. As a physician and public health professional, I have strived to find innovative cures and secure access to medicines for those who need them so they can, like me, hope to achieve their full God-given potential.

If confirmed, I hope to bring almost 25 years of experience in planning and strategy to serve the needs of Veterans and contribute to their well-being and the well-being of those who care for them. I began my career in policy and planning in New York City Government, where I oversaw the development of patient-centered services at one of the largest public hospitals in the Nation, ensured the optimization of funds and services for those affected with HIV/AIDS and other infectious diseases, and created a 10-year strategic plan for mental health and substance abuse services. At the Commerce Department, I managed policy issues as a White House Fellow and Chief of Staff for the Under Secretary for International Trade, and later, I managed an organization of close to 700 people, as a Deputy Assistant Secretary for Administration. These experiences provided me with a broad understanding of how the Federal Government works and made me aware of the value and expertise of those who have devoted their careers to public service. My subsequent experience in the private sector, advising and working for leading Fortune 100 companies in management consulting and in the health care sector, provided me with business acumen and a results-oriented approach driven by a long-term vision. I believe with these combined capabilities I can bring significant value and innovation to those served by the Department of Veterans Affairs: Veterans and those caring for Veterans.

The Assistant Secretary for Policy and Planning is responsible for providing advice and counsel to the Secretary and other senior leaders and helping formulate corporate policy and strategic planning. If confirmed, I commit to faithfully advise the Secretary and Deputy Secretary, and to work with Congress to produce better services and benefits for our Nation's Veterans.

The Office of Policy and Planning is responsible for developing the data and analysis to drive strategic planning and policy development for the Department. This critical function is essential to the transformation effort, as articulated by President Obama and Secretary Shinseki. The appropriate collection, management, and analysis of accurate data from the National Survey of Veterans and other population studies, as well as measurement of the effect of VA's services and benefits, is essential to informing policy decisions. Through such efforts, OPP will be instrumental in helping VA achieve the President and Secretary Shinseki's objectives.

In addition, if confirmed I intend to establish and maintain strong working relationships with my counterparts at the Department of Defense and other key organizations to improve the delivery of health care services and benefits to Servicemembers and Veterans.

If confirmed, I hope to bring stability, vision and innovation to the Office of Policy and Planning. I will work to optimize data collection and scientific methodologies for the analysis of the Veteran population and VA services and benefits so this information can serve transform the services they and their loved ones receive. I will work tirelessly to support Secretary Shinseki's goals for a VA that is people-centric, results-oriented and forward-looking. I believe that I will provide strong leadership and clear vision to this office so it can be regarded as a model across the Federal Government.

In closing, I would like to thank this distinguished Committee again for the opportunity to appear before you today. If confirmed, I stand ready to work with Congress and to advance President Obama's and Secretary Shinseki's goal to transform the VA into a 21st Century organization centered on those it serves. I look forward to any questions you may have.

RESPONSE TO PREHEARING QUESTIONS SUBMITTED BY HON. DANIEL K. AKAKA TO DR. RAUL PEREA-HENZE, NOMINEE TO BE ASSISTANT SECRETARY FOR POLICY AND PLANNING, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. Have you discussed with Secretary Shinseki and Deputy Secretary Gould the duties and the role you would assume as Assistant Secretary for Policy and Planning if you are confirmed? If so, what specific areas of the job were discussed?

Response. Yes, both Secretary Shinseki and Deputy Secretary Gould have spoken with me about the role. They will be looking to me and the Office of Policy and Planning (OPP) to provide independent analysis to them and other senior leaders as they make Department-wide policy and planning decisions. If confirmed, I look forward to leading a proactive policy development process that involves multiple organizations across the Department.

Question 2. Have you formulated any thoughts on what your new job responsibilities will be and how you will approach those responsibilities if confirmed?

Response. If confirmed, I am committed to work on the President's and Secretary Shinseki's priorities to address homelessness, mental health, health services, and benefits for the Veteran population as well as enhancing the VA/DOD relationship. I am also committed to ensure that the Office of Policy and Planning becomes a valued partner to the senior leaders at the VA, Congress, and other agencies helping develop policy to transform the Department to be veteran-centered, results-oriented and forward-looking.

Question 3. If confirmed, what would you most like to accomplish in your new position? What would you hope your legacy to the Department would be?

Response. If confirmed, my efforts will be focused on ensuring that the Office of Policy and Planning provides the data and analysis to guide effective decision-making, and that the transformation strategy outlined by the Secretary is executed effectively. Ultimately, these two accomplishments would ensure improved services and benefits for Veterans. I would hope my legacy would be to achieve Department-wide acceptance of the transformational programs for long-term and sustainable improvements in how services and benefits are delivered to Veterans and their families.

Question 4. What are your top priorities for the office you will oversee, and what can Congress do to assist you in your new role?

Response. If confirmed, I would have three top priorities for the Office of Policy and Planning: (1) guiding the effective execution of the transformation strategy for the Department; (2) providing independent analysis to enable strategic, multi-year planning for the Department; and (3) leading a robust policy development capability

that continually improves and refines policy to benefit Veterans. I would look forward to working with Congress to achieve these goals.

Question 5. How would you describe your management style and how is it suited to this particular position?

Response. I pride myself in being an active listener and a results-oriented decisionmaker; always involving others in shaping projects and defining priorities; encouraging consensus and the development of science-based innovative methodologies for problem solving while owning ultimate accountability for the team's performance; and placing value in others' expertise, nurturing a team spirit, and individual development.

Question 6. How will you work to incorporate the expertise of career employees into day-to-day management decisions?

Response. I have learned from my previous experience in government that career employees are valuable subject matter experts who have a lot to contribute to management decisions. They possess useful institutional knowledge about what has been tried before and its results. They often have great insight into how to develop and implement new approaches. If confirmed, I would immediately meet with the career staff at the Office of Policy and Planning and throughout the VA and engage them as partners in the policy development and implementation process.

Question 7. What is your previous level of exposure to veterans-related issues? What will you do to become familiar with such issues?

Response. Although, I will have much to learn about the Department of Veterans Affairs and the issues facing our Veterans, I have significant experience in corporate and government policy and strategic planning in large organizations similar to the Department of Veterans Affairs in their complexity and commitment to excellence. The Assistant Secretary for Policy and Planning is responsible for providing advice and counsel to the Secretary and other senior leaders helping formulate corporate policy and strategic planning. If confirmed, I commit to become thoroughly familiar with the issues facing our Veterans and to diligently and faithfully advise the Secretary and Deputy Secretary.

If confirmed, and with the help of this Committee, I will bring stability, vision and innovation to optimize data collection and scientific methodologies for the analysis of the veteran population, so this information can serve to transform the services they and their loved ones receive. I will immediately meet with career staff and examine all operations in OPP in full detail. I will work tirelessly to support Secretary Shinseki's transformation goals for VA, with a special priority on transformational initiatives residing in OPP. These initiatives will be guided by Secretary Shinseki's three principles: people-centric, results-oriented and forward-looking. I hope to provide strong leadership and clear vision to this office so it can be regarded as a best practice model across the Federal Government.

Question 8. How do your previous experiences in government contribute to your qualifications for this new position?

Response. If confirmed, I will bring nearly 25 years of experience in planning and strategy to serve the needs of Veterans and contribute to their well-being and of those who care for them. My experience at the Commerce Department as a Chief of Staff for the Under Secretary for International Trade managing policy issues and later, managing an organization of over 700 people as a Deputy Assistant Secretary for Administration, provides me with understanding of how to accomplish goals within the Federal Government setting and makes me aware of the value and expertise of those who have devoted their careers to public service. My experience as Chief of Staff for the New York City Department of Mental Health and Associate Commissioner for Strategic Planning allows me to bring insights in long term strategy for mental health services, one of the key priorities for Secretary Shinseki and the VA. As a chief medical officer of one of the largest public hospitals in the Nation, I also bring understanding of direct patient care and regional planning to develop centers of excellence, which is another top priority for Secretary Shinseki and this Administration. My experience as Vice President for Medical Affairs for the New York City Health & Hospitals Corporation, the largest public hospital system in the Nation, provided me with the opportunity to work with the VA hospital system facilitating the graduate medical education agreements and joint research activities that are core functions for the Veterans Health Administration. I believe with these combined capabilities I can bring significant value and innovation to those served by the Department of Veterans Affairs.

Question 9. If confirmed, how would you oversee certain management activities and processes that require coordination across the Department?

Response. If confirmed, I look forward to working with my counterparts in the other staff offices and administrations through the existing governance process at

the Department. I would seek to ensure that the principles outlined by Secretary Shinseki—Veteran-centric, results-oriented and forward looking—guide our work together. I believe the key to managing coordination and collaboration activities across a large, diverse organization like VA is to first garner agreement for these principles and then to create a solution-focused atmosphere with a high level of accountability.

Question 10. What do you think your role would be in VA budget formulation?

