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NOMINATION OF JAMES M. BYRNE TO BE DEPUTY SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE

ONE HUNDRED SIXTEENTH CONGRESS

FIRST SESSION

MAY 16, 2019

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C O N T E N T S

MAY 16, 2019

SENATORS

	Page
Isakson, Hon. Johnny, Chairman, U.S. Senator from Georgia	3
Tester, Hon. Jon, Ranking Member, U.S. Senator from Montana	1
Moran, Hon. Jerry, U.S. Senator from Kansas	34
Blackburn, Hon. Marsha, U.S. Senator from Tennessee	37
Blumenthal, Hon. Richard, U.S. Senator from Connecticut	39
Sullivan, Hon. Dan, U.S. Senator from Alaska	40
Brown, Hon. Sherrod, U.S. Senator from Ohio	43
Tillis, Hon. Thom, U.S. Senator from North Carolina	46
Boozman, Hon. John, U.S. Senator from Arkansas	49

WITNESSES

Byrne, James M., nominee to be Deputy Secretary, U.S. Department of Veterans Affairs	4
Prepared statement	6
Response to prehearing questions submitted by Hon. Jon Tester	9
Posthearing questions submitted by Hon. Sherrod Brown	15
Questionnaire for Presidential nominees	16
Letter from the Office of Government Ethics	30
Letter from the nominee to the Office of General Counsel, U.S. Department of Veterans Affairs	31

NOMINATION OF JAMES M. BYRNE TO BE DEPUTY SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS

THURSDAY, MAY 16, 2019

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

The Committee met, pursuant to notice, at 10 a.m., in room 418, Russell Senate Office Building, Hon. Johnny Isakson, Chairman of the Committee, presiding.

Present: Senators Isakson, Moran, Boozman, Cassidy, Rounds, Tillis, Sullivan, Blackburn, Tester, Brown, Blumenthal, and Sinema.

Chairman ISAKSON. I call this meeting of the Senate Veterans' Affairs Committee to order. Welcome everyone who is here for the proceedings this morning. We will go right into the opening statements. My able Ranking Member is not very able today. He is disabled by a cold or something. So, I am going to let him go first because he wants to excuse himself after that. I will try and make it without him. It will be tough, but we will do the best we can.

OPENING STATEMENT OF HON. JON TESTER, RANKING MEMBER, U.S. SENATOR FROM MONTANA

Senator TESTER. That will be just fine. Thank you, Mr. Chairman. Yeah, I do not—normally I do not look too good; today not only do I not look too good, I do not feel too good either. I want to thank you, Mr. Chairman, and I want to thank you, Mr. Byrne. I appreciate your willingness to perform the duties as the Deputy on an interim basis since last summer. Our job today is to determine whether you are up to the task of serving as the permanent number 2 at VA.

Given that you are already performing most of the duties, and have served as general counsel, my expectations for you during this hearing will be different. You come here not only as a newly nominated individual but as representative of the Department who has had a key role in the development and roll-out of a number of significant programs. I need to know whether you have the proper temperament and judgment and will do what is best for our veterans.

For example, you served as general counsel when the Secretary was contemplating whether to recommend that Justice Department challenge the Blue Water Navy case on VA's behalf. Earlier this

week the House of Representatives unanimously passed—that is 410–0—legislation that is in keeping with the recent court decision.

You served as general counsel in June 2018, when the VA picked a needless fight with the Office of Inspection General, denying basic information to the Office entrusted with independent oversight. The following week this body unanimously approved an amendment to the fiscal year 2019 VA Appropriations Bill to prevent the denial of such information.

After all, despite what VA leadership may have thought had been advised, it was not and is not above the law; and now, in just three short weeks, be able to align with its implementation of the MISSION Act. I want to know what your role has been in implementing that law and whether you believe the VA is going to be ready to rock and roll on June 6.

Your testimony points to a recognition of the human resources apparatus at the VA that needs to be modernized, so I know that you understand the VA has more work to do to improve the processes involved in hiring and related tax. However, the inability of the Department to address recruitment and retention issues in places like my home State of Montana, coupled with the Department's gutting of the agreement with Labor that has been in place since 2011, gives me concern, to say the least. VA management absolutely needs to get along with its employees. They are our most important asset.

Unfortunately, VA's unwillingness to work well with others does not end with its workforce. We continue to hear concerns that the VSOs are not being asked for input on important decisions made at the VA. We hear that the VA does not want to sit on the same witness panel for congressional hearings as the IG office.

And, when all eight of the VA-authorizers and appropriators from both parties and both chambers send a letter to the VA asking for more timely, accurate, and consistent information, VA countered with—said that it was the most transparent agency anyone has ever seen. I question that. The VA simply cannot continue treating its partners as adversaries—as adversaries, as the key stakeholders and bystanders.

Yesterday we found out that a lawsuit had been filed in which you are a party of interest. I believe that you are—you were unaware of this lawsuit until Tuesday night, and I appreciate you being very forthcoming since that time. In my view, that lawsuit really boils down to the fact that you refuted an investigation that was carried out by the IG, whether or not you appropriately decided that particular action lends itself to whether you have good judgment.

But, to the larger point, the trend from this agency to undercut everyone charged with oversight of this agency, whether it is Congress or the IG office, needs to stop and needs to stop now. There are too many critical issues that require all of us to work together, whether it is the epidemic of suicides that ends the lives of way too many veterans every day and the ongoing struggle of veterans, particularly rural and women veterans, to access the care they need, or the IT setbacks that have hindered or delayed critical initiatives. I need to know that you are committed to the priorities such as

these and that, at the end of the day, you have the temperament and judgment to do this job.

Thank you again for your willingness to serve on behalf of our Nation's veterans and their families.

In closing I would say this. The IG is one of the tools that we use to hold you accountable. If we do not support the IG in the work that they do I think we are making a big mistake, whether it is IG for the VA or any other agency. So, I would appreciate if Members on both sides had adequate time to review Mr. Byrne's qualifications and potentially follow up this hearing with additional meetings—not you, necessarily, Mr. Chairman, but if I have to call him, or, Mr. Byrne, I could do that. We could get it out. I do not want to extend this thing, but I just want to make sure we do our due diligence.

Johnny, thank you very, very much for letting me go first so I can leave and crash.

Chairman ISAKSON. Well, I want you to leave and crash and get well. That is what I want.

Senator TESTER. Thanks, buddy.

Chairman ISAKSON. We are not a good Committee without you here and I appreciate your being here so promptly. I will just say this as you leave, I associated myself with every remark that Jon made. We, as a team, want the VA to be the best it can be. We think the VA is moving in the right direction in many areas. We think your nomination is a good one. We want to make sure we continue on that path, that we do not backslide, and we can prove to you—we have got a long way to go, but we have come a long way in the last few months.

So, Jon, thank you for your testimony, and thank you for not using this lawsuit as an excuse for us to hold up this hearing today, which I really appreciate a lot. We have had a lot of stonewalling going on in the Senate in the last couple of months, over appointments and getting meeting scheduled, but Jon has been very helpful in supporting those, which I appreciate very much.

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

Chairman ISAKSON. Mr. Byrne, welcome. You are not a stranger to the VA. You are there now. You, like many people, have been in an acting position. You are going to stop acting soon and be appointed and confirmed, I am sure. The purpose of this hearing is to have a hearing on your confirmation and on your appointment, to satisfy any questions the Members may have.

Let me say at the outset, so if I do not say it at the end, what I have already said and I did not forget it, we will leave the record open for, how many, 5 days for any questions any Member who is not here wishes to ask, or any additional information that wishes to be submitted by them. I would ask you to be as prompt as you can in responding to those, because it is in our hands to get this meeting called, and once it is announced it is for you. The responsibility is on your back to get us the information as quickly as possible so we can get your confirmation finished as quickly as possible and move forward.

I read your testimony last night and I appreciate very much your candor, your supportive nature of the Secretary. I particularly appreciate that you have embraced the suicide goals that all of us have on the VA Committee and at the VA; our number 1 goal is slowing down the rate of suicide and eventually, if it is possible, preventing it.

Whether it is possible or not is something you want to make sure you never get in to or say it is not impossible to correct because you do not want to do that. We have had a rash recently, including in the Atlanta area, of veterans who have taken their life either on the property or near the property or in proximity to an appointment they have had with the VA, which bothers me some, as well.

We have got to continually review our processes and the timeliness of getting a veteran in danger to a professional for help and counseling. We have learned that the number 1 failure of anybody when someone is at risk for their own life is to not get timely counseling from somebody who understands what is going on in someone's mind when they are contemplating taking their own life.

I am going to be talking a lot more about that in the months ahead, as Chairman, because I think it is the one thing we can do. It is a subject nobody wants to talk about. It is one of those things that has a stigma to it, but it is absolutely something that needs to be done, absolutely something that needs to be done quickly, and absolutely needs to be something we never give up on trying to find the right answers to the questions that are asked of us.

I am delighted that you are here today. I appreciate your prioritization of serving Secretary Wilkie as you have. He is a good Secretary. He is a demanding task-maker but he will not ask of you any more than he asks of himself, and that is the kind of leadership we know we want and have needed in the VA.

Now the rules require me to swear you in before you make your testimony. That way you cannot change it later on, after you have made your testimony. So, if you will please raise your right hand, Mr. Byrne, and repeat after me.

Do you solemnly swear or affirm that the testimony you are about to give before the Senate Committee on Veterans' Affairs will be the truth, the whole truth, and nothing but the truth, so help you God?

Mr. BYRNE. I do.

Chairman ISAKSON. You may be seated. Thank you.

I will recognize you for 5 minutes of opening statement followed by questions by, it looks like me, but I will try not to be too boring and hopefully we will have somebody save you from that. But you are welcome and congratulations on your nomination.

STATEMENT OF JAMES M. BYRNE, NOMINATED TO BE DEPUTY SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS

Mr. BYRNE. Thank you very much, sir, and if I may, may I introduce my family that has joined me today?

Chairman ISAKSON. You sure can.

Mr. BYRNE. My wife Becky—my wife of 32 years—joins me here today, along with our daughters, Hannah and Gabby. I will not call them number 5 and 6, but they are our fifth and sixth children.

We were just blessed recently with our fifth grandchild, James Michael Byrne III.

Chairman ISAKSON. Well, Hannah and Gabby are two great names, and they have got beautiful smiles too, so we are delighted that you are here.

I learned a long time ago, and have known since I was in the service, that when you serve the country in the service or in the service of the Congress it is the spouses that come with you to serve as well, so thank you for your support of your husband.

Mr. BYRNE. Well, good morning, Chairman Isakson. Thank you for the opportunity to appear before you. Almost 2 years ago I was here as the nominee to be the General Counsel of the Department of Veterans Affairs. Today I am asking for your support once again as I am humbled and honored to appear as President Trump's nominee to be the Deputy Secretary of Veterans Affairs.

You may recall that we are a service-oriented family. My father and father-in-law served in the military, as did I, a tradition our two sons and our son-in-law have followed. Our Army son, Dan, is stationed in Maryland, and our Navy son, Mick, is at sea on the USS Alaska, a fleet ballistic nuclear submarine on a deterrent patrol out of Kings Bay, GA. Our son-in-law, Aaron, is a Navy veteran.