Response. While ultimate responsibility for VA budget formulation resides with VA's Office of Management, the Office of Policy and Planning (OPP) makes an important contribution to this process by developing the Department's strategic plan. OPP can help make sure that the budget request is aligned with the priorities identified in the strategic plan. In addition to strategic planning, I understand that OPP makes other important contributions to the budget development process. By creating and maintaining VA's Veteran population model and through its actuarial analysis capabilities, OPP provides necessary data required to make accurate cost and workload projections. If confirmed, I would work to make sure that OPP is providing useful input to the budget formulation process for the entire Department.

Question 11. Much has been said about transforming VA into a 21st century organization. What do you see as the greatest challenges in this transformation and how can the Office of Policy and Planning assist VA in completing this transformation?

Response. From my previous experience leading change within institutions, I know that the most difficult challenges in transformation are making sure that change is implemented in a meaningful and sustainable way, and that it produces the intended outcomes. I believe OPP can make an important contribution to the transformation process by helping to manage the execution of the strategy. That is, OPP can provide support and analysis to the integrated teams responsible for implementing change and to the Departmental leadership overseeing their efforts. OPP can work with the Office of Management to make sure that proper performance metrics are developed and useful data is gathered and analyzed to measure the transformation efforts. If confirmed, I intend to make transformation an important focus of OPP's work.

Question 12. Secretary Shinseki has placed emphasis on improving the level of collaboration and cooperation between VA and DOD. What do you believe will be your role in dealing with areas of concern involving the two departments?

Response. With respect to VA/DOD collaboration and cooperation, I recognize the importance both departments place on the delivery of health care services and benefits for returning Servicemembers and the smooth transition from military service to Veteran status. If confirmed, I will work to maximize collaboration with DOD through the VA/DOD Collaboration Service and VA's involvement with the VA/DOD Senior Oversight Committee (SOC) and Joint Executive Council (JEC). VA's work through these two bodies can emphasize developing and executing clear policies and guidelines, promoting opportunities for sharing resources, and establishing mechanisms for enforcing accountability with its partners at DOD.

Question 13. If confirmed, what metrics do you intend to use to determine the success of VA and DOD collaboration, and how did you arrive at those metrics?

Response. If confirmed, I will evaluate the processes through which the Department establishes metrics for determining success in its activities with DOD. I understand that performance measures currently are being developed for VA/DOD activities for the FY 2010–2012 period through the VA/DOD Joint Strategic Plan (JSP). I also understand that the SOC has developed performance metrics to assist the Committee in its continued oversight of the delivery of benefits and services to the wounded, ill, and injured. Should I be confirmed, I intend to work with my counterparts at DOD to further develop meaningful performance metrics intended to produce real results that benefit Servicemembers and Veterans.

Question 14. DOD and VA are expanding the Disability Evaluation System pilot program to more military facilities. However, the Committee has heard reports of some tension between VA and DOD as to who is paying for what services under that program. If confirmed, will you ensure that neither Department is shouldering the financial burden for this program?

Response. I believe that through the Disability Evaluation System pilot program, VA and DOD have committed to creating a more transparent and efficient process for medically separated Servicemembers. It is my understanding that VA and DOD are currently developing policies on the respective financial responsibilities in each Department that will ensure fair burden sharing for the DES pilot expansion. If confirmed, I will evaluate these policies and work with DOD so that both departments share the burden fairly.

Question 15. What more could be done in order to ensure a smooth transition from Servicemembers to civilian status?

Response. If confirmed, I will be proud to be part of a VA team that is working to ensure a smooth transition from military service to Veteran status. There is an ongoing concern about creating a smooth transition for those who are wounded, ill and injured from OIF and OEF and for activated Guard and Reservists transitioning from active duty to Veteran's status. I fully appreciate that this is an extremely important issue for the Committee, for the Administration, for Secretary Shinseki, and most importantly for Servicemembers becoming Veterans. If confirmed, I will aggressively examine this issue and ensure that we are doing everything possible to make the transition to Veteran status a smooth one.

Question 16. Are you satisfied that veterans' data collected by the Office of Policy and Planning adequately safeguarded against inappropriate release? If not, what can be done to better safeguard sensitive information?

Response. I understand that VA has taken extraordinary efforts over the past few years to ensure that data collected by the Office of Policy and Planning (OPP) is adequately safeguarded against inappropriate release and use. However, I do not know at this point whether further safeguards are needed. If confirmed, I will review the data protection policies within OPP and enact any necessary changes to improve data security.

Question 17. How can the Office of Policy and Planning better support continual enhancement of policies, programs, benefits, and services to veterans?

Response. I believe this is an area where the Office of Policy and Planning (OPP) can make important contributions. First, OPP can provide independent data analysis to help senior leaders make informed decisions about how to improve programs, benefits, and services. By providing useful data and analysis on an ongoing basis, OPP can help the Department to continually refresh and refine its approach to delivering services and benefits. Second, by continuing to conduct program evaluations and initiate business process reengineering for different functions, OPP can help to improve VA programs and benefits. Third, OPP can incorporate findings of cutting edge policy research and identify ways to apply it to policy and programmatic design at VA to support better delivery of services to Veterans and their families. If confirmed, I would like to see OPP take a more proactive role in helping the Department to continually assess and improve policies, services, and benefits.

Question 18. How can the Office of Policy and Planning facilitate cooperative and collaborative data gathering and analysis across the Department?

Response. I believe this is a natural role for OPP to play. Access to reliable, accurate, and useful data is essential to managing a large organization like VA. OPP can facilitate data gathering by helping the Department to develop a standardized data governance process. The National Center for Veterans Analysis and Statistics (NCVAS) within OPP can collect, validate, analyze, publish and disseminate data for use by the Department and other stakeholders. If confirmed, I look forward to working with the data experts within OPP and across the Department to identify ways to more effectively gather, manage, and use data to inform good decision-making.

Question 19. Do you agree to appear before the Committee at such times and concerning such matters as the Committee might request for so long as you serve in the position for which you now seek confirmation?

Response. Yes. If confirmed, I look forward to working with the Committee to accomplish our shared goal of improving VA services and benefits to Veterans.

RESPONSE TO SUPPLEMENTAL PREHEARING QUESTIONS FOR DR. RAUL PEREA-HENZE,
NOMINEE TO BE ASSISTANT SECRETARY FOR POLICY AND PLANNING, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. In connection with your work at Pfizer, Inc., it appears that you delivered speeches at various conferences. The materials from at least some of those conferences include the attached biographical sketch of you. In light of some of the information in that document that does not appear to be reflected in your questionnaire (such as attendance at the JFK School of Government of Harvard), clarification would be helpful.

a. Is the information in this document accurate?

Response. The information in this document is accurate. For about three months in 1986, before starting my Masters in Public Health at Yale University, I audited courses at the Kennedy School of Government at Harvard. I had applied to Harvard as well as Yale, and the auditing was an informal arrangement to prepare for grad-

uate school and compare programs. I did not include this information on the Committee questionnaire because of the informal nature of the auditing and because I did not pursue a degree at Harvard. Several memberships included on the Pfizer document, including my memberships at New York Cares, GMHC, and the Ackerman Institute for Mental Health, were not included on the Committee questionnaire because they fell outside of the ten year window requested in the questionnaire. It appears that I inadvertently left off my Biochemistry and Physiology Fellowship and my adjunct teaching role at New York University. I have revised my questionnaire to reflect these items.

b. If there is accurate information reflected in that biography that is not reflected in your questionnaire, would you please submit an amended questionnaire reflecting that information?

Response. Yes.

RESPONSE TO PREHEARING QUESTIONS SUBMITTED BY HON. RICHARD BURR TO DR. RAUL PEREA-HENZE, M.D., M.P.H., NOMINEE TO BE ASSISTANT SECRETARY FOR POLICY AND PLANNING, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. The Office of Policy and Planning has a range of responsibilities. For fiscal year 2010, the President has requested \$26 million for that office and a staff of more than 93 full-time employees to carry out those responsibilities.

a. What do you see as the key functions performed by the Office of Policy and Planning and how does that office help the Department of Veterans Affairs (VA) in carrying out its overall mission?

Response. The Office of Policy and Planning provides independent analysis that can be used by senior leaders as they make Department-wide policy and planning decisions. By serving in a central, coordinating role, OPP provides the data, independent analysis, and Department-wide perspective to guide policy development.

OPP also has an important role to play in engaging external partners such as other Federal agencies involved in the development of policy and programs for Veterans.

b. What do you see as the key responsibilities of the Assistant Secretary for Policy and Planning?

Response. First, the Assistant Secretary for Policy and Planning is responsible for providing advice and counsel to the Secretary and other senior leaders and helping to formulate Departmental policy and strategic planning. Second, the Assistant Secretary must provide leadership to the Office of Policy and Planning and make sure that the Office is contributing to the Department's mission in a meaningful and results-oriented manner. The Assistant Secretary should ensure that the Office of Policy and Planning provides independent analysis to senior leaders as they make Department-wide policy and planning decisions. Finally, I believe the Assistant Secretary should lead a proactive policy development process that involves multiple organizations across the Department.