I want to thank the Committee for moving promptly on my nomination, as it is important for Mr. Wilkie to have full senior leadership team in place given the rapid changes taking place at the VA.

As a U.S. Naval Academy graduate and a full or deployed marine infantry officer, I understand first-hand the importance of our Nation's commitment to veterans, and I am excited about the prospect of continuing to help Mr. Wilkie carry out that commitment. Mr. Wilkie has brought stability to the VA's Central Office, which has allowed us to make significant progress toward modernizing the Department and improving service for veterans, and I am proud to have played a role in these momentous changes.

I was delegated the chief operating officer duties of the Deputy Secretary 9 months ago, and that makes me operationally responsible for the VA's vast network of hospitals and clinics, our benefits programs, and our national cemeteries. I have provided leadership to our various teams as they implement the MISSION Act, work toward electronic health records modernization, and set and achieve new customer service goals like shorter wait times and improved quality of care. And, based on what I have seen so far from our leadership and staff, I am very bullish on the VA.

I am also proud to be part of our effort to prevent veteran suicide. Stopping these tragic events is our top clinical priority. But, we know the VA cannot do it alone, and that is why we are very happy with President Trump's Executive order on veteran suicide, which is aimed at providing a nationwide response to this problem. Secretary Wilkie will lead a Federal Government task force that will recommend ways for private companies, academia, nonprofits, and all levels of government to work together to identify at-risk veterans and get them the help they need.

I want to use this as an opportunity to praise the thousands of VA employees who are doing so many good things to further our mission, which is to care for America's heroes who have borne the

battle. I am amazed with the employees I have met at our facilities across the country and the care they take with our veterans. From what I have seen, the drumbeat of negative news about our workers is a false narrative that goes against new surveys that find veterans are very happy with the care they receive from us.

For all these reasons, I am very optimistic about where the VA is headed under Secretary Wilkie's leadership, and if confirmed I pledge to you, to President Trump, Secretary Wilkie, VA employees, and, of course, the veterans we serve to continue working as hard as I can to fulfill our mission and uphold the oath of office.

Thank you, sir, and I look forward to your questions.

[The prepared statement of Mr. Byrne follows:]

PREPARED STATEMENT OF HON. JAMES M. BYRNE, NOMINEE TO BE DEPUTY SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS

GOOD MORNING CHAIRMAN ISAKSON, RANKING MEMBER TESTER, AND DISTINGUISHED MEMBERS OF THE COMMITTEE. Thank you for the opportunity to appear before you. Almost two years ago, I was here as the nominee to be the General Counsel of the Department of Veterans Affairs. Thank you for your support then, and I hope I can count on your continued support, as I am humbled and honored to appear as President Trump's nominee to be Deputy Secretary of Veterans Affairs.

It is a privilege to serve under the leadership of Secretary Robert Wilkie, who has turned the VA into a dynamic, responsive, accountable organization.

The VA is undergoing a transformation unlike anything seen since General Omar Bradley arranged health care benefits and implemented the GI Bill for millions of Veterans after World War II. Virtually every corner of this very large department is doing things differently.

I was delegated the chief operating officer duties of the deputy secretary nine months ago, and that makes me operationally responsible for the VA's vast network of hospitals and clinics, our benefit programs and our national cemeteries.

That means I have been privileged to play an integral role in the fundamental changes taking place across the department. I have provided leadership to our various teams as they implement the MISSION Act and work toward electronic health record modernization, as they set new customer service goals like shorter wait times and improved quality of care, and as we strengthen our governance structures.

As someone who has helped lead the effort to bring about these historic changes, I can tell you that the VA is headed in the right direction. Secretary Wilkie has brought much-needed stability to the VA Central Office, and that stability has brought progress toward a range of goals that are supported by both parties.

I am extremely bullish on the VA. I believe in where we are going, and I am frankly very eager to be confirmed so I can continue to help the secretary implement these and other important initiatives on behalf of our Veterans.

In my current dual role, I see firsthand the importance of making sure Secretary Wilkie has his full senior leadership team in place, so I thank you for so quickly moving ahead with this nomination.

I pledge to you, President Trump, Secretary Wilkie, VA employees around the country and our Veterans that I will continue to use my leadership role at the VA to uphold the oath of office, and make sure the VA continues to evolve to ensure the highest level of service for the heroes who sacrificed so much for their country.

First, and perhaps most importantly, we are focused intently on Veteran suicide prevention, which is our top clinical priority. Under Secretary Wilkie's leadership, we are doing all we can to reduce the number of Veterans who die by suicide, which averages 20 per day.

The VA's suicide prevention program is guided by the National Strategy to Prevent Veteran Suicide. That strategy calls for identifying priorities, organizing efforts, and focusing national attention and community resources to prevent suicide anywhere an at-risk Veteran may be found. No single factor is responsible for suicide, and the VA takes a whole-health approach that considers both physical and mental health, as well as alcohol or substance abuse and life events.

The VA's primary prevention approach aims to stop suicidal behavior before it occurs. As a result, every Veteran seeking medical care for potential indications for suicide ideation receives a mental health screen, and can receive same-day mental health services at every VA health care facility. We have given more than 1.5 mil-

lion mental health screenings to Veterans and are caring for nearly 11,000 Veterans deemed to be at risk for suicide.

Our Veterans Crisis Line fields more than 1,700 calls a day, and more than 80 of those calls lead to a decision to dispatch emergency services. The average wait-time to have a call answered on that line is 8 seconds, well below the 20 second target set by other crisis hotlines.

VA employees have played an important role in our effort, in many cases because they know their patients well and know when something is wrong. Since the VA started tracking suicide attempts on our campuses in October 2017, our employees have prevented more than 240 of these incidents from taking place, a testament to how much they care about their patients, and the skill and understanding they have to work with Veterans in such a personal capacity.

But the scope of this problem is far beyond the ability of one program or even one agency to solve. Of the 20 Veterans on average who die each day from suicide, 14 of them never seek VA care. That's why the VA is reaching out to other Federal agencies, and communities around the Nation for assistance. We are working with Governors in major U.S. cities to help streamline the process for Veterans to access local care.

The VA welcomed President Trump's decision to sign an Executive Order in March that calls for government at all levels, the private sector and non-government organizations to ensure Veterans get help. The President issued a challenge to the Nation to do a better job on this critical issue and put Secretary Wilkie in charge of a task force aimed at making recommendations on how we can all work together to identify at-risk Veterans and treat them, either by the VA or by private providers.

Our renewed focus on suicide prevention is just one of several changes happening at the VA. We are on the cusp of implementing the MISSION Act, which will put Veterans at the center of their health care decisions. Carrying out this law has been among our top priorities since President Trump signed it last year, and it's the cornerstone of the fundamental changes the VA is making to better serve Veterans.

The MISSION Act is the culmination of several years of lessons learned from the Veterans Choice Act, and we believe the Republicans and Democrats who voted for the bill have struck the right balance between helping Veterans at the VA and allowing them to find doctors in their community.

Once the law is implemented on June 6, Veterans will be free to continue receiving care at the VA but will also be able to seek out community care for a range of different reasons. Those reasons include: when it would take too long to drive to a VA facility, when the VA doesn't provide the care or services required, when a Veteran has a medical condition that affects his or her ability to travel, or when there is any other compelling reason for the Veteran to seek outside treatment.

Putting Veterans at the center of their healthcare decisions is not, as some insist, a step toward privatization. The VA is now competitive with most hospitals around the country, and our budget is bigger than ever, and the law poses no risk to Veterans who want to continue seeking healthcare at the VA.

We expect the MISSION Act to result in the best of both worlds—a VA that works better than ever for its patients, coupled with the option of seeking care outside the VA system when the need arises.

We launched an effort to modernize our electronic health records so they are compatible with those at the Department of Defense. Once fully implemented, providers will be able to see in one place the entire health history of our Veterans, and more effectively give them the care they need. And while this is a project that has posed a challenge to implement in years past, the Trump administration is on the path to getting it done.

The goal is to create a single record of a Veteran's health history, one that captures all the events from service that might affect a future diagnosis. It is also meant to make it easier on our Veterans to get care wherever they need it, without worrying whether healthcare providers have all the information they need.

Once implemented, this change will better support Servicemembers as they transition from military service to Veteran status, and help ensure that pharmacies, labs and specialty care providers have a full picture of the Veterans they treat.

The VA has put forward a 10-year rollout plan for electronic health records modernization, in part to ensure a methodical change that minimizes the risk of disruption to Veterans. Part of the process involves creating a uniform electronic record within the VA, which has never existed. VA clinics across the country have been allowed to operate their own systems for years, and the VA is working to harmonize that record system as part of the process.

Early next year, the VA will roll out a unified record system with the Department of Defense in three locations in the Northwest—the first of many rollouts that will

happen over the next decade. We are on track to making this long-delayed dream a realization.

Achieving that goal fits in perfectly with Secretary Wilkie's commitment to doing a better job at customer service for our Veterans, which is already yielding results.

Polls say wait times at VA medical facilities are shorter than wait times at private facilities, and that the VA is providing the same or better-quality care compared to their private counterparts.

The secretary has stressed the need for a bottom-up organization that depends on our dedicated, motivated employees for success. A 2018 Partnership for Public Service poll showed that goal is being achieved—the group ranked the VA as the 6th best place to work among large Federal agencies, after the VA was second-to-last on that list a year earlier.

Improved morale at the department shows that cultural change is happening, and that employees have more of a stake in the outcomes we deliver for Veterans.

One example of the high level of customer service we are delivering is the growth of Medical-Legal Partnerships, in which the VA works with law firms and associations, law school clinics and others to provide free legal advice to Veterans at the same place they get their healthcare.

Our studies show that at least 5 of the top 10 unmet needs cited by homeless Veterans are legal in nature, not medical. Legal staff on the premises have helped thousands of Veterans with things like renewing a driver's license, debt relief, and resolving child support and custody issues.

The VA is studying how this legal help is making a positive impact on the health of the Veterans who visit us. This innovation is not a formal, budgeted program, but it shows how communities around the country have helped to rally support for those who served their country. It shows the dedication of our staff, many of whom volunteer at these legal-medical partnerships.

We are also doing a better job serving women Veterans. In the last five years, women accounted for 30 percent of the increase in Veterans we treat. The number of women patients we see has more than tripled since 2000 from 160,000 to more than 500,000.

Today, women make up about 10 percent of all U.S. Veterans, but we expect that number to grow in the years ahead, and we're already adjusting. The VA is providing more services for women than ever, including primary care, gynecology and mental health care.

Recent studies show women are getting good care when they come to the VA. They are more likely to get breast cancer and cervical cancer screening at the VA that women in private sector health care. The VA continues to put a special focus on helping women Veterans who are homeless, and women Veterans who are at risk for suicide.

Importantly, we are taking steps to eliminate all forms of sexual harassment at our clinics. We're training our staff to intervene when they see it, part of our mission of making women comfortable when they come to our hospitals to get the care they've earned.

The VA is also pursuing the broad goal of transforming how the organization itself operates, to ensure more efficient delivery of services to Veterans and the best use of taxpayer funds. Today, for example, the VA relies on outdated methods of running our human resources departments and our supply chain.

The supply chain problem is particularly in need of an update. We are working vigorously to make sure that stories about VA hospital workers having to borrow equipment and supplies from neighboring hospitals are a thing of the past.

A healthcare network as large as the VA can no longer rely on an ad hoc system of procurement. The department is looking to partner with the Department of Defense's medical supply-chain system to create a more efficient procurement system that is more respectful of U.S. taxpayers.

Financial management and human resources modernization are a part of this process. The VA's financial management system for accounting and financial activities is more than 30 years old.

The VA established the Financial Management Business Transformation Initiative to put in place a state-of-the art cloud IT solution, which will improve the efficiency of its financial transactions and its accounting procedures.

Human resources modernization is needed to improve the VA's ability to track leave and vacation time, and to help recruit and retain top talent. Any organization the size of the VA will have several outstanding vacancies, and H.R. modernization will help us move more quickly to get the right people in the right places.

The VA's H.R. system has been decentralized, and we believe centralizing it will make us more efficient, more effective, and more able to focus our resources on Veterans instead of internal management issues.

None of these dramatic changes taking place at the VA could be happening without Secretary Wilkie's commitment to transparency and accountability.

The secretary and I continue to make site visits to VA Medical Clinics around the country to ensure quality standards are being met. Those visits supplement ratings comparisons between VA hospitals and non-VA hospitals that we publish in order to keep up pressure on this organization to improve.

That rating system not only rewards those VA hospitals that are performing well, it informs the VA on how to focus its attention on the hospitals that need improvement.

The VA was the first hospital network in the country to post wait-times, and that gives us a tool we can use to ensure Veterans are getting speedier access to health care around the country.

We were also the first to publicly post opioid prescription rates, and we are seeing reduced prescriptions over the last several months, in part by considering alternative pain mitigation therapies.

As a result of our focus on this critical issue, we have seen a 45 percent reduction in the number of Veterans receiving opioids, and a 51 percent drop in the number of patients on long-term opioid therapy. We've seen a 66 percent drop in the number of patients on high-dose opioid prescriptions.

The VA has another layer of accountability that is unique among agencies in the Federal Government—the Office of Accountability and Whistleblower Protection. That office is aimed at making sure we pay attention to complaints that our employees bring against other employees or practices that may not be in the Veterans' best interest.

The leader of that office reports directly to Secretary Wilkie, assuring that pervasive and sensitive personnel or management problems are getting attention from our Cabinet-level leader.

Our commitment to transparency and accountability, the improved morale of our employees, and our readiness to take on reforms like the MISSION Act and challenges like Veteran suicide have turned the VA into a rising star in the Federal Government, and I thank you again for the privilege of considering my nomination to help lead the department in accomplishing its important mission.

RESPONSE TO PREHEARING QUESTIONS SUBMITTED BY HON. JON TESTER TO JAMES M. BYRNE, NOMINEE TO BE DEPUTY SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. Have you discussed with Secretary Wilkie the duties he would like you to perform, or the role he would like you to assume, as the permanent Deputy Secretary?

Response. I do not anticipate any significant change in duties if I am confirmed as the permanent Deputy Secretary. I meet with Secretary Wilkie daily.

a. What specific projects have you managed since you took over the Deputy duties?

Response. For the past nine months I have performed the chief operating officer duties of VA Deputy Secretary where I focused my efforts on providing leadership to the new governance constructs for our mission focused operations in VHA, VBA and NCA, large modernization efforts, and big initiatives such as Electronic Health Records Modernization (EHRM) and MISSION Act. I head the Operations/Management Board, Modernization Board, and program management reviews where senior leaders identify risks and requirements, measure progress toward defined metrics, and hold leaders accountable.

b. What were the major decisions you made while performing the duties of the Deputy Secretary that did not turn out to have the impact you anticipated, and what problems did you try to address that are still challenges today? How do you anticipate handling them differently if confirmed?

Response. Our initial response to the Colmery IT delay indicated that we didn't fully appreciate the impact on affected Veterans. Our promise to pay Veterans at the 2017 rates and our efforts to make them as whole as we can while system work continues is a much better and pragmatic answer. I will ensure the Department keeps making progress on meeting the full intent of the Colmery law.

Question 2. Will you be VA's Chief Operating Officer? If so, please describe in detail what you understand the position of COO to be.

Response. Yes. As discussed above the duties of the Chief Operating Officer are to keep the Department of Veterans Affairs fully engaged and supported in the de-

livery of a nationwide system of health care services, benefits programs, and national cemeteries for Veterans and dependents.

Question 3. What do you see as the biggest challenges facing VA at this time—as to the Department as a whole, and specifically in VBA, VHA, NCA, and OIT?

Response. As we discussed in our meeting, the Department as a whole, is under extreme pressure to implement fully and well several large transformations in the way we do business, simultaneously keeping any degradation in healthcare, administration of benefits, and disruption to services to an absolute minimum. Those business transformations are specifically:

VHA: The VA MISSION Act provides Veterans and VA providers more opportunities for collaboration to ensure Veterans have access to the care they need. The challenges are ensuring a seamless transition from seven complex community care programs under Choice to one under MISSION.

In the coming months, VA will be deploying a new referral and authorization system that will streamline information sharing between VA and community providers and expand its deployment of Electronic Claims Adjudication Management System (eCAMS), which is a tool that will modernize our claims processing systems and improve both timeliness and accuracy of payments to community providers.

NCA: One of the greatest challenges facing NCA is modernizing the systems that support its mission. The Memorial Benefits Management System (MBMS) will upgrade various NCA systems that support burial operations, scheduling, headstone/marker ordering, and other important activities. The MBMS project is managed by VAOIT and is just one of their many IT challenges.

OIT: Financial Management Business Tool (FMBT), Electronic Health Records Modernization (EHRM), Defense Medical Logistics Standard Support (DMLSS), HRSmart, are all major programs requiring more support and information technology to enable them. Additionally, VA is a growing enterprise requiring more and more in the areas of technology to include bandwidth, computers, storage, and software. The biggest challenge for OIT is garnering the resources in terms of its workforce, technology, and budget to meet these demands and satisfy the business needs of VBA, VHA, and NCA as they support the Veterans we serve.

VBA: The biggest challenge facing VBA at this time is the implementation of the recent ruling of the U.S. Court of Appeals for the Federal Circuit regarding "Blue Water Navy" Veterans who served in the Republic of Vietnam between January 9, 1962, and May 7, 1975. [TDCE1]Currently, VBA is analyzing policies and developing procedures, identifying affected populations and their eligibility for benefits and healthcare, and developing a robust outreach and communications plan. We are currently conducting an analysis of delivery and actual benefit costs, which we will discuss with OMB and Congress.

Question 4. What will be your top three priorities after assuming the role of Deputy Secretary?

Response. (a) Model and ensure SECVA's tone from the top and leadership principles of integrity, performance, and selflessness continue to maintain a stabilizing effect throughout VA, (b) Execute on SECVA's priorities: (i) customer service, (ii) implementation of EHRM and MISSION Act, (iii) business transformation, and (iv) and his top clinical priority of reducing the number of Veteran suicides through a "whole of government" approach which was established through the PREVENTS Executive Order. (c) Ensure continuity of operations, and sustainment of timely execution of business transformation efforts beyond this Administration.

Question 5. If confirmed, what efforts will you undertake to make certain that VA is aware of, and responsive to, the needs of the veterans' community? Do you plan to meet regularly with veterans' organizations?

Response. I value the service and guidance provided to the Veteran community, VA, and me personally by Veteran Service Organizations. The VA's awareness and response comes, in large part, as a direct result of listening to our Veterans. If honored to serve Veterans as the Deputy Secretary for the Department I will continue engaging veterans' organizations with robust dialog as I have done while performing the duties of the Deputy Secretary.

In that time, I have experienced the need to be both proactive and reactive with respect to meeting with Veterans' organizations. We must balance between meetings that are habitual and frequent such as our monthly VSO breakfast and our VSO quarterly day-long sessions on the one hand, and meetings that are opportune and sensitive to emerging issues that provide opportunities to conduct meetings falling outside the normal habits and scheduled meetings.

Question 6. How would you, as Deputy Secretary, work with the Office of Inspector General? Please describe your interactions with the IG's office since arriving at VA.

Response. As VA General Counsel and more recently performing the duties of Deputy Secretary, I meet with the VA Inspector General monthly and additionally as needed. He has always made himself available to brief or meet with me or SECVA. I intend to continue this collaborative relationship for the betterment of VA, the Veterans we both serve, and the American taxpayers.

Question 7. Do you agree to supply the Committee with such non-privileged information, materials, and documents as may be requested by the Committee in its oversight and legislative capacities for so long as you serve in the position of Deputy Secretary?

Response. Yes. VA has been responsive and cooperative to Congressional oversight and will continue to do so.

Question 8. VA has always struggled to tell its success stories. What would you do to help the Agency tout its accomplishments?

Response. Our Secretary and senior leaders are, with increasing frequency, speaking to local, regional and national online, TV, and print media. The department has also delivered a great number of opinion pieces written for a wide variety of outlets. I will join the Secretary in engaging media and Veterans Support Organizations to better inform Veterans, their families and the general public about what VA is doing. Finally, an important element in providing news is regular communication with our elected officials and their staffs.

Question 9. What would you 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. The Secretary and I work closely with our Office of Congressional and Legislative Affairs (OCLA) to make timely notifications of all emerging issues based on the Member's state or district, previous interest in the issue, as well as those on the Committee and affected delegations regardless of their Committee assignments. We proactively push information including email blasts through gov delivery and Bloomberg. The Assistant Secretary, OCLA, his leadership team, and the congressional relations officers make phone calls to Professional Staff Members, Chiefs of Staff in the personal offices of Members, and legislative staff such as the Directors, Assistants, and Correspondents. Additionally, our legislative team is in constant touch with any Member of Congress who asks for Technical Assistance on a bill or amendment to a bill.

Question 10. According to the Department of Housing and Urban Development, the fastest growing subpopulations of homeless veterans are female veterans and the post-9/11 generation. What will you do to ensure that VA homelessness programs address the needs of these specific groups?

Response. The VA is committed to serving the needs of homeless sub-populations such as female Veterans and post-9/11 Veterans through an array of programs and services specially designed to help homeless Veterans live as self-sufficiently as possible. Presently, VA's on-going, transitional and permanent housing programs provide services as follows:

Grant and Per Diem (GPD) Program

In GPD a Veteran can be served in transitional housing and considered homeless if fleeing, attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.

Supportive Services for Veteran Families (SSVF)

SSVF seeks to help at-risk veteran families avoid homelessness through family reunification and offers additional assistance to those fleeing domestic violence. This provision allows the full range of SSVF services, including financial assistance, to be offered to victims of domestic violence whether they are veterans or the victim of violence in a veteran's household. By training staff on mediation techniques, supported by limited financial assistance, SSVF seeks to work with families and friends to prevent the trauma of homelessness.