The Office of Policy and Planning is responsible for the critical function of data collection and assessment to help develop policy. Accurate data from the National Survey of Veterans and other population studies, appropriate analysis of these data, and their secure dissemination throughout the Department and across sister agencies in the Federal Government and the States, are necessary foundations for the Department's transformation effort. If confirmed, I want to ensure the rigor of these analyses so there is full trust in the results and recommendations that emanate from them. OPP will be instrumental in helping the VA achieve the President and Secretary Shinseki's priorities, including:

- Securing accurate and reliable data on mental health, homelessness, waiting times for medical care and benefit processing;
- Understanding new comprehensive care models that include health care, caregiving, and benefits in a veteran-centered approach;
- Assisting the Secretary, Deputy Secretary and the Administrations to define and implement metrics and a milestone approach to transformational programs;
- Envisioning and helping to implement innovative models of services to optimize value for the Veterans.

c. How has your background prepared you to take on these responsibilities and what prior experiences do you believe qualify you to manage a staff and budget of this size?

Response. If confirmed, I will bring nearly 25 years of experience in planning and strategy to serve the needs of Veterans and contribute to their well-being and of those who care for them. My experience at the Commerce Department as a Chief

of Staff for the Under Secretary for International Trade managing policy issues and later, managing an organization of over 700 people as a Deputy Assistant Secretary for Administration, provides me with understanding of how to accomplish goals within the Federal Government setting and makes me aware of the value and expertise of those who have devoted their careers to public service. My experience as Chief of Staff for the New York City Department of Mental Health and Associate Commissioner for Strategic Planning allows me to bring insights in long term strategy for mental health services, one of the key priorities for Secretary Shinseki and the VA. As a chief medical officer of one of the largest public hospitals in the Nation, I also bring understanding of direct patient care and regional planning to develop centers of excellence, which is another top priority for Secretary Shinseki and this Administration. My experience in the private sector, both in management consulting and in the health industry, provides me with business acumen and a results-oriented approach driven by a long-term vision. I believe with these combined capabilities I can bring significant value and innovation to those served by the Department of Veterans Affairs: Veterans and those taking care of Veterans.

d. How would you measure your success in fulfilling those responsibilities?

Response. If confirmed, my efforts will be focused on ensuring that the Office of Policy and Planning provides the data and analysis to guide effective decision-making, and that the transformation strategy outlined by the Secretary is executed effectively. Ultimately, I will measure my success by whether our actions result in improved services and benefits for Veterans.

The transformation initiative seeks to provide measurable goals and results at every milestone. These goals will be defined early and I will ensure close oversight of milestone achievements. Stakeholder satisfaction surveys will give us a tangible metric as well as statistical analysis of the veteran population before and every year since the beginning of the Administration and the transformation initiative implementation.

Question 2. In the book *The People Factor*, the Deputy Secretary of VA and his co-author opine that the Federal Government “is run by a revolving door of political appointees, many with limited management skills,” and that they are “[r]arely chosen for their proven skills at managing large organizations or major organizational changes.” In part, the authors recommend that Congress “emphasize people management skills during the confirmation process for political appointees.”

a. Would you please describe your prior management experience?

As outlined above, I have 25 years of experience in both the public and private sector managing small and large organizations, from a current team of six individuals responsible for policy matters at one of the largest global pharmaceutical companies to a group of over 700 people as a Deputy Assistant Secretary for Administration at the US Commerce Department, responsible for areas as diverse as procurement, small businesses, human resources, grants, civil rights and facilities. As Vice President of Medical Affairs for the New York City Public Hospital System, the largest in the Nation, I oversaw the creation of a department for infectious diseases at a time when New York City suffered severely from AIDS and Tuberculosis. I was responsible for developing the 10-year Strategic Plan for Mental Health Services, which created and strengthened a vast network of patient-centered community-based services, relevant to Secretary Shinseki’s priority to transform the VA into a people-centered organization. As a management consultant, I worked with Fortune 100 health organizations advising them in organizational and strategy issues for a number of years. This experience as well as managing medical operations for the largest pharmaceutical company in the world, have provided me with an understanding of policy and strategy in complex organizations similar in size to the VA.

In the private sector, I have participated actively in several major reorganizations and mergers of large global pharmaceutical companies comparable in size and complexity to the Department of Veterans Affairs. In this capacity, I successfully managed medical operations and policy alignment in a one to two year span to realize billions of dollars of savings in efficiencies.

b. Would you please provide specific examples from prior jobs demonstrating your people management skills?

Several times in my career, I developed and managed new areas, for instance, the Department of Infectious Diseases at the public hospital system in New York City. In that role, I recruited, trained and developed all personnel and increased the budget by \$14M in a year. In other cases, I have been given an established role where I learned that a key to success is to acknowledge and leverage people’s expertise. I took this approach at the U.S. Department of Commerce in order to enhance operations and produce a high-performing organization. As Chief of Staff for the Department of Mental Health in New York City and Associate Commissioner for Stra-

tegic Planning, I was entrusted to work with staff and the Mental Health Advocate community to build a roadmap to strengthen services for the city's residents in mental health, mental retardation, alcoholism and substance abuse. We successfully completed and gained budget approval for the 10 year plan as well as critical support from advocacy organizations.

In every assignment, I have valued individual experience and contributions as well as promoted a consensus approach to finding solutions to priority issues. As a leader, I have provided strategic leadership and ongoing hands-on management coupled with a results-oriented, long-term approach focused on measurable outcomes.

c. If we were to ask your prior subordinates about your people management skills, what would they say?

I pride myself in being an active listener and a results-oriented decisionmaker, always involving others in the shaping of projects and definition of priorities. I encourage consensus and the development of innovative science-based methodologies for problem solving while owning ultimate accountability for the team's performance. Finally, I value others' expertise and focus on nurturing both individual development and team spirit.

I believe my success is measured by the continuation of the services developed under my leadership: the office of infectious diseases at the largest public hospital system in the Nation; the ongoing 10 year strategic plan for mental health services in New York City; the reform of credentialing for over 2,000 physicians and residents at Kings County Hospital in New York; and the development of medical policy departments at the top two pharmaceutical companies in the world. In many cases, some of the people I worked with and helped mentor are now running those operations.

Question 3. The authors of *The People Factor* also opine that “[p]olitical leaders have a short-term horizon and are frequently ill informed about the mechanics of their agency.” In part, the authors recommend that training be required for political appointees.

a. To what extent are you already familiar with VA and the programs it administers?

Response. I will have much to learn about the Department of Veterans Affairs and the issues that are of concern to our Veterans. I come, however, with significant experience in corporate and government policy and strategic planning in large organizations similar to the Department of Veterans Affairs in their complexity and commitment to excellence. The Assistant Secretary for Policy and Planning is responsible for providing advice and counsel to the Secretary and other senior leaders helping to formulate corporate policy and strategic planning. If confirmed, I commit to becoming thoroughly familiar with the issues facing our veterans, and to diligently and faithfully advise the Secretary and Deputy Secretary.

b. If confirmed, what steps would you take to enhance your knowledge regarding VA and its programs?

Response. If confirmed, I will immediately meet with career staff and solicit input, and examine all operations in OPP in full detail. I also will meet with my counterparts within the administrations and staff offices to learn more about their operations, their priorities, and how OPP can assist them. I intend to engage in informational briefings and meetings regarding the ongoing management, planning, and policy functions of the Department. I also will welcome information from Veterans Service Organizations, special commissions, and other stakeholders.

c. If confirmed, what types of short-term and long-term goals would you set?

Response. If confirmed, in the short term, I would like to focus on building OPP's capabilities to achieve the priorities laid out by Secretary Shinseki. I will engage in an accelerated onboarding effort that will get me in touch with people and priority issues at OPP in the shortest amount of time, without compromising the quality of information and interactions with staff. I will learn more about the priority issues for the Secretary, such as homelessness, mental health, and transformation, and work closely with the senior leadership to ensure that OPP is contributing to these efforts. I also would like to focus on developing meaningful performance metrics to track and measure the Department's transformation efforts.

In the long term, I would make sure that OPP has helped to put in place the processes and policies to sustain transformation of VA. I would work to ensure we define and implement new standards for quality data collection and management. I also would work to ensure there is measurable progress in the VA/DOD relationship that is fundamental for the seamless transition of the users of the system. Finally, I believe OPP can work with the administrations to provide them with data analysis, metrics, and useful policy advice related to providing Veteran-centered health and benefits for veterans and their families.

Question 4. The completed questionnaire you submitted to the Committee reflects that you made \$9,350 in political contributions over the past 10 years. However, several on-line resources, including the Web sites for the Federal Election Commission and the New York State Board of Elections, appear to reflect other contributions made by you during that time period. For example, those resources reflect a \$1,000 contribution to "Friends of Joe Mesi" in 2008.

a. Would you please clarify whether you have made political contributions in the past 10 years in addition to those listed in your initial questionnaire?

It appears that I inadvertently left off several contributions from my original Senate questionnaire. Below is a complete list of contributions, based on public sources.

2009	\$1,000	DNC
2008	\$2,300	Obama for America
2008	\$7,000	Obama Victory Fund
2008	\$1,500	Gil Action—NY Senate Race
2008	\$1,000	Friends of Joe Mesi
2007	\$ 250	Carlos Del Toro for VA Assembly
1999	\$ 500	Al Gore via Gore 2000 Inc.

b. If so, would you please submit an amended questionnaire listing all contributions? Yes.

Question 5. In response to question #12 in the questionnaire, you noted several organizations for which you formerly held an office. The Web sites for some of those organizations (which may be outdated) continue to identify you as being an officer.

a. Would you please clarify whether you are currently an officer in any organizations? If so, what is the nature of your responsibilities?

No, I am not currently an officer in any organization, nor have I been since January 1, 2007.

b. Would you please clarify whether you are currently a member of any organizations?

The only organizations of which I am currently a member are:

1. New York Academy of Medicine
2. World Medical Association
3. Clinton Global Initiative
4. Outgiving/Gil Foundation
5. Yale Club of New York City

c. Would you also please clarify what organizations you intend to maintain your membership with, if confirmed?

Response. If confirmed, I intend to maintain my memberships in the following organizations:

1. New York Academy of Medicine
2. Yale Club of New York City
3. World Medical Association

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. PATTY MURRAY TO RAUL PEREA-HENZE, M.D., M.P.H., NOMINEE TO BE ASSISTANT SECRETARY FOR POLICY AND PLANNING, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. VA construction is a concern that every member of the Committee shares. Whether through CARES or other planning processes we have a huge amount of construction projects we have promised our veterans, but the VA has limited funding to address these issues. In the Puget Sound Health Care System alone, the Seattle VA has a New Mental Health and Research Building, seismic retrofitting of a bed tower and, in Tacoma, a new hospital building at American Lake on its plate.

a. What assurances can you give me that these projects will be completed in a timely fashion?

Response. I am not currently familiar with these projects. If confirmed, I will look into these projects and evaluate their progress. In general, I believe the Office of Policy and Planning can work together with the Administrations and staff offices to evaluate and prioritize construction projects to ensure that the Department of Veterans Affairs (VA) directs its construction funds to the areas where it will do the most for Veterans.

b. How are you going to ensure major construction projects get off the ground in a timely manner so our veterans can be assured they are getting the investments we have promised them?

Response. As referenced above, I believe the Office of Policy and Planning can assist with coordinating efforts and help ensure the prioritization of construction projects through analysis and planning. Funding decisions should align with agreed upon Departmental priorities. The Office of Policy and Planning (OPP) can work with organizations across VA to foster an environment of accountability with respect to these projects. If confirmed, I look forward to working with you to provide Veterans the benefits and services they deserve.

Question 2. As you know, veterans have a much higher unemployment rate than their counterparts in the civilian world. I told the Committee in a hearing about veterans unemployment three weeks ago that of the nearly 2,300 members of the Washington National Guard's 81st Brigade Combat Team who came back from theater this summer, about half of them requested direct job placement. In fact, only 20 percent of those who sought this assistance have been able to obtain a job. As you know, maintaining employment is vital to ensuring a higher quality of life for our veterans and we seem to be struggling to make the connections needed to assure veterans obtain employment. If confirmed as the VA's head of policy and planning, what do you think we can do to improve employment assistance services to veterans?

Response. If confirmed, I look forward to working with you, both in your role as a member of the Senate Veterans' Affairs Committee and as Chairman of the Health, Education, Labor and Pensions Subcommittee on Employment & Workplace Safety, to improve the current employment situation for Veterans. This is an area where VA can leverage its partnerships with the Department of Defense and the Department of Labor to improve employment opportunities for Veterans through effective outreach, job counseling, training, education, and job placement. Secretary Shinseki has several Veterans employment initiatives in place, and President Obama recently established a Council on Veterans Employment. If confirmed, I look forward to supporting Secretary Shinseki in his role on the President's Council.

While economic conditions outside of VA's direct control contribute to unemployment, VA can evaluate and adjust its current programs to help address and overcome these obstacles. Employment is an essential part of successful transition for Veterans.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. JON TESTER TO RAUL PEREA-HENZE, M.D., M.P.H., NOMINEE TO BE ASSISTANT SECRETARY FOR POLICY AND PLANNING, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. I am deeply concerned by the slow development of the Office of Rural Health (ORH). In its short history, it has not been sufficiently staffed and retention of leadership has been a constant problem. As a result, the ORH lacks a clear vision for what it should look like. I agree with you about the need to have better data collection on the health status of rural veterans. If confirmed, will you make this a priority for the ORH? What else do you see as the appropriate role for the ORH within the VA?

Response. As you noted in our recent meeting, the Office of Rural Health resides in the Veterans Health Administration. However, I believe the Office of Policy and Planning (OPP) can help shape the vision and support the activities of the Office of Rural Health. If confirmed, I look forward to leading OPP in these efforts. OPP has the capacity to perform valuable analysis and research to assess the needs of rural Veterans. I believe it can also conduct environmental scans to determine existing best practices and determine how they might be applied to VA care delivery. OPP can provide valuable demographic data that can be used to establish baseline estimates and measure program success.

The Office of Rural Health should serve as the VA leader in health care delivery to hard to reach Veterans. In support of this goal, the Office of Policy and Planning (OPP) can provide independent analysis of the different modalities that can be employed to serve these Veterans. OPP can evaluate the efficacy of tele-medicine and tele-health initiatives and identify innovative approaches to providing distance health care.

Additionally, I believe it is essential to build a strong prevention element into a successful rural health program. The up-to-date research and analyses provided by OPP may help the Office of Rural Health in developing such an approach.

Question 2. The Committee recently held a hearing on the very clear need to improve health care for American Indian veterans. This is a vital part of improving

health for rural veterans. It was clear from that hearing that we know very little about the problems facing American Indian veterans. We have very little data on the number of veterans eligible for both IHS and the VA, nor do we have any solid data on the particular health problems of American Indian veterans. This is an important segment of the veterans population that we are, quite frankly, missing the mark in terms of honoring our promise to care for those who shall have borne the battle. Worse, it is not at all clear to me that the VA has any sense of urgency in moving to better understand this issue. Can you commit to working to get a better handle on the challenges facing American Indian veterans?

Response. You have my commitment that if confirmed, I will work with you, the Indian Health Service and others to address this issue. I appreciate the unique geographical and cultural issues involved in delivering care to these Veterans. If confirmed, I look forward to developing innovative alternatives to provide health care and preventive medicine to these and other minority Veterans.

I understand VA has an Advisory Committee on Minority Veterans and I look forward to working with them and the Administrations to ensure that American Indian Veterans have access to benefits and services provided by VA. As I noted in my answer about rural health, a strong prevention element is essential to success. The research and analysis conducted by OPP can help identify innovative approaches to meet the needs of these Veterans.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. MARK BEGICH TO RAUL PEREA-HENZE, M.D., M.P.H., NOMINEE TO BE ASSISTANT SECRETARY FOR POLICY AND PLANNING, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. I have reviewed the VA's Strategic Plan for 2006–2011 and note it is set to "expire" in the next 12 months.

- When should we expect the VA to publish its next long-range strategic plan?
- Is there a way to give to this Committee a report card or milestones of progress made, rather than waiting until the report is complete?

Response. It is my understanding that the *VA Strategic Plan for FY 2010–2014* is in development at this time and that when VA began drafting this new strategic plan several months ago, the Department met with senior staff of the Senate Committee on Veterans' Affairs and the Senate and House Committees on Appropriations to get their input. This draft is currently being reviewed by the Office of Management and Budget (OMB). I understand that the Department expects to publish the *VA Strategic Plan for FY 2010–2014* in the near future.

If confirmed, I would be happy to work with the Department to update you and the Committee on VA's progress in implementing the *VA Strategic Plan*. As I mentioned during the hearing, under the Government Performance and Results Act (GPRA), the Department must submit annual performance reports to Congress that document its progress toward achieving the goals and objectives contained in the strategic plan. VA will be pleased to brief you and the Committee on the results contained in this report each year.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. ROLAND W. BURRIS TO RAUL PEREA-HENZE, M.D., M.P.H., NOMINEE TO BE ASSISTANT SECRETARY FOR POLICY AND PLANNING, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. Dr. Perea-Henze, I commend VA's establishment of a permanent office to address the needs of returning servicemembers. While many strides have been made to ensure a seamless transition from active duty to veteran status, more must be done to ease this integration into the VA system and reintegration into society. What is your view of the work that remains in this area, and how would you seek to accomplish a truly seamless transition? What are your plans to combat the cultural issues that accompany the transition to veteran status?

Response. As I mentioned in my opening statement, if confirmed, I intend to establish and maintain strong working relationships with my counterparts at the Department of Defense. I believe it is contingent upon VA to ensure that everyone who has served is aware of the benefits and services provided by VA. Those who were injured while serving in harm's way and who continue to need VA's help after their service has ended will be a priority. Servicemembers need the most complete information possible about benefits and services available from VA to make the best decisions upon leaving service. I appreciate that this is an important issue for the Administration, for Secretary Shinseki, and most importantly for Servicemembers becoming Veterans. I understand much is being done already, but if confirmed, I will

commit to aggressively examining the issue and ensuring that we are doing everything possible to ensure a smooth transition to Veteran status.

[The Committee questionnaire for Presidential nominees follows:]

QUESTIONNAIRE FOR PRESIDENTIAL NOMINEES

PART I: ALL OF THE INFORMATION IN THIS PART WILL BE MADE PUBLIC

1. **Name** (Including any former names used).