Housing and Urban Development—VA Supportive Housing (HUD-VASH) Program

The HUD-VASH Program represents a collaborative effort between HUD and VA to provide subsidized permanent housing targeted primarily to those long-term homeless Veterans. Veterans receive rental support from HUD as well as case management and supportive services from VA. The program's goals include housing sta-

bility while promoting Veteran recovery and independence in the community for the Veteran and the Veteran's family, a unique need of female Veterans.

Health Care for Homeless Veterans (HCHV) Program

The HCHV programs aim to reduce homelessness among Veterans by engaging and connecting homeless Veterans with health care and other needed services.

HCHV programs provide outreach, case management and HCHV Contract Residential Services ensuring that chronically homeless Veterans, especially those with serious mental health diagnoses and/or substance use disorders, can be placed in VA or community-based programs that provide quality housing and services that meet the needs of these special populations.

Question 11. In your role as Deputy Secretary, what will you do to improve legal services for underserved veterans and how will you increase partnerships with legal assistance clinics and other pro-bono services to address the unmet needs of veterans?

Response. VA has a robust, partnership-driven approach to improving legal services for Veterans. In January 2016 we had 77 legal clinics co-located at VA facilities. That number has grown to more than 170 co-located legal clinics housed at VA facilities Nation-wide, where Veterans can be referred for on-site legal assistance when visiting the VA. Five of the top ten unmet needs of homeless and at-risk Veterans are legal needs, such as evictions, child support issues, outstanding warrants, and discharge upgrades. These critical needs must be addressed by providing a connection to on-site legal assistance at VA care locations.

As Deputy Secretary, I plan to amplify VA's role in providing access to legal services by establishing a legal clinic in every single VA Medical Center. This continues to be a goal of mine since I began serving Veterans at VA as General Counsel.

In particular, I will be working with our Office of General Counsel and Veterans Justice Program to conduct outreach to pro bono legal services organizations, including legal aid, law firms, bar associations and law school clinics, to seek out partnerships to bring legal services to Veterans at VA.

And—as I have done for the past nine months while performing the duties of the Deputy Secretary—I will continue to make a point of asking, whenever I visit a VA medical facility in any corner of our country, about whether the facility has a Medical-Legal Partnership on-site for Veterans, and if not, why not.

Question 12. VA outreach to Native American reservations and other highly rural areas is challenging but insufficient. How will you use your role as Deputy Secretary to improve and increase outreach to these underserved populations so that they can receive the benefits and care they deserve?

Response. VA plans to increase the tribal consultation efforts as well as initiate collaborative work on care coordination with both the Indian Health Service and tribal health partners. This will serve to enhance the already robust outreach efforts made by agency leadership and staff in recent years.

VA continues to partner with tribal governments to conduct claims clinics across Indian Country in order to increase access to benefits for Veterans. Last fiscal year, VA assisted over 1,100 Native American Veterans with their claims. Other outreach efforts include Tribal Veterans Representative trainings, tribal consultations/listening sessions, and senior VA/tribal leadership intergovernmental site visits with Veterans and service providers across Indian Country.

In addition, we have convened a VA Outreach Council to better align and consolidate agency-wide outreach efforts to provide the most effective and efficient mechanisms to deliver VA benefits and services. The Council is working now to develop a VA-wide outreach operating plan and form a group of subject matter experts to implement recommendations from the VA-wide Outreach Operating Plan.

Through the Veterans Cemetery Grant program, NCA has provided over $34 million in funding for Tribal Veterans Cemeteries since 2011. There are currently 11 Tribal Veterans Cemeteries throughout the country. Two more are expected to be dedicated in FY 2019 (Minnesota and North Dakota).

NCA continues outreach through the Office of Tribal Government Relations as interest in the grant program continues to grow. In this FY, NCA has provided outreach to the United South Eastern Tribes and Yakama Nation on opportunities for new Tribal Veterans Cemeteries.

I will ensure that VA continues to operate an extensive outreach program to Veterans in rural areas which, includes Native American reservations. One such item from our efforts will be an outreach campaign in the State of Alaska that our own Veterans Benefits Administration (VBA) will be leading and we anticipate it will be one of the largest of the year. This campaign will reach highly rural, frontier, and tribal Veterans. The campaign includes partnerships with several Alaska Tribal

Veteran Representatives and focuses a large portion of VBA's attention to reach this remote population.

In addition to the Alaska Campaign, VA is planning approximately 40 tribal claims clinics in FY 2019. These events are held on tribal land and include experts from VA who assist with on-the-spot claims processing and providing information on VA benefits and services face-to-face.

Finally, during this fiscal year, VBA has travelled over 7,000 miles to participate in over 20 outreach events targeting tribal Veterans. This has resulted in contact with over 700 tribal Veterans who may not have previously worked with VA.

Question 13. What do you see as your role in the Department's effort to reduce veteran suicides? How will you use your position to promote veteran suicide prevention and mental health outreach?

Response. My role within VA's suicide prevention program is to ensure that the suicide prevention team has the right resources and strong leadership support—at all levels of VA—to fully implement their work.

VA's suicide prevention program is guided by the National Strategy to Prevent Veteran Suicide, a framework for identifying priorities, organizing efforts, and focusing national attention and community resources to prevent suicide across all sectors in which Veterans may interact.

Suicide prevention is a top priority for VA, and we are developing key partnerships to amplify VA's efforts and ensure that Veterans have access to the care they need, when they need it, through VA or in the community.

Additionally, as the co-chair of the Joint Executive Council (JEC), I am working to ease the burden of transition and minimize suicide risk for servicemembers moving from DOD to VA and ensuring we have sound, evidence-based practices in place across both agencies.

Question 14. Please describe your role in implementing the VA MISSION Act.

Response. To effectively implement the MISSION Act and address impacts within and reaching beyond VHA, the Secretary chartered a governance structure which I direct. Governance of the MISSION Act implementation includes an Executive Steering Committee (ESC) which I chair. The ESC directs efforts of the Enterprise Project Management Organization (EPMO) and a cross-enterprise Tiger Team. All work efforts report strategy and progress through these governance mechanisms.

Question 15. As Co-Chair of the Joint Executive Council, what would be your priorities?

Response. I have had the privilege of serving as the VA Joint Executive Committee (JEC) Co-Chair in my capacity as General Counsel performing the duties of the Deputy Secretary and have worked closely on important joint issues with my DOD counterpart. In addition to the quarterly JEC meetings we hold bi-weekly teleconferences to obtain the latest status on key issues and to remain in synch. On March 18th, 2019 we issued the Joint Strategic Plan (JSP) for FY 2019–2021 which details the priorities for the JEC.

As Co-Chair of the Joint Executive Council and in coordination with my DOD counterpart, my priorities are to promote rapid and agile decisionmaking on VA resources (e.g., human resources, information technology, and acquisition), minimize EHR deployment and change management risks, and promote interoperability through coordinated clinical and business workflows, data management, and technology solutions while ensuring patient safety.

Question 16. How do you see the VA's leadership role in the joint governance of the Electronic Health Record Modernization?

Response. VA recognizes the differences in patient population, scope, and capability requirements of its new EHR solution from DOD's MHS GENESIS. I will advocate on behalf of VA to meet its unique needs while ensuring there is optimal collaboration between the Departments, eliminating the long-standing barriers between DOD and VA. I will promote an effective joint decisionmaking structure that provides a single point of accountability. Additionally, I will promote synergies and efficiencies between DOD and VA while ensuring that VA's new EHR solution is fully interoperable within VA, with DOD, and with community care providers.

Question 17. In your role as Deputy Secretary, what specifically will you do to ensure that VA's clinical and technical needs for the new Electronic Health Record are fully achieved when joint decisions are elevated to you?

Response. VA planned eight national workshops to encourage collaboration amongst diverse end-users from clinical specialties and business operations to design, validate, and configure clinical and technical requirements of VA's EHR solution. Given the joint nature of this program, DOD participates at these workshops to provide context on its decisionmaking processes and clarification of lessons learned. The workshops facilitate joint decisionmaking at the lowest level. If nec-

essary, decisions are raised to higher levels of joint governance where DOD and VA are equal partners. Where joint decisions are required, as Co-Chair of the Joint Executive Council, I will ensure that VA's EHR solution is configured to meet the Department's unique clinical and technical requirements and interoperability objectives, without expense to patient safety and care for Veterans.

Question 18. What do you see as the role of the Interagency Program Office in both the implementation and continued operation of the new Electronic Health Record?

Response. In its current construct, the IPO is not empowered as an agile, single decisionmaking or governance authority to efficiently adjudicate potential functional, technical, and programmatic interoperability issues in support of the Departments' single, seamless integrated EHR objectives. The FEHRM Program Office will provide a comprehensive, agile, and coordinated management authority to execute requirements necessary for a single, seamless integrated electronic health record and provide a single point of authority for each Department's EHR modernization strategies. As such, the FEHRM will direct each Department to execute joint decisions for technical, programmatic, and functional functions under its purview and provides oversight regarding required funding and policy as necessary.

Question 19. Do you believe that the Electronic Health Record Modernization should be operated as an acquisition or clinical project?

Response. Given the scope and complexity of VA's EHRM effort, VA requires both acquisition and clinical expertise to ensure a successful transition to its new EHR solution. VA leadership appreciates the complexity of a holistic, enterprise-wide clinical business transformation. It is important to note that the EHRM effort will not be successful without technical and clinical configuration to meet end-users' needs. Through national and local workshops, VA encourages collaboration between business operations experts and clinical end-users so that VA's EHR solution is designed, validated, and configured to promote interoperability and quality care for our Nation's Veterans.

Question 20. As you know, current law states that the VA's Director of Construction and Facilities Management (CFM) reports to the Deputy Secretary. While the Director of CFM has a wide range of responsibilities in law as it relates to construction including planning, leasing, facility repair and maintenance, etc., in reality, much of that work also takes place in other parts of the Department including the Veterans Health Administration and the Office of Management who have their own reporting chains and priorities. This can create inefficiencies, coordination challenges, and unclear lines of authority. With a huge capital asset portfolio to manage, a significant pipeline of major, minor, non-recurring maintenance and leases and planning for the Asset and Infrastructure Review Commission, do you believe that the Department is optimally organized to effectively carryout the wide range of current and future capital asset responsibilities? Please explain why or why not. If you do not believe the Department is optimally organized, what are your suggestions for changing roles, responsibilities, and organizational structure?

Response. As Congress directed, the VA has a new Chief Acquisition Officer (CAO), who is aggressively bringing program and lifecycle management to the Enterprise and has already led an initiative to begin our market assessment effort in preparation for the Asset and Infrastructure Review Commission. This provides a catalyst to improve how we develop and achieve basic asset management functions throughout the lifecycle. We do envision working toward an organizational structure that supports these good practices at the Enterprise level. For example, provide an innovative approach to asset management by streamlining the lifecycle of how we plan, deliver, and maintain facilities; and to ensure consistency and clarity regarding how we make investment decisions. I will ensure our execution and delivery is efficient, practical, and flexible. I will implement a formal program management methodology by using the same metrics and tools to manage risks and timely delivery. I will ensure we have clear accountability for facilities management that will protect those assets and their ability to serve veterans for years to come. Additionally, we will review opportunities for future organizational changes to centralize functions and improve efficiencies across the Enterprise. Any changes will be driven by evidence and leading practices and will be brought forward to SVAC leadership for review.