Dr. Raul Perea-Henze

2. **Address** (List current residence, office and mailing addresses).

Residence: 5 Renaissance Sq., #18A, White Plains, NY 10601

Office: One Merck Drive, Whitehouse Station, NJ, 08889

Mailing: 50 Vanderbilt Ave. #22, New York, NY 10017

3. **Position to which nominated.**

Assistant Secretary, Policy & Planning, Dept. Of Veterans Affairs

4. **Date of nomination.**

November 9th, 2009

5. **Date of birth** (Month, day, year).

12/05/1961

6. **Place of birth** (City, state, country).

Chihuahua, Chihuahua, Mexico

7. **Marital status.**

Divorced

8. **Full name of spouse** (including maiden name).

N/A

9. **Names and ages of children**

N/A

10. **Education** (List all post-secondary institutions of higher learning, dates attended, degree(s) received, and date degree(s) granted).

Yale University, School of Medicine, Master in Public Health, 1987

University of Chihuahua, School of Medicine, Medical Doctor, 1985

11. Honors and Awards (List all scholarships, fellowships, honorary degrees, honorary society memberships, and any other special recognition for outstanding service or achievement).

Biochemistry and Physiology Fellow at National Center for Advanced Science, Mexico City (1980), White House Fellowship (1993-1994), Leadership New York Fellowship (1989), National Hispanic Medical Association Award of Excellence (2005).

12. Memberships (List all memberships and offices held in professional, fraternal, business, scholarly, civic, charitable, and other organizations for the last ten years. Include the dates of any such memberships or offices).

New York Academy of Medicine	Fellow	1990 – Present
World Medical Association	Member	2003 – Present
Clinton Global Initiative	Member	2005 – Present
Hispanics in Philanthropy	Board Member	2005 - 2007
Stonewall Foundation	Board Member	2002 - 2003
Communitlife	Corp. Board Chair	2003 – 2004
National Hispanic Medical Assoc.	Corp. Board Member	2004 – 2007
Outgiving/Gil Foundation	Member	2005 – Present
American Public Health Assoc.	Member	1994 – 1999
National Arts Club	Member	1990 – 2000
Yale Club of New York City	Member	1987 - Present

13. Employment record (List all employment (except military service) since your twenty-first birthday, including the title, description of job, name of employer, location of work, and inclusive dates of employment).

Merck & Co., Inc. Whitehouse Station, NY	Senior Director Global Medical Policy	2007 – 2009
Pfizer, Inc., New York, NY	Senior Director Global Medical & Health Affairs	2001 -2007
US Dept. of Commerce Washington, DC	DAS for Administration	1999 – 2001
Pricewaterhousecoopers Washington, DC	Independent Contractor/Senior Manger Management Consulting Firm	1998 – 1999
Growth Strategy Group Miami, FL	Partner – Management Consulting Firm	1997 – 1998

Arthur & D. Little Boson, MA	Senior Manager – Management Consulting Firm	1995 – 1996
Booz Allen & Hamilton New York, NY	Senior Associate – Management Consulting Firm	1994 – 1995
The White House Washington, DC	White House Fellow – Dept. of Commerce	1993 – 1994
NYC Health & Hospitals Corp. New York, NY	Vice President Medical Affairs – Infectious Diseases	1992 -1993
New York University New York, NY	Adjunct Professor of Health Policy	1992
NYC Dept. of Mental Health New York, NY	Associate Commissioner Planning & Policy	1990 – 1992
NYC Health & Hospitals Corp. New York, NY	Senior Director, Medical Affairs	1987 -1989
The Point Saranac Lake, NY	General Manager Resort Hotel, Saranac Lake	1985 – 1986
Hospital Clinica del Parque Chihuahua, Mexico	Medical Internship	1983 -1984

14. **Military service** (List all military service (including reserve components and National Guard or Air National Guard) with inclusive dates of service, rank, titles, permanent duty stations and units of assignment, descriptions of assignments, any military medals, and type of discharge).

N/A

15. **Government service record** (List any advisory, consultative, honorary, or other part-time service or positions with Federal, State, or local governments other than those listed under Employment record, above).

N/A

16. **Published writings and public statements (in last 10 years)**

(a) List the titles, publishers, and dates of books, articles, reports, letters to the editor, editorial pieces, or other published materials you have written or edited, including materials appearing only on the Internet. (Copies of any such materials may be requested by the Committee.)

Many short commentaries on Public Health for Minorities and Global Health from 2002 to 2007 as Director of the Pfizer Medical Humanities Initiative.

Monthly column on Hispanic Health for Washington Hispanic (Sep. 2006-Sep. 2007)-
Periodical publication in Washington DC .

(sample copies of most commentaries are provided in a separate document).

(b) List any reports, memoranda, or policy statements you prepared or contributed in the preparation of on behalf of any association, committee, conference, or organization of which you were or are a member.

Report on the Commission on Health Disparities sponsored by the American Medical Association, National Hispanic Medical Association and National Medical Association.

(c) List any testimony, official statements or other communications relating to matters of public policy that you have issued or provided or that others presented on your behalf to public bodies or officials.

None

(d) List any speeches or talks delivered by you, including commencement speeches, remarks, lectures, panel discussions, conferences, political speeches, and question-and-answer sessions. Include the dates and places where such speeches or talks were given.

As a spokesperson for Pfizer on matters of Public and Minority Health and Global Health, I delivered numerous talks and speeches on these topics from 2002-2007 (a sample of which are provided in a separate document).

(e) List all interviews you have given to newspapers, magazines or other publications, and radio or television stations (including the dates of such interviews).

As a spokesperson for Pfizer on matters of Public and Minority Health and Global Health, I delivered numerous talks and speeches on these topics from 2002-2007 (a sample of which are provided in a separate document and CD).

17. Political affiliations and activities

(a) List all financial contributions to any political party or election committee during the last 10 years.

2009	\$1,000	DNC
2008	\$2,300	Obama for America
2008	\$2,300	Obama for America (via Obama Victory Fund)
2008	\$4,700	DNC (via Obama Victory Fund)
2008	\$1,500	Gil Action – NY Senate Race

2008	\$1,000	Friends of Joe Mesi
2007	\$250	Carlos Del Toro for VA Assembly
1999	\$500	Al Gore via Gore 2000 Inc.

(b) List all elective public offices for which you have been a candidate and the month and year of each election involved.

None

(c) List all memberships and offices held in and services rendered, whether compensated or not, to any political party or election committee.

Member of Health and Veterans Affairs Policy Teams, Obama Presidential Campaign

18. Future employment relationships

(a) State whether you will sever all connections with your present employer, business firm, association, or organization if you are confirmed by the Senate.

Yes

(b) State whether you have any plans after completing Government service to resume employment, affiliation, or practice with your previous employer, business firm, association, or organization.

No

(c) What commitments, if any, have been made to you for employment after you leave Federal service?

None

(d) (If appointed for a term of specified duration) Do you intend to serve the full term for which you have been appointed?

N/A

(e) (If appointed for an indefinite period) Do you intend to serve until the next Presidential election?

Yes

19. Potential conflicts of interest

(a) Describe any financial arrangements, deferred compensation agreements, or other continuing financial, business, or professional dealings which you have with business associates, clients, or customers who will be affected by policies which you will influence in the position to which you have been nominated.

In connection with the nomination process, I have consulted with the Office of Government Ethics and the Department of Veterans Affairs' designated agency ethics official to identify potential conflicts of interest. Any potential conflicts of interest will be resolved in accordance with the terms of an ethics agreement that I have entered into with the Department's designated agency ethics official and that has been provided to this Committee. I am not aware of any other potential conflicts of interest.

(b) List any investments, obligations, liabilities, or other financial relationships which could be affected by policies which you will influence in the position to which you have been nominated.

In connection with the nomination process, I have consulted with the Office of Government Ethics and the Department of Veterans Affairs' designated agency ethics official to identify potential conflicts of interest. Any potential conflicts of interest will be resolved in accordance with the terms of an ethics agreement that I have entered into with the Department's designated agency ethics official and that has been provided to this Committee. I am not aware of any other potential conflicts of interest.

(c) Describe any business relationship, dealing, or financial transaction which you have had during the last 5 years, whether for yourself, on behalf of a client, or acting as an agent, that constitutes a potential conflict of interest with the position to which you have been nominated.

In connection with the nomination process, I have consulted with the Office of Government Ethics and the Department of Veterans Affairs' designated agency ethics official to identify potential conflicts of interest. Any potential conflicts of interest will be resolved in accordance with the terms of an ethics agreement that I have entered into with the Department's designated agency ethics official and that has been provided to this Committee. I am not aware of any other potential conflicts of interest.

(d) Describe any activity during the past 10 years in which you have engaged for the purpose of directly or indirectly influencing the passage, defeat, or modification of any legislation or affecting the administration and execution of law or public policy. Activities performed as an employee of the Federal government need not be listed.

- *Prepare internal reports to update company leadership on health policy related Issues: biosimilars, comparative effectiveness research, health care reform, stem cell research, science funding, conflict of interest and access to medicines programs.*

(e) Explain how you will resolve any potential conflict of interest that may be disclosed by your responses to the above items. (Please provide a copy of any trust or other agreements involved in Part II.)

In connection with the nomination process, I have consulted with the Office of Government Ethics and the Department of Veterans Affairs' designated agency ethics official to identify potential conflicts of interest. Any potential conflicts of interest will be resolved in accordance with the terms of an ethics agreement that I have entered

into with the Department's designated agency ethics official and that has been provided to this Committee. I am not aware of any other potential conflicts of interest.

20. Testifying before the Congress

(a) Do you agree to appear and testify before any duly constituted committee of the Congress upon the request of such committee?

Yes

(b) Do you agree to provide such information as is requested by such a committee?

Yes

[A letter from the Office of Government Ethics follows:]



United States
Office of Government Ethics
1201 New York Avenue, NW., Suite 500
Washington, DC 20005-3917

November 16, 2009

The Honorable Daniel K. Akaka
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the Ethics in Government Act of 1978, I enclose a copy of the financial disclosure report filed by Raul Perea-Henze, who has been nominated by President Obama for the position of Assistant Secretary for Policy and Planning of the U.S. Department of Veterans Affairs.

We have reviewed the report and have also obtained advice from the agency concerning any possible conflict in light of its functions and the nominee's proposed duties. Also enclosed is an ethics agreement outlining the actions that the nominee will undertake to avoid conflicts of interest. Unless a date for compliance is indicated in the ethics agreement, the nominee must fully comply within three months of confirmation with any action specified in the ethics agreement.

Based thereon, we believe that this nominee is in compliance with applicable laws and regulations governing conflicts of interest.

Sincerely,

A handwritten signature in black ink, appearing to read "Don W. Fox".

Don W. Fox
General Counsel

Enclosures

[Letter from Raul Perea-Henze, M.D., M.P.H., to the Office of General Counsel, U.S. Department of Veterans Affairs:]

October 2, 2009

Mr. Walter A. Hall (023)
Assistant General Counsel and
Designated Agency Ethics Official
U.S. Department of Veterans Affairs
Washington, D.C. 20420

Dear Mr. Hall:

The purpose of this letter is to describe the steps that I will take to avoid any actual or apparent conflict of interest in the event that I am confirmed for the position of Assistant Secretary for Policy and Planning of the U.S. Department of Veterans Affairs.

As required by 18 U.S.C. § 208(a), I will not participate personally and substantially in any particular matter that has a direct and predictable effect on my financial interests or those of any person whose interests are imputed to me, unless I first obtain a written waiver, pursuant to 18 U.S.C. § 208(b)(1), or qualify for a regulatory exemption, pursuant to 18 U.S.C. § 208(b)(2). I understand that the interests of the following persons are imputed to me: any spouse or minor child of mine; any general partner of a partnership in which I am a limited or general partner; any organization in which I serve as officer, director, trustee, general partner or employee; and any person or organization with which I am negotiating or have an arrangement concerning prospective employment.

I currently serve as the Senior Director of Global Policy for Merck & Co., Inc. (Merck). If I am still an employee of Merck on the date of my confirmation, I will resign upon confirmation. I hold restricted stock units, vested stock options and unvested stock options. I do not hold Merck stock. Upon resignation, I will forfeit any stock options and restricted stock units that are unvested at the time of my resignation. I will divest my vested stock options and stock in Merck by exercising all such options and divesting all stock within 90 days of my confirmation. In the event of such a resignation, I will not receive a prorated bonus from Merck for the period of the year in which I served as a Merck employee prior to my resignation.

Prior to the date of my confirmation, Merck may end my employment involuntarily as part of an overall restructuring effort in support of a planned merger with The Schering-Plough Corporation. Merck has assured me that, in making any decision to end my employment before the date on which I am confirmed, Merck will not be influenced by the fact that I am being nominated for the position of Assistant Secretary. In that event, I would be eligible for benefits and compensation under Merck's Special

Mr. Walter A. Hall (023)
Assistant General Counsel and
Designated Agency Ethics Official
Page 2

Separation Benefits Program. I would be entitled to separation pay and a prorated bonus that Merck would calculate using objective formulae applicable to similarly situated employees. I also would be entitled to medical and dental benefits and life insurance for a specified period of time. In that event, I will not participate personally and substantially in any particular matter that has a direct and predictable effect on the ability or willingness of Merck to make these payments or to provide these benefits, unless I first obtain a written waiver pursuant to 18 U.S.C. § 208(b)(1). Merck also would permit me to retain some of my restricted stock units but would not vest them ahead of their normal vesting schedule. Therefore, I will forfeit my restricted stock units upon my involuntary separation. Finally, Merck also would vest any stock options that are unvested at the time of my separation. In that event, I will divest my stock options and stock in Merck by exercising all such options and divesting all stock within 90 days of my confirmation.

Whether I resign or am separated involuntarily, until I have divested the stock and stock options, I will not participate personally and substantially in any particular matter that has a direct and predictable effect on the financial interests of Merck, unless I first obtain a written waiver, pursuant to 18 U.S.C. § 208(b)(1), or qualify for a regulatory exemption, pursuant to 18 U.S.C. § 208(b)(2). For a period of one year after my resignation or involuntary separation, I also will not participate personally and substantially in any particular matter involving specific parties in which Merck is a party or represents a party, unless I am first authorized to participate, pursuant to 5 C.F.R. § 2635.502(d).

I understand that I may be eligible to request a Certificate of Divestiture for the assets I have committed to divest and that a Certificate of Divestiture is effective only if obtained prior to divestiture. Regardless of whether I receive a Certificate of Divestiture, I will divest these assets within 90 days of my confirmation and will invest the proceeds in non-conflicting assets.

Finally, I understand that as an appointee I am required to sign the Ethics Pledge (Exec. Order No. 13490) and that I will be bound by the requirements and restrictions therein in addition to the commitments I have made in this and any other ethics agreement.

Sincerely yours,



Raul Perea-Henze

Chairman AKAKA. Thank you very much, Doctor.

Dr. Perea-Henze, if confirmed, which issues do you intend to prioritize in your first 60 days in office? Are there certain areas which, in your opinion, need to be addressed on day one?

Dr. PEREA-HENZE. Thank you for the question, Mr. Chairman.

I think at the top of my list, since I am coming from the outside, will be the most important thing that I can do: to begin a full assessment of capabilities, resources, people's expertise, and systems in order to understand exactly where the Office of Policy and Plan-

ning stands. Along those lines also, how is the Office prepared to support the Secretary's priorities in the major three areas that are housed, if you will, at the Office of Policy and Planning: the transformation initiative, the long-range strategic planning that Senator Begich was referring to, and the collaboration between the VA and the DOD.

I think understanding what you have, then understanding how to match those resources to the priorities will produce my third point, which will be the ability to have a plan of action within a reasonable period of time, 90 to 100 days, in which I can actually spell out the specifics.

I am not aware—of course, I do not have all the information—of any issue that at this point I can say will be a day one situation. But, obviously, I am happy to come back and retrace my steps if we do find something once, and if I am confirmed, I have the opportunity to evaluate this further.

Chairman AKAKA. Dr. Perea-Henze, if confirmed, how do you intend to tap the expertise of career staff and ensure that they are brought into the decisionmaking process?

Dr. PEREA-HENZE. Thank you for that question, Mr. Chairman. It is probably one of the core elements of my opening statement. Having worked at the Commerce Department previously, I have seen firsthand how the subject matter experts who deal with all of these issues can be so valuable for ideas and implementation. I believe that involving all of these experts at the Office of Policy and Planning early on will produce enough knowledge to understand how to move forward. If there is some transformation, for example, transformation will never be complete if the rank of the Department are not buying into it for the long term. So I commit to you that this is going to be one of the central pieces of how I will work with OPP, if confirmed.

Chairman AKAKA. On October 8, this Committee held a hearing on various environmental exposures, two of which took place on military facilities—one at Camp Lejeune in North Carolina, another at Atsugi Naval Air Station in Japan. Both environmental incidents affected servicemembers and their families. Noting that these issues fall under the jurisdiction of both the Departments of Defense and Veterans Affairs, how can your office help develop a sensible, effective approach to dealing with the issue of military exposures.

Dr. PEREA-HENZE. Mr. Chairman, I think that is a very important question.

Again, if confirmed and I have a chance to understand what is already going on through the collaboration between VA and DOD—it is my understanding from the outside that at least they are aware of this issue and they are beginning to address it. However, there is also a very important function that the Office of Policy and Planning can play by looking into data evaluation, monitoring, and then really using all of this to understand the contamination situations in working with, across VA, as Dr. Petzel referenced before, as “one VA” to try to solve the issue. So, if I am given the opportunity, I think that will be my first evaluation.

Chairman AKAKA. Doctor, in my opinion, the Office of Policy and Planning has been hindered by a lack of continuous leadership, evi-

denced by long gaps between confirmed assistant secretaries. How will you address this issue and provide the stability that this Office needs?