POSTHEARING QUESTIONS SUBMITTED BY HON. SHERROD BROWN TO JAMES M. BYRNE, NOMINEE TO BE DEPUTY SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. Mr. Byrne, please provide me with a detailed breakdown of VA's decisionmaking process related to the National Academies recommendations regarding bladder cancer, hyperthyroidism, hypertension and Parkinson's like symptoms?

Please provide me with VA's analysis regarding total number of veterans effected, and the cost associated with extending service connection to each specific illness.

Question 2. Provide a breakdown of employees disciplined or terminated under section 202 of the VA Accountability and Whistle Blower Act, which affects § 714. Please include by race, grade, discipline, and the issue that led to discipline or termination.

Question 3. Provide a breakdown of employees disciplined or terminated under section 201 of the VA Accountability and Whistle Blower Act, which affects § 713. Please include by race, discipline, and the issue that led to discipline or termination.

Question 4. In the past three years, how times did a deciding official overturn a proposing official's personnel action recommendations?

Please breakdown all of those actions to detail what the proposing official recommended, what the deciding official's decision was, and whether the employee complied.

Question 5. Recent studies have demonstrated shorter wait times for primary care and certain types of specialty care appointments at VA facilities, and better outcomes at VA compared to private sector hospitals. A recent Annals of Internal Medicine study compared VHA hospitals with non-VHA hospitals and found that VA facilities provided the best care in most referral regions and that several of VHA's mortality safety results were markedly better than those for non-VHA hospitals.

Understanding that many VA facilities provide exceptional, specialized care, Section 133 of the MISSION Act, stipulates that VA must establish competency standards for VCCP clinicians treating PTSD, MST, and TBI.

• How will VA ensure that consistent, high quality and specialized care is being provided in these service lines in the community?

• How will VA craft a program that allows veterans to go into the community when deemed necessary by their provider, without compromising or draining resources from the critical fields within VA?

Question 6. We are about two weeks away from implementing the new Veteran Community Care program and there are concerns related to how the Department is deciding drive time. As of right now, it is based on low volume traffic. Please explain why low volume traffic would be the appropriate metric, or whether there other factors that you have taken into account?

a. Additionally, please detail the training procedures that the Department has implemented for front line employees—who will be the face of the new Program to veterans and their families.

b. Are there in person trainings, or are they conducted via webinars?

c. Are the frontline employees able to provide feedback to make improvements?

Question 7. What is the status of the new scheduling software-the Decision Support Tool (DST)? Please detail what the program currently does and what it will ultimately do to ensure veterans get accurate information about community care, so they can make an informed decision with their VA provider?

Question 8. Proposed Question on *Staab*:

a. I'd like to ask about how VA is implementing policy related to the *Staab* ruling, and what payments VA can make for veterans who receive care at non-VA emergency rooms. There are thousands of claims pending related to *Staab*, is that correct?

b. And, as of right now, VA will only approve claims for 2016-post the court ruling-not back to 2010 when Congress initially passed the legislation, is that correct?

c. And, will it take another act of Congress for VA to fully reimburse veterans for non-VA emergency room care, per Congressional intent?

[Posthearing responses were not received within the Committee's timeframe for publication.]

[The Committee questionnaire for Presidential nominees follows:]

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

1. Basic Biographical Information

Please provide the following information.

Position to Which You Have Been Nominated	
Name of Position	**Date of Nomination**
Deputy Secretary, United States Department of Veterans' Affairs	

Current Legal Name			
First Name	**Middle Name**	**Last Name**	**Suffix**
James	Michael	Byrne	

Addresses					
Residential Address (do not include street address)			**Office Address** (include street address)		
[redacted]			**Street:** 810 Vermont Avenue, N.W.		
City: McLean	**State:** Virginia	**Zip:** 22101	**City:** Washington	**State:** DC	**Zip:** 20420

Other Names Used						
First Name	**Middle Name**	**Last Name**	**Suffix**	**Check if Maiden Name**	**Name Used From** (Month/Year) (Check box if estimate)	**Name Used To** (Month/Year) (Check box if estimate)
N/A						

Birth Year and Place	
Year of Birth (Do not include month and day)	**Place of Birth**
1964	St. Louis, Missouri

Marital Status					
Check All That Describe Your Current Situation:					
Never Married	**Married**	**Separated**	**Annulled**	**Divorced**	**Widowed**
☐	x	☐	☐	☐	☐

Spouse's Name (current spouse only)			
Spouse's First Name	**Spouse's Middle Name**	**Spouse's Last Name**	**Spouse's Suffix**
Rebecca	Leigh	Byrne	

Spouse's Other Names Used (current spouse only)						
First Name	**Middle Name**	**Last Name**	**Suffix**	**Check if Maiden Name**	**Name Used From** (Month/Year) (Check box if estimate)	**Name Used To** (Month/Year) (Check box if estimate)
Rebecca	Leigh	Cogburn		x	January/1965	May/1987

Children's Names (if over 18)			
First Name	**Middle Name**	**Last Name**	**Suffix**
Rachel	Leigh	Wolfe (Byrne)	
James	Michael	Byrne	Jr

Daniel	Patrick	Byrne	
Sarah	Elizabeth	Byrne	

2. Education

List all post-secondary schools attended.

Name of School	Type of School (vocational/technical/trade school, college/university/military college, correspondence/distance/extension/online school)	Date Began School (month/year) (check box if estimate)	Date Ended School (month/year) (check box if estimate) (check "present" box if still in school)	Degree	Date Awarded
Auburn University	University	Aug/1982	May 1983		
United States Naval Academy	Service Academy	July 1983	May 1987	B.S.	May 20, 1987
Stetson University College of Law	Law School	Aug 1992	June 1995	J.D	May 13, 1995

3. Employment

(A) List all of your employment activities, including unemployment and self-employment. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Do not list employment before your 18th birthday unless to provide a minimum of two years of employment history.

Type of Employment (Active Military Duty Station, National Guard/Reserve, USPHS Commissioned Corps, Other federal employment, State Government (Non-federal Employment), Self-employment, Unemployment, Federal Contractor, Non-Government Employment (excluding self-employment), Other	Name of Your Employer/ Assigned Duty Station	Most Recent Position Title/Rank	Location (City and State only)	Date Employment Began (month/year) (check box if estimate)	Date Employment Ended (month/year) (check box if estimate) (check "present" box if still employed)
Federal Employment	U.S. Department of Veterans Affairs	General Counsel	Washington, DC	Aug/2017	present

Non-Government Employment	Lockheed Martin Corporation	Associate General Counsel & Chief Privacy Officer	Bethesda, MD	Aug/2008	Aug/2017
Federal Employment	Office of the Special Counsel	Deputy Special Counsel	Washington, DC	Jan/2007	Aug/2008
Federal Employment	Special Inspector General for Iraq Reconstruction	Assistant Inspector General for Investigations	Arlington, VA & Baghdad, Iraq	May/2005	Jan/2007
Active Military Duty	U.S. Marine Corps/Headquarters Marine Corp (National Naval Medical Center)	Lieutenant Colonel	Bethesda, MD	Jan/2004	May/2005
Non-Government Employment	Amerian Red Cross	Assistant General Counsel & Chief Ethics Officer	Washington, DC	Jan/2003	Jan/2004
Federal Employment	U.S. Department of Justice, Criminal Division (Main)	Trial Attorney	Washington, DC	Jul/1997	Jan 2003
Federal Employment	U.S. Courts (Eastern District of North Carolina)	Law Clerk to U.S. District Court Judge Malcolm Howard	Greenville, NC	Jul/1995	Jul/1997
Reserve Military Duty	U.S. Marine Corps Reserve Support Command	Captain – Lieutenant Colonel	Kansas City, MO (MacDill AFB; Cherry Point, NC; Quantico, VA)	Oct/1992	Jun/2007
Active Military Duty	U.S. Marine Corps/MCAS Kaneohe	Captain	Kaneohe Bay, HI	Jul/1990	Oct/1992
Active Military Duty	U.S. Marine Corps/Camp Lejeune	First Lieutanat	Camp Lejeune, NC	Feb/1988	Jul/1990
Active Military Duty	U.S. Marine Corps/Quantico Base	Second Lieutenant	Quantico, VA	May/1987	Feb/1988
Part-time Non-Government Employment	Marymount University	Adjunct Professor	Arlington, VA	2007	2009
Part-time Non-Government Employment	East Carolina University	Adjunct Professor	Greenville, NC	1995	1996

(B) List any advisory, consultative, honorary or other part-time service or positions with federal, state, or local governments, not listed elsewhere.

Name of Government Entity	Name of Position	Date Service Began (month/year) (check box if estimate)	Date Service Ended (month/year) (check box if estimate) (check "present" box if still serving)
U.S. Department of Homeland Security Data Privacy & Integrity Advisory Committee	Unpaid Special Government Employee (SGE) Appointed Committee Member	May/2012	July/2017 July/2017

4. Honors and Awards

List all scholarships, fellowships, honorary degrees, civilian service citations, military medals, academic or professional honors, honorary society memberships and any other special recognition for outstanding service or achievement.

Career Federal Senior Executive Service, Jan 2007

U.S. Drug Enforcement Administrator's Award for Exceptional Service, 2002

Numerous unit and personal military awards including the Meritorious Service Medal, Joint Service Commendation Medal, Navy & Marine Corps Commendation Medal

Stetson University College of Law Cecil B. Bailey Award, 1995

Stetson University College of Law Public Service Fellow – Florida Bar Foundation IOTA Scholarship, 1992-95

Tampa Bay Area Police Chiefs Association Scholarship during law school, 1995

Secretary of the Navy Distinguished Midshipman Graduate Award, U.S. Naval Academy, 1987

U.S. Naval Academy Graduates Class of 1897 Award (Brigade Commander), 1987

Denfeld Memorial Award, U.S. Naval Academy Foundation, 1987

5. Memberships

List all memberships that you have held in professional, social, business, fraternal, scholarly, civic, or charitable organizations in the last ten years.

Unless relevant to your nomination, you do NOT need to include memberships in charitable organizations available to the public as a result of a tax deductible donation of

$1,000 or less, Parent-Teacher Associations or other organizations connected to schools attended by your children, athletic clubs or teams, automobile support organizations (such as AAA), discounts clubs (such as Groupon or Sam's Club), or affinity memberships/consumer clubs (such as frequent flyer memberships).