Dr. PEREA-HENZE. Mr. Chairman, this is also part of my opening statement, the acknowledgment that organizations can suffer when there is no stable leadership. So I commit to you to work with the Office and work with Congress and other stakeholders to make sure that the good work that is already happening there is acknowledged, and whatever improvements can happen on data collection mechanisms and utilization of that data are really enhanced. I believe that that reputation enhancement will provide a sense of better stability for the entire group working at the Office of Policy and Planning.

Chairman AKAKA. Thank you very much.

Senator Burr.

Senator BURR. Thank you, Mr. Chairman.

Doctor, again, welcome. A little housekeeping first, as Ranking Member, we also have oversight responsibilities as it relates to VA's activities, and that leads me or my staff to make formal inquiries for information, for statistics, for briefings and materials from the VA. If confirmed, do I have your commitment to provide in a timely fashion those requests?

Chairman AKAKA. Absolutely, Senator.

Senator BURR. If confirmed, do I have your assurance that you will be proactive in notifying the Committee, both sides of the aisle, on any issues that deal with the Veterans Administration?

Dr. PEREA-HENZE. Absolutely.

Senator BURR. Doctor, in the prehearing questions, you were asked about efforts to improve the coordination between the VA and the Department of Defense, and you mentioned that VA could, "create mechanisms for enforcing accountability with its partners at DOD." I have seen some of the best try and only attain marginal success. So, if you would, share with me what you mean by those mechanisms.

Dr. PEREA-HENZE. Thank you, Senator.

There's much that I do not know; however, in a collaboration of this type there is not one line of authority or one side or another that can cut across. So my reference there refers to the fact that you really have to build an equal collaboration on issues, whether it is health, benefits, electronic medical record, et cetera. Then and only then, are we able to be effective in the seamless transfer of information across the border.

If given the chance to be confirmed, I will commit to you to come back with a more specific plan, after having an opportunity to assess what is already being done by the Joint Executive Council and the Strategic Operating Committee.

Senator BURR. Well, I thank you for that, and we will hold you to that commitment—

Dr. PEREA-HENZE. That is OK, Senator.

Senator BURR [continuing]. And suggest to you that this is going to be a monumental task, one that far exceeds any experience you had at the Commerce Department as it relates to trade and when all the agencies came in together to talk about, and to vote, whether we might have done something or not done something. Trust me

when I tell you, you have not seen anything as difficult as what you are going to run into trying to collaborate and come up with one system that is seamless between the Department of Defense and the Veterans Administration. I think Dr. Petzel knows exactly what I am saying.

But I do believe that there is a willingness on both sides, at DOD and at VA, spearheaded by General Shinseki, to make this work. Unfortunately, it will take the undivided attention of a lot of people to accomplish that.

Your career has already consisted of quite impressive and diverse experiences, I might say, ranging from the city of New York to White House fellow to the upper echelons of Pfizer and Merck. Share with me, if you will, why did you accept the Assistant Secretary of Policy and Planning at the Veterans Administration?

Dr. PEREA-HENZE. That is a very interesting question, Senator.

Number 1, I have tremendous respect for what the servicemembers do for this country. I do not think that I can serve this country that way, so they have my respect and admiration. The opportunity to have the honor to serve them I think is one of the best things that I can think of.

Second, you talked about a team and the team vision. As you have said, I have seen many leadership styles, many different settings, and I really do believe that the vision that Secretary Shinseki and the President have articulated for the VA is one that can be effective and realistic. It has some ambitious goals, but I really do believe that this will bring enhanced lives for the veterans and their families.

Senator BURR. At some point, this chapter in your career will also end, and you will go on to something else.

Dr. PEREA-HENZE. I have no idea what that will be.

Senator BURR. What would you like your accomplishment to be at VA if you are limited to one major accomplishment?

Dr. PEREA-HENZE. Senator, I believe that the best accomplishment I could enjoy is to have the transformation initiative that is coordinated out of the Office of Policy and Planning trickle through in the best possible way, through the entirety of the VA, transforming the organization into one VA, while also leaving behind a lot of best practices that may be discovered as a new way of doing business on behalf of the veterans.

I cannot think of all the other pieces—you know, facilitating and advising on policy, I think, are just under that; producing a very good long-range strategic plan, as referenced by Senator Begich; all of those have to feed into whether we can really show a difference, whatever the end of my tenure will be, from what it is today.

Senator BURR. Thank you, Doctor.

Dr. PEREA-HENZE. Thank you, Senator.

Senator BURR. Thank you, Mr. Chairman.

Chairman AKAKA. Thank you, Senator Burr.

Senator Begich.

Senator BEGICH. Thank you very much. I appreciate your response in your opening and throughout to some of the questions in regards to the long-term strategic planning. If I heard you right, I just want to make sure I am hearing you right, that probably 90 to 100 days or so you will have a good assessment of some of the

things that need to be done, that you could have more confidence in responding to how that strategic plan will unfold or develop. Did I hear that right?

Dr. PEREA-HENZE. Senator, if confirmed, I will be able to give you much more specific information. However, I do know the cycle for the strategic plan has just ended.

Senator BEGICH. Correct.

Dr. PEREA-HENZE. There is a plan in place, the long-term plan. This stems from the Government Performance Review Act, that in fact I was actually in charge of when I was at the Commerce Department. It is quite complex, but it really aims at looking at performance indicators all through the different operations and has very strict milestones.

From my perspective, what I would like to see is the VA really use the results of that exercise and put in practice a lot of the recommendations because it is only then you are going to see significant change.

Senator BEGICH. Right. You led me right to my next piece of the question, and that is you can do a lot of great plans, and then they can just sit there, and everyone feels good they completed it. There is great celebration after completing the plan in the sense of drafting it, but then the hurdle is putting it into action.

When I was mayor, every plan we created had measurement points to see how we were doing, which were then reported in the public arena.

In this one, which I have no idea how this strategic plan was done, from 2006 to 2011, is there opportunity through your office 18 months into the plan to be able to say, "Here is a report, here is how we are doing," kind of a report card; and maybe using this Committee as a vehicle, maybe testifying or just submitting a report card for us, instead of waiting 5 years out and reporting how we did. Then we may have a variation of scale of success, instead, trying to look at it as we move along because a plan is a plan, and it does change based on the environment that we are working in. The 2006 plan may not have anticipated what we are experiencing now with Afghanistan and Iraq today.

Is that a reasonable thing to actually put into the plan, if the plan exists? Maybe there is something already in there. If you are unaware of that, I am not asking you to dig deep and try to figure it out right now. However, I think it is an important measuring effort for us to see success as it is progressing through.

Does that make any sense?

Dr. PEREA-HENZE. Yes, Senator, completely.

Senator BEGICH. OK.

Dr. PEREA-HENZE. That is a very good point. I agree with what you are suggesting, which is you have to have some reporting times. I believe they are built into the act.

Senator BEGICH. Could you share that with us?

Dr. PEREA-HENZE. I will clarify that for you, hopefully, in the written response—

Senator BEGICH. That is great.

Dr. PEREA-HENZE [continuing]. To make sure that what I am saying is the truth.

It is important that those milestones get examined carefully, and then, as you are also suggesting, you want this Committee to be given a report every so often.

Senator BEGICH. Right.

Dr. PEREA-HENZE. If confirmed, I will examine exactly what the mechanisms are, and, if that is one that you will like us to report on, I will check on that.

[The information requested during the hearing follows:]

RESPONSE TO REQUEST ARISING DURING THE HEARING BY HON. MARK BEGICH TO RAUL PEREA-HENZE, M.D., M.P.H., NOMINEE TO BE ASSISTANT SECRETARY FOR POLICY AND PLANNING, U.S. DEPARTMENT OF VETERANS AFFAIRS

Request: Please provide me with a copy of VA's long term strategic plan for 2006–2011 within 90 to 100 days of starting at the VA.

Response. If confirmed, I would be happy to provide your staff with a copy of the VA Strategic Plan for FY 2006–2011.

In addition, it is my understanding that the VA Strategic Plan for FY 2010–2014 is in development at this time and that when VA began drafting this new strategic plan several months ago, the Department met with senior staff of the Senate Committee on Veterans' Affairs and the Senate and House Committees on Appropriations to get their input. This draft is currently being reviewed by the Office of Management and Budget (OMB). I understand that the Department expects to publish the VA Strategic Plan for FY 2010–2014 in the near future.

Senator BEGICH. Yes, I would. I am not going to speak on behalf of the Committee in total, but I would because I think it is a great way for us, instead of waiting for the end of the cycle, to say, why did you not do this?

Dr. PEREA-HENZE. Correct.

Senator BEGICH. Instead, saying earlier, well, here is success, here is where we are having some trouble, and here is why. So we can then work in concert with others to move forward with the efforts that you are trying to do through the strategic plan.

I am sure my staff will tell me there are elements in this already, but I wanted to make sure we put it in the discussion here. So I appreciate that.

Dr. PEREA-HENZE. Yes, Senator.

[The information requested during the hearing follows:]

RESPONSE TO REQUEST ARISING DURING THE HEARING BY HON. MARK BEGICH TO RAUL PEREA-HENZE, M.D., M.P.H., NOMINEE TO BE ASSISTANT SECRETARY FOR POLICY AND PLANNING, U.S. DEPARTMENT OF VETERANS AFFAIRS

Request: If confirmed, please provide me with incremental benchmarks on the implementation of VA's strategic plan.