Name of Organization	Dates of Your Membership (You may approximate)	Position(s) Held
International Association of Privacy Professionals (IAPP)	2012-2016	Board of Directors; Chairman 2015
Bishop's Advisory Board, Diocese of Arlington	2003-2013	Chairman
Give an Hour	2007-2017	Board of Directors
Armed Forces Foundation	2007-2008	Board of Directors
Operation Homefront, D.C. Metro Chapter	2006-2013	Board of Directors
U.S. Naval Academy Foundation	2007-2012	Trustee
American Council on Germany	2005-2017	Member
Future of Privacy Forum	2008-2017	Advisory Board Member

6. Political Activity

(A) Have you ever been a candidate for or been elected or appointed to a political office?
NO

Name of Office	Elected/Appointed/ Candidate Only	Year(s) Election Held or Appointment Made	Term of Service (if applicable)
N/A			

(B) List any offices held in or services rendered to a political party or election committee during the last ten years that you have not listed elsewhere.

Name of Party/Election Committee	Office/Services Rendered	Responsibilities	Dates of Service
N/A			

(C) Itemize all individual political contributions of $200 or more that you have made in the past five years to any individual, campaign organization, political party, political action committee, or similar entity. Please list each individual contribution and not the total amount contributed to the person or entity during the year.

Name of Recipient	Amount	Year of Contribution
Bruce Bowen Shuttleworth via Shuttleworth for Congress	$1000	2014
Bruce Bowen Shuttleworth via Shuttleworth for Congress	$250	2012
Freedom First PAC	$250	2010
Freedom First PAC	$250	2010
Timothy Pawlenty via Pawlenty for President	$500	2011
NRCC	$500	2012
Jeb Bush via Jeb 2016, Inc.	$2700	2015
NRCC	$500	2014

7. Publications

List the titles, publishers and dates of books, articles, reports or other published materials that you have written, including articles published on the Internet.

Title	Publisher	Date(s) of Publication
Annual Child Protection Report – Catholic Diocese of Arlington	Arlington Catholic Herald	January/February, 2003-2014

Reflecting on the Bishop's Advisory Board	Arlington Catholic Herald	April 30, 2014
Pray for those in harm's way	Arlington Catholic Herald	October 16, 2013
Contributing author, CERTIFIED INFORMATION PRIVACY MANAGER (CIPM)	International Association of Privacy Professionals (IAPP)	2013

8. Public Statements

I have done my best to identify any public statements attributed to me, including a review of my personal files and searches on publicly available electronic databases. Despite my searches, there may be other items I have been unable to identify, find or remember. I have located the following:

(A) 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.

United States Senate Committee on Veterans' Affairs
Hearing on: VETERANS' EMPLOYMENT DISCRIMINATION, October 31, 2007.

United States Senate Committee on Homeland Security and Governmental Affairs Subcommittee on Oversight of Government Management, the Federal Workforce, and the District of Columbia; Hearing on: THE PERILS OF POLITICS IN GOVERNMENT: A REVIEW OF THE SCOPE AND ENFORCEMENT OF THE HATCH ACT; October 18, 2007.

U.S. Senate Committee on Veterans Affairs', CONFIRMATION HEARING FOR VA GENERAL COUNSEL, U.S. Department of Veterans Affairs; July, 2017.

Hearing, House Veterans' Affairs Committee, CLAIMS AND APPEALS PROCESSING FOR VETERANS, Washington DC; December 12, 2018.

U.S Senate Committee on Appropriations, Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, IMPLEMENTATION UPDATE ON THE DEPARTMENT OF VETERANS AFFAIRS' ELECTRONIC HEALTH RECORD MODERNIZATION; February 5, 2019.

U.S House Committee on Appropriations, Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, ELECTRONIC HEALTH RECORD MODERNIZATION AND IT OVERSIGHT; March 6, 2019.

(B) 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.

Mock trial participant and guest lecturer, THE RELATIONSHIP BETWEEN THE PROSECUTOR AND AGENTS, FBI Academy, Quantico, Virginia; 1997-2002.

Instructor, LAW OF ARMED CONFLICT, RULES OF ENGAGEMENT & DETENTION OPERATIONS, U.S. Marine Corps Reserves; 2000-2007.

Guest Speaker, ROLE OF THE INSPECTOR GENERAL AND INTERNATIONAL ANTI-CORRUPTION EFFORTS, U.S. Army Judge Advocate General School, Charlottesville VA; 2005-07.

Guest Speaker, ROLE OF THE INSPECTOR GENERAL AND INTERNATIONAL ANTI-CORRUPTION EFFORTS, Defense Institute of International Legal Studies, Naval War College, Newport RI; 2006-07.

Guest speaker, on ETHICS IN BUSINESS, Engineering Students, University of Virginia, Charlottesville, VA; April 12, 2010.

Moderator and presenter on PRIVACY AND SECURITY IN CYBERSPACE panel at the Armed Forces Communications and Electronics Association Homeland Security Conference, Washington, DC; February 22-24, 2011.

Keynote speaker, ETHICS IN ENGINEERING, Order of the Engineer Ceremony, A. James Clark School of Engineering, University of Maryland, College Park, MD; April 1, 2011 & March 30, 2012.

Panel Presenter, DEMONSTRATING ACCOUNTABILITY, International Association of Privacy Professionals (IAPP) Canada Privacy Symposium 2011, Toronto; May 2011.

Panel Presenter, DEVELOPMENTS IN DEMONSTRATING ACCOUNTABILITY, International Association of Privacy Professionals (IAPP) KnowledegeNet Program and Privacy Commissioner of Canada and staff, Ottawa, Canada; October 18, 2011.

Panel Presenter, CRAFTING EFFECTIVE PRIVACY POLICIES, Compliance Week Conference – 2013, Washington DC; May 21, 2013.

Panel Presenter, PRIVACY FOR GOVERNMENT CONTRACTORS IS A WHOLE NEW BALLGAME IN THE AGE OF INFORMATION SHARING: SAFEGUARDING GOVERNMENT DATA, American Bar Association (ABA) Federal Procurement Institute Conference, Annapolis, MD; March 13, 2015.

Panel Presenter, WHAT'S THE RISK? TECHNIQUES FOR MANAGING PRIVACY RISK ACROSS YOUR ORGANIZATION, Privacy. Security. Risk. Conference, IAPP Privacy Academy and CSA Congress, Las Vegas, NV; September 30, 2015.

Speaker, ANTI-CORRUPTION AND BUSINESS ETHICS OVERSEAS, Seminar on International Organized Crime for U.S. Department of Defense Foreign Area Officers and other government officials, Elliott School of International Affairs, The George Washington University, Washington DC; October, 19, 2015.

Speaker, LAW FIRM CYBERSECURITY ASSESSMENTS AND PROTOCOL, International Association of Privacy Professionals (IAPP) Global Privacy Summit, Washington, DC; April 5, 2016.

Panel Presenter, WHAT'S THE SUBSTANTIVE DIFFERENCE BETWEEN SAFE HARBOR AND PRIVACY SHIELD?, Privacy Shield Bootcamp, Practicing Law Institute (PLI), NYC; September 12, 2016.

Panel Presenter, CYBER INCIDENT RESPONSE FOR DIB COMPANIES: AN INTERACTIVE CASES STUDY, American Bar Association (ABA) Public Contracts Law Section, Cybersecurity, Privacy and Data Protection Committee; Washington, DC, November 2, 2016.

Keynote address, Awards Ceremony and Veterans Appreciation Assembly, Dennis J. O'Connell High School, Arlington, VA; November 8, 2017.

Remarks, Memorandum of Agreement Signing Ceremony, Veterans' Access to Pro Bono Legal Services, U.S. Department of Veterans Affairs Central Office (VACO), 810 Vermont Avenue NW, Washington, DC, November 13, 2017.

Keynote address on LEADERSHIP, Government Contract Management Symposium, Arlington, VA, December 5, 2017.

Panelist, PREDATORY PRACTICES AND VA CLAIMS REPRESENTATION, Veterans Affairs Panel, National Association of Attorneys General Winter Meeting, Washington, DC; February 27, 2018.

Opening remarks, National Law School Veterans Clinic Consortium Conference, Washington, DC; February 28, 2018.

Guest Speaker, William & Mary Law School, Benefits Law Clinic, April 3, 2018.

Guest Speaker, UCLA Law School, Benefits Law Clinic, April 11, 2018.

Keynote speaker and graduation certificate presenter, U.S. Department of Veterans Affairs/Department of Defense Warrior Training Advancement Course (WARTAC) Graduation, Fort Stewart, GA, May 4, 2018.

Opening Remarks, FILLING THE INVISIBLE GAP: HELPING VETERANS ACCESS LEGAL SERVICES, Jesse Brown Veterans Health Care System, Chicago, IL, May 23, 2018

Alumni Success Feature Article, p. 18, "A Lifetime of Serving Veterans - James Byrne is VA General Counsel," Stetson Lawyer (A magazine for Stetson University College of Law Alumni & Friends), Spring 2018.

Keynote Speaker, Justice for Vets Mentor Corps Boot Camp, 24th Annual National Association of Drug Court Professionals Training Conference, George R. Brown Convention Center, Houston, TX, May 30, 2018.

Keynote Speaker, Opening Ceremony, 24th Annual National Association of Drug Court Professionals Training Conference, George R. Brown Convention Center, Houston, TX, May 30, 2018.

United States Court of Appeals for Veteran Claims (CAVC) keynote speaker on Veterans claims litigation forecast, Department of Veterans Affairs Office of the General Counsel (OGC) - CAVC relationship, and future plans for OGC. Full court and law clerks/interns. June 21, 2018, CAVC Offices, Washington DC.

Remarks to servicemembers and veterans on the state of VA and introduction of Senator Heller and Vice-President Pence, Nellis Air Force Base, Nevada; September 7, 2018.

Keynote speaker, HillVets 3rd Annual Autumn Soiree, The Bombay Club, Washington DC; September 26, 2018.

Commencement Speech, VA Police Officer Standards and Training (POST) graduating class 19-07, VA Law Enforcement Training Academy, Little Rock AR; September 28, 2018.

Remarks, 2018 The Veterans Consortium Pro Bono Mission Partner Awards Reception, Union Station, Washington, DC; October 3, 2018.

Briefing on VA, Maryland & Delaware White House Conference, White House Office of Intergovernmental Affairs, Eisenhower Executive Office Building; October 4, 2018.

Briefing on VA, Maine, Massachusetts, Vermont White House Conference, White House Office of Intergovernmental Affairs, Eisenhower Executive Office Building; October 16, 2018.

Remarks, Wounded Warrior Project Warrior Care Network Program, New York, New York; October 23, 2018.

Keynote address, Day of Prayer and Reflection for Veterans, VA Central Office, Washington, DC; November 1, 2018.

Keynote address, National Veterans Small Business Engagement, New Orleans, LA; November 2, 2018.

Introductory comments, Pro Bono Legal Services Volunteer Recognition Ceremony, Veterans Month event, VA Central Office, Washington, DC; November 5, 2018.

Reception Host, Event Title: Supporting Veterans and Military Families through the State and Federal Partnership; Indian Treaty Room, Eisenhower Executive Office Building, Washington, DC; November 15, 2018.

Opening comments, Give an Hour (non-profit) Roundtable on Suicide Prevention, Washington, DC; February 12, 2019.

Keynote speaker, Disable American Veterans Mid-Winter Leadership Conference, Washington DC; February 24, 2019.