Response. If confirmed, I would be happy to work with the Department to update you and the Committee on VA's progress in implementing the VA Strategic Plan. As I mentioned during the hearing, under the Government Performance and Results Act (GPRA), the Department must submit annual performance reports to Congress that document its progress toward achieving the goals and objectives contained in the strategic plan. VA will be pleased to brief you and the Committee on the results contained in this report each year.

Senator BEGICH. My time is almost up. So I just want to mention one other issue which I mentioned in the last conversation, with regards to travel and some of those issues. There is authority that the Secretary has, especially for folks under 30 percent disability, to have some of those waivers.

I am putting it on record only because everyone with the VA—I want to stress how important and difficult it is for very remote

veterans to get to the physical facilities for those services. It is very, very difficult in Alaska to do this in some areas.

We are now learning through a lot of data that more and more veterans are living in more rural areas than ever before, and Alaska is one of those areas. As I mentioned, 11 percent of our population in the whole State are veterans, and that is a significant amount. So we are trying to reach them any way we can with services.

As you think of strategic planning, long-term, how do we get to that rural component that is growing, and how do we ensure that we have quality services?

There are a lot of innovative things we are doing in Alaska that the VA is very supportive of, for example, some of our work with Indian Health Services, some of the collaboration we are doing there. So, as you think of the planning efforts, please feel free to contact our office. We will be happy to tell you. When people say remote, we will tell you what remote is. Hopefully, we will help drive some of the discussion.

Again, it is an honor to have you here today, and I look forward to supporting your confirmation, and thank you for your public service to this Country.

Dr. PEREA-HENZE. Thank you, Senator.

Chairman AKAKA. Thank you very much, Senator Begich.

I want to thank you, Dr. Perea-Henze, for your full and open participation in today's hearing. I view your combined experience of nearly 25 years in both the public and private sectors as a tremendous asset, and I believe you will be an outstanding voice for the Nation's veterans in the role of Assistant Secretary for Policy and Planning at VA.

With this in mind, I would like to bring Dr. Perea-Henze's nomination before the Committee and full Senate as soon as possible.

As I said previously for Dr. Petzel's nomination, I ask that any posthearing questions for Dr. Perea-Henze be sent to the Committee's Legislative Clerk by tomorrow at noon, with the hope of marking up next Wednesday.

Again, I thank you very much and give our best to your family as well.

Dr. PEREA-HENZE. Thank you, Mr. Chairman.

Chairman AKAKA. This hearing is adjourned.

[Whereupon, at 11:04 a.m., the Committee was adjourned.]

A P P E N D I X

PREPARED STATEMENT OF HON. BERNARD SANDERS, U.S. SENATOR FROM VERMONT

Thank you Mr. Chairman. I want to welcome Dr. Petzel and his family and Dr. Perea-Henze. I very much enjoyed meeting with both of our nominees last week to discuss their priorities for the VA.

Both of the nominees before us have been nominated to serve their country at a challenging but also rewarding time for those that care for our Nation's veterans. The wars in Iraq and Afghanistan have brought hundreds of thousands of servicemembers into the VA and there will certainly be more to come with the drawn down in forces in Iraq and the president's announced plans for Afghanistan. We need to care for this younger population while we maintain the level of care that millions of our older veterans depend on. As debate continues on our policy in Afghanistan, the VA, DOD, and the Congress must make sure that we continue to fund and staff the agencies responsible for caring for our injured services members and veterans and plan for the increased usage that is likely to come. Caring for our veterans is part of the cost of going to war.

Dr. Petzel, if confirmed, you will be tasked with leading one of the largest healthcare systems in the world. While we all know that the VA continues to have challenges, it can rightly be proud of the quality of care it provides and being a leader in electronic health records, controlling costs, prosthetics and so many other areas. Your job will be to make it work even better. Dr. Perea-Henze, your position is crucial in making sure that the leadership throughout the VA has the data and policy ideas needed to continue to improve how the VA operates internally and how it delivers health care and other benefits and services to our veterans. As the second largest agency in the Federal Government, that is no small task.

Let me just list a few of the areas that are a priority to me that I look forward to working with both of you on in your new positions:

1. Continue Expansion of CBOCs/Vet Centers: I am working with VA officials to establish a health clinic in the Northeast Kingdom region of Vermont to help improve veterans' access to health care in this part of my state. Like many of my colleagues, I am a strong supporter of CBOCs and support their expansion across the country, especially in rural areas. The same is true for Vet Centers which provide very important counseling and readjustment services to our veterans and their families. I also support the use of home tele-health and mental tele-health as other ways to bring VA care closer to our veterans.

2. Continue Bringing Priority 8 Veterans Back Into the VA System: We need to continue to build on last year's first step of bringing a segment of Priority 8 veterans back into the system in a responsible way with the end goal of bringing all Priority 8 veterans back into the system. I know this is a priority for President Obama and Secretary Shinseki and I commend Dr. Petzel for his recognition of the importance of expanding VA access to Priority 8 veterans in his prehearing responses to Committee questions.

3. More VA Outreach and Learning from Vermont Model: VA has made improvements in the area of outreach to veterans but clearly more needs to be done to let them know what VA services they are entitled to. This is especially true for our Guard and Reserve. Top quality care and services are important but they don't do veterans any good if they don't know about them or can't access them. We have a model outreach program in Vermont known as the Vermont Veterans and Family Outreach Program partnering the VA with the Vermont National Guard. This program uses VA-trained Outreach Specialists, many of whom are veterans themselves, to reach out directly to returning servicemembers and their families and help them get the assistance and care they may need from the VA or other Federal, state, and local programs. Under this reintegration program we have enrolled 77% of returning servicemembers into the VA and we believe that by reaching out to servicemembers

pro-actively, instead of waiting for them to begin to have serious health and mental health challenges, we are trying to get to problems before they reach a crisis level. This outreach and reintegration program has served as a model for a number of states and I believe it is worth looking into how the VA and DOD could replicate it in other parts of the country.

4. Automatic Enrollment in VA for Members of the Guard and Reserve: Consistent with the idea of a seamless transition between the DOD and VA, I believe it makes sense to automatically enroll members of the National Guard and Reserve into VA health and dental care as soon as they go through discharge. This does not force these servicemembers to use the VA system but it does cut down on the process of applying for VA care later and allows VA care to be there if a veteran who doesn't think they need the care now, realizes later in life that they want it. This would also remove the chance that veterans miss their sign up window for certain VA care such as dental benefits. The VA is already doing this enrollment assistance in many military installations across the country. I have introduced legislation (S. 1798), the Automatic Reserve Component Enrollment Act of 2009, to make this process uniform. This legislation is supported by the National Guard Association of the United States, the Paralyzed Veterans of America, and the Reserve Officers Association. This legislation is meant to support Sec. Shinseki's concept of "uniform registration" and the Virtual Lifetime Electronic Record.

5. Continue Research/Treatment for PTSD, TBI: We all know that PTSD and TBI are the signature injuries of the wars in Iraq and Afghanistan. Stanford University estimates that as many as 665,000 or 34 percent of Iraq and Afghanistan veterans are experiencing symptoms of Post Traumatic Stress Disorder. Yet only 53 percent suffering from PTSD or major depression have seen a physician or mental health provider. As of January 2009, nearly one in five Iraq and Afghanistan veterans have experienced a Traumatic Brain Injury. Yet only 46 percent who experienced a mild Traumatic Brain Injury were screened for a concussion. With more and more servicemembers coming home from Iraq and the announced escalation in Afghanistan, we need to continue our research efforts so that we know how to treat these injuries, especially when these injuries occur at the same time. We also need to focus on treating substance abuse, eye injuries, and work to prevent suicides. The VA's National Center for PTSD, headquartered in Vermont, plays a crucial role in researching PTSD and educating VA and other clinicians on effective treatments and we need to continue to support their work.

6. Improve Gulf War Veterans Access to VA Care, Improve Research on Treatments: In their 2008 report, the Congressionally-mandated Research Advisory Committee on Gulf War Veterans Illnesses, appointed by the Secretary of Veterans Affairs, concluded that extensive scientific evidence conclusively demonstrates that Gulf War illness is real and was caused by toxic exposures during the war, and that there are currently no effective treatments. Gulf War Illness affects at least 175,000 veterans—one in four of those who served. Over the last few years, I have worked to secure funding for Gulf War Illness treatment research through the Department of Defense. I would like the VA to have a more aggressive research program for treatments and to work to find ways to make sure that every Gulf War veteran suffering from conditions related to their service gets the care they need and that that education of our VA clinicians and care is consistent wherever that veteran seeks care in the VA. Unfortunately, toxic exposures continue to be a reality of modern warfare and the VA needs to make sure it is a leader in treatments for veterans of all eras that have been exposed to harmful toxins, chemicals, and other substances during their service.

These are just a few of the areas where I believe we need to focus our attention. There are many challenges that are before the VA but I believe these two nominees are qualified to tackle them and improve the care provided to our veterans.

I look forward to working with our two nominees and my colleagues on these challenges.

Thank you Mr. Chairman.