Keynote Speaker, The American Legion Commander's Call, Washington DC, February 26, 2019.

Remarks, VA/defense Logisitcs Agency Med-Surg Prime Vendor Kick-off, Lovell Federal Health Care Center, Chicago, IL; March 7, 2019.

Opening Remarks, VA Federal Advisory Committee on Disability Compensation, Washington, DC; March 27, 2019.

Remarks, Opening Ceremony Comments, Keynote Address, National Disabled Veterans Winter Sports Clinic, Snowmass Village, CO; March 30 – April 1, 2019.

Comments, Battle of the Bulge Wreath Laying Ceremony, Arlington National Cemetery, VA; April 3, 2019.

Comments, The Volunteer Consortium, Volunteer and Mission Partner Reception and Recognition Ceremony, Rayburn House Building, Washington, DC; April 9, 2019.

Comments, Bob Woodruff Foundation/VA Medical Legal Partnership Convening, Washington, DC; May 3, 2019.

Keynote Address, U.S. Army ROTC Commissioning, Mount Saint Mary's University, Emmitsburg, MD, May 10, 2019.

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

9. Agreements or Arrangements

x See OGE Form 278. (If, for your nomination, you have completed an OGE Form 278 Executive Branch Personnel Public Financial Disclosure Report, you may check the box here to complete this section and then proceed to the next section.)

As of the date of filing your OGE Form 278, report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves of absence; and (4) future employment.

Provide information regarding any agreements or arrangements you have concerning (1) future employment; (2) a leave of absence during your period of Government service; (3) continuation of payments by a former employer other than the United States Government; and (4) continuing participation in an employee welfare or benefit plan maintained by a former employer other than United States Government retirement benefits.

Status and Terms of Any Agreement or Arrangement	Parties	Date (month/year)

10. Lobbying

In the past ten years, have you registered as a lobbyist? If so, please indicate the state, federal, or local bodies with which you have registered (e.g., House, Senate, California Secretary of State). No

11. 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

May 3, 2019

The Honorable Johnny Isakson
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 James Michael Byrne, who has been nominated by President Trump for the position of Deputy Secretary, Department of Veterans Affairs.

We have reviewed the report and have 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,
HEATHER JONES
Digitally signed by HEATHER JONES
Date: 2019.05.03 12:39:58 -04'00'
Heather Jones
Senior Counsel for Financial Disclosure

Enclosures

1201 NEW YORK AVE NW·SUITE 500·WASHINGTON DC·20005

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

April 30, 2019

Mr. Richard Hipolit
Principal Deputy General Counsel and
Designated Agency Ethics Official
U.S. Department of Veterans Affairs
Washington, D.C. 20420

Dear Mr. Hipolit,

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 Deputy Secretary 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 in which I know that I have a financial interest directly and predictably affected by the matter, or in which I know that a person whose interests are imputed to me has a financial interest directly and predictably affected by the matter, 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 spouse is employed as a substitute teacher by the Arlington Diocese, St. Luke Catholic School for which she receives a salary based on hours worked. For as long as my spouse continues to work for the Arlington Diocese, St. Luke Catholic School, I will not participate personally and substantially in any particular matter involving specific parties in which I know the Arlington Diocese, St. Luke Catholic School is a party or represents a party, unless I am first authorized to participate, pursuant to 5 C.F.R. § 2635.502(d).

If I have a managed account or otherwise use the services of an investment professional during my appointment, I will ensure that the account manager or investment professional obtains my prior approval on a case-by-case basis for the purchase of any assets other than cash, cash equivalents, investment funds that qualify for the exemption at 5 C.F.R. § 2640.201(a), obligations of the United States, or municipal bonds.

I will meet in person with you, or your designee, within 15 days of my appointment to the position of Deputy Secretary in order to complete the initial ethics briefing required under 5 C.F.R. § 2638.305. Within 90 days of my confirmation, I will document my compliance with this ethics agreement by notifying you in writing when I have completed the steps described in this ethics agreement.

2.

Richard Hipolit

I understand that as an appointee I must continue to abide by the Ethics Pledge (Exec. Order No. 13770) that I previously signed and that I will be bound by the requirements and restrictions therein in addition to the commitments I have made in this ethics agreement.

I have been advised that this ethics agreement will be posted publicly, consistent with 5 U.S.C. § 552, on the website of the U.S. Office of Government Ethics with ethics agreements of other Presidential nominees who file public financial disclosure reports.

Sincerely,

James Michael Byrne

Chairman ISAKSON. Well, thank you for being here today and thank you for your service already at the VA. We appreciate and look forward to the years—hopefully years, that is plural—we will have together, and continue striving to make the VA even better. And, I appreciate you restating your commitment to Secretary Wilkie, who I believe has done an excellent job in kind of settling down the temperature at the VA to a stable 98.6, rather than going up to 102 every now and then. We were putting out too many fires and I appreciate that very much.

How much time have you spent, or are you spending, on the question of suicide?

Mr. BYRNE. I will tell you, sir, personally, every day we touch it in some way. It is the number 1 clinical priority for the Department of Veterans Affairs, and Mr. Wilkie beats that drum every day. A $222 million budget has been allocated for 2020, regarding suicide prevention. I will share with you what I have learned and what my involvement is.

What I have learned is we have robust programs at all areas involving suicide prevention. At the further extreme of the chain we have a Veteran Crisis Line that handles 1,700 calls a day, 80 of which require emergency intervention to veterans in crisis. We have had 240 saves, if I could call them that, on VA properties over the last 18 months, veterans that were in the process of committing suicide. That is at the extreme end of suicide prevention.

What we are trying to do, which I am sure you would agree, is back up the chain of events so that we do not have to have saves, that we do not have to have 80 emergency interventions every day. So, moving it back up the chain we have, of course, the President's Executive order, which directs Mr. Wilkie to put together a task force and a framework for rallying the resources of the Federal Government, local communities, academia, and private industry, which we are very excited about that, as hopefully a needle mover.

But, within the VA, that $220 million is well spent. We have 400 suicide prevention coordinators throughout the country, amazing employees who do a number of things. We have a program in the

VA called Reach Vet. It is an analytical program that takes several data points regarding the data that we have on veterans and identifies those veterans that are at risk. Those coordinators, those 400, reach out to those veterans and intervene, try to get them treatment and care. And, that is within the veterans that we can actually reach.

The veteran coordinators are also an extensive outreach program. Last year they reached 200—I am sorry—they reached two million people, and I say people because not all of them are veterans. In fact, the majority of them are not veterans, because we want to put the word out about the treatment and care that the VA can provide and the communities can provide to veterans that are in distress. So, those community coordinators talk to families, they talk to community leaders, and try to rally them to get the support they need, whether it is in the VA or elsewhere.

We have looked at it as a public health approach, instead of looking at it through some other paradigm, and I think that is the proper way to be looking at suicide prevention across the United States, as well as within the veteran community.

We have also launched the #BeThere campaign, which is a communication campaign really for the general public, just to be there for each other, be there for veterans. A lot of factors go into committing suicide, as I am sure you are well aware. But, ones that are probably not in dispute are: loneliness, lack of connection, and hopelessness. Those are major contributors, in general, to the psyche.

But, we have also found, with our specific community of veterans, that homelessness, legal troubles, and things along that line contribute as well. So, all those programs, working together, we are hoping are going to reduce this horrible tragedy across the United States. Twenty veterans a day are taking their lives, 14 of which are not within our system.

So, we are taking extensive efforts. I try to touch each and every one of these initiatives, to some degree, and I assure you we talk about it every day, sir.

Chairman ISAKSON. Well, the thoroughness alone of your answers shows the commitment that you are making to yourself, and I appreciate that very much because it is a work in progress and always will be, but as long as we are moving in the right direction and we are preventing suicides from happening and we are intervening early enough to make that happen, then we are doing our job, or at least doing a better job of it.

You mentioned the MISSION Act. That is a critical act. How much have you had to say or do in the creation of the new access standards for the MISSION Act?

Mr. BYRNE. The specific access standards or MISSION Act at large?

Chairman ISAKSON. Both.

Mr. BYRNE. Well, the MISSION Act access standards, there was a lot of deliberation. Mr. Wilkie being the great leader that he is, he wanted input from all different sort of corners and views on the access standards. You are aware of the ones we settled on with 30 minutes, 60 minutes, and then the wait times. So, I was deeply involved in that and supportive of the decision that was made. I

thought it was a reasonable access standard to expand the aperture just a little bit further.

But, to the larger question about MISSION Act, we have a big railroad to run. There are a lot of operations going on. But, I can tell you the drumbeat for MISSION Act is every day, and that one is loud, particularly as we spring toward the June 6th implementation date for a good portion of the MISSION Act.

Chairman ISAKSON. Yeah, that is going to be a critical time. That first 12 months from that date on are going to be a critical time to judge the progress we have made and ultimately get to the point where the MISSION Act is carrying out its mission for the veterans of the United States of America.

Senator Moran.

HON. JERRY MORAN, U.S. SENATOR FROM KANSAS

Senator MORAN. Mr. Chairman, thank you. Mr. Byrne, thank you for your presence here and your willingness to serve our veterans and serve our country.

Let me outline for you a set of facts and ask for how you would handle this circumstance. The facts, as I know them, is that Senator Tester and I introduced legislation dealing with providing hearing aid specialists within the VA. This question is more than just about hearing aid specialists. It is about a process or a way that the VA responds to Members of Congress and whether or not they abide by the law as passed.

So, in 2016 legislation was signed into law, requiring that the VA establish standards for hearing aid specialists and then hiring them into the VA. Last March, some 3½ years later, the Secretary was in front of this Committee and I asked—in fact, I reminded the Secretary that the VA has not established those standards, as the law requires, nor has it hired any hearing aid specialists. Of course, that resulted in a commitment from the Secretary and his team that they would be back in touch with us and we would receive a briefing on what was transpiring on this issue.

Shortly thereafter, I received a written response that said, quote, "Given that the VA has no plans to use its discretionary authority to hire hearing aid specialists, we are uncertain how such a briefing would be useful." So, we went from a law being passed, requiring that VA act in a certain manner to a conversation with folks at the VA in a hearing setting in which I would be briefed, to a "we are not going to hire any specialists so there is no reason to brief you."

How would you handle that circumstance in your new position? Is there a better way of doing that, and do you understand how the law requires—when the law requires the VA to do something that it does it?

Mr. BYRNE. I am very clear on that, as a lawyer and as a leader within the Federal Government, sir. If your thought that you passed is very clear that we are required to do something, we certainly will. I am not sure how to answer it beyond that. If it is required, it is required. If it is optional, that is a different discussion.

Senator MORAN. Absolutely it is a different discussion. However, that discussion cannot occur, or will not occur because the VA says it is not a benefit to them to have such a conversation with me.

Mr. BYRNE. That is not acceptable. We will have that—I will give you assurances we will look into this, we will have that dialog, and we will comply with the law. That is not—there is no wiggle room or gray area in that, sir.

Senator MORAN. Mr. Byrne, first of all, I know that you would answer you will comply with the law, and I appreciate that, and I am not trying to put you in an awkward position. But I have been on the Veterans' Committee for 23 years now and one of the things that I think is important is for the VA to implement laws as passed by Congress. I do not think it is just the VA. I think that is the nature of our constitutional system of government. On too many instances, over 23 years, I have seen where the VA has found ways to avoid doing what Congress has directed them to do.

So, this is a much broader issue for me. I am not intending to—I have great regard for Secretary Wilkie, too—I am not trying to put you in a position between answering my question and being in an uncomfortable position with what he committed to do with me.

But, I want to hear from you that you are committed not only to the law, which I would expect you to say, but that so many times nominees come before our Committee, and, of course—and it is generally the Democrat side asking, "Will you deal with us? Will you make certain that we are briefed and that you will respond to our questions?"

I just want to, again, highlight how important it is for the VA to have a relationship built on trust and cooperation between me and my colleagues, as Members of Congress, and you and your colleagues at the Department of Veterans Affairs.

Mr. BYRNE. Most certainly, sir. You have my full commitment to that.

Senator MORAN. Thank you very much. Let me ask, in the short time I have left—although I do not know who we are going to next, Mr. Chairman—the issue of MISSION Act. Let me just mention a couple of things. I am hopeful that there is a field manual so that the VA personnel in the field who are actually implementing the MISSION Act know what the——

Chairman ISAKSON. What it is.

Senator MORAN [continuing]. What it is, what the mission is. Thank you, Johnny. What the mission is. Too many times, again, this is an experience that I have had with the VA, the answers that I receive here, what I see as the policy, what I see as the direction is not understood or implemented by folks who actually are doing the work in Kansas and across the country.

So, I would encourage—we have been told that there will be, although we have never seen a field manual, but we think the staff at the VA, in the field, need to understand. I always say this. Mostly what I do in regard to veterans issues is what is influenced by what I call casework, what Members of Congress do in trying to solve problems of their constituents. VA casework is a significant component of what my office does.

In this week's report, there was veteran who called our office to say he needed community care. The VA told him that the Choice Act has expired and that the MISSION Act had not been implemented; therefore, there was no community care for him available. None of that, of course, makes any sense. We had community care

before we had Choice, we have community care today, but it is how do we translate what is the law, how we translate what is the policy at VA Central to the folks who are actually dealing with the veterans on a day-to-day basis.

So, I would encourage you to pursue making certain that that information, whatever it is called—a field manual of some kind—is clearly available and understood. I had the VISN folks from Kansas City, from our VISN in the office yesterday. They are indicating that the training is going exceptionally well and they think this is one of the best experiences in training VA employees in the field. I am very pleased to hear that and to see their delight, their enthusiasm for the way this is going. But, again, I would highlight the distinction that often happens between what is said here and what is said back home in Kansas or across the country.

One of the other pieces of casework that appeared recently is this. A patient and a provider reached a conclusion that it was in the best interest of a veteran to go outside the VA for that care and treatment. That decision was overturned by the hospital director. And, I would again highlight what the law says. Once the provider and the veteran make a determination of what is in the best interest of the veteran, that is the decision. It is not something that works its way up the chain of command. MISSION Act will only work if there is a relationship that is solid and viable between the provider and the patient.

So, I highlight again, and maybe that is related to my manual question, is even perhaps the higher level of VA employees need to know what the process is for making a determination about what is in the best interest of a veteran.

Finally—I will try to conclude really quickly, Mr. Chairman—we have requested a claims processing information sheet. She is the same—I am beating the same drum. Our providers need the same kind of education and information. The VA has been very helpful to us. We have had the Kansas Hospital Association, others who have meetings. We have had VA personnel present to have workshops and forums about implementation of the MISSION Act.

But, as I have seen many times, there are difficulties in the veteran knowing what he or she is entitled to, difficulty in knowing what the—it is difficult for the employee of the VA to know what he or she is able to offer. It is also confusing, particularly in light of the slowness in payment and the difficulty in being in-network with Choice.

We need to make sure that the providers now know the opportunities are different and the circumstances for prompt payment, episode of care, all those things are different than it was under Choice. So, there is a lot of educating to be done in addition to the two categories I previously mentioned, but also with our hospitals, our doctors, our rural health clinics.

Mr. Byrne, anything I said that does not make sense to you?

Mr. BYRNE. No, sir. I think you were spot on.

Senator MORAN. OK. Thank you, sir.

Mr. BYRNE. Thank you, sir.

Senator MORAN. Thank you, Mr. Chairman.

Chairman ISAKSON. Thank you, Jerry, and to that end, if you want to think of one or two more questions you want to ask, we

will have the time to do it. I will tell all the staff that are here, for Members, if you have a Member that is coming that wanted to ask questions, he or she needs to get here because I am not going to waste his time or my time or Jerry's time putting it off until we get somebody else here, after I have asked my questions and Jerry has followed up with everything he has to say.

Both of his points were well taken. I want to—in the business that I ran for a long time, I always said, "I do not know is not an answer. It is an excuse." I think for years in the VA, and a lot of government bureaucrats give the answer "I do not know," and then they shut up. So, there is no—so somebody makes the call to inquire about a need they have or a service they need, there is not any answer or response so they are left hanging.

I think that particularly hits true with medical type questions and decisions which are right down the line of the Veterans Administration. So, I want to compliment Senator Moran on what he said and raise the visibility of what you said, because what you said was very important. There is no excuse for not knowing the answer to a question that you are asked, and if you do not know the answer, the answer should be, "I do not know, but I will find out," and you ought to take their number down and you ought to call them back.

If we can just do the simple courtesies of life, that all of us appreciate, and do it well, it will be much more of a customer-oriented, service-oriented type of an organization and not one that is as frustrating as it sometimes can be.

I think Secretary Wilkie is bringing that type of attitude to the VA. I have seen that happen, and I have had people tell me the same thing. So, I just wanted to follow up on that point and say that is the most—the most important thing we can do, starting the 6th of June, when this is implemented in the MISSION Act is to say—"I do not know" is not the answer. "I do not know, but I will find out" is the answer. Then, finding out is the next thing you do, and getting that information to the person is the next thing. If we do that we will raise the confidence of the people who use the VA immensely, because it will end a real problem we have had, and it will also help us to find out where we have got real problems we need to cure.

So, I want to thank the gentleman from Kansas for bringing that issue up. Mission one for us is the MISSION Act: getting it implemented and making it work. We are going to have some things fall through the cracks. We cannot have that many people, that many moving parts and not have them, but at least we can get on top of them, solve them, and make them better.

Senator Blackburn.

HON. MARSHA BLACKBURN, U.S. SENATOR FROM TENNESSEE

Senator BLACKBURN. Thank you, Mr. Chairman.

Chairman ISAKSON. Five minutes for questions.

Senator BLACKBURN. I appreciate that so very much, and appreciate that you are here and that you took the time to visit with us in advance.

I know you understand my concerns about the supply chain and modernizing that. So, for the record, if you will talk just a moment

about what you are going to do to modernize that procurement and supply chain and to mitigate some of the risk, fraud, abuse in that, I think that would be important, as well as—and it ties into implementation of the MISSION Act. We have discussed this: the control measures and the efforts on modernizing the IT structure, whether it is dealing with supply chain or with records.

Mr. BYRNE. Thank you, ma'am, for that question. There are a lot of modernization efforts going forward that we discussed earlier and I appreciate your focused question on the supply chain and the risk that is apparent in the system right now. I will give you an example that Mr. Wilkie has presented several times, and I think I might have mentioned it in your office.

We have upwards of four million credit card transactions for some of the things we need across the enterprise. That—I will try not to use too dramatic of a word, but that is just ridiculous, right? Accountability on that is challenging, at best. The economy of scales and the costs are horrible. So, Mr. Wilkie, very quickly, had an appreciation of what the Defense Logistics Agency brings to the table, not a perfect system, but probably—not probably—a much better system than we have. And, there are a lot of reasons why we should partner up with them.

So, we have some agreements and some test pilots right now, working with them, but that is the intent, is that we are going to tuck up under the Defense Logistics Agency for the majority of our equipment, material, and things that we need.

Senator BLACKBURN. Right. I would just say, also, my hope is as we had discussed, that you will seek guidance and seek some best practices from some of the hospital management groups and practice management groups who employ far fewer people to buy a much broader base of supplies at a much lower cost, yet higher quality.

Mr. BYRNE. Yes, ma'am.

Senator BLACKBURN. We would hope that.

Let me go to—you all may have discussed the lawsuit that we found out about, that has been issued, in which your name appears. In the circumstances referenced in the lawsuit you were to determine the actions of consequence as the deciding official of a complicated investigation. Correct?

Mr. BYRNE. Correct.

Senator BLACKBURN. OK. Considering your professional acumen and all of the information you had at the time, do you feel you made a fair and just decision with the utmost integrity, relating to the circumstances?

Mr. BYRNE. Yes, ma'am, I do.

Senator BLACKBURN. OK. Looking back, is there any reason to believe you may have violated any Department policy procedure or even the spirit of the accountability and Whistleblower's Protection Act?

Mr. BYRNE. No, ma'am.

Senator BLACKBURN. You are comfortable with your decision.

Mr. BYRNE. Very comfortable. Yes, ma'am.

Senator BLACKBURN. With that I yield back.

Chairman ISAKSON. Thank you very much, Senator Blackburn. We are going to go to Senator Blumenthal, then Senator Sullivan,

then Senator Tillis, in that order, unless we get another alternating party member in between. We try and alternate Republican and Democrat while we are going in order of appearance. It kind of reminds me of when my drill sergeant in basic training told us all to fall in, in alphabetical order, by height. That kept us going for 3 days before we figured out how to do that.

Senator Blumenthal.

HON. RICHARD BLUMENTHAL,
U.S. SENATOR FROM CONNECTICUT

Senator BLUMENTHAL. Thanks, Mr. Chairman, and thank you, Mr. Byrne, for your service to our Nation. Thank you for being here, and thanks for stopping by my office to talk about your nomination, about some of the very pressing issues that I know you have been addressing, even as you have been acting in this position.

I am very concerned that, to date, the VA has failed to compensate and care for veterans who were exposed to burn pits. It seems like we are repeating the same mistake that we did on Agent Orange, on toxic substances, and other kinds of poisons. In the modern battlefield we have failed to address the health problems of veterans who suffer from the painful and debilitating effects of the battlefield.

And, I would like to just mention one of my constituents, Army veteran Peter Antioho. He served in Vietnam—I am sorry, in Afghanistan in 2012. While serving in Afghanistan, Mr. Antioho would routinely walk by open burn pits riddled with toxic waste and chemicals. Five years after he served he was diagnosed with terminal brain cancer at the age of 31.

He is now fighting for compensation, literally fighting for compensation for his illness. He has been rejected for that compensation. With the help of my staff, the Connecticut Veterans Legal Center, and The American Legion he has submitted medical records as well as statements from his doctors and commanders to prove a link between his cancer and the exposure to burn pits.

I would like your commitment, if you are confirmed, to personally look into his situation, but also to put the VA on a path to support veterans who have been exposed to these toxic substances in burn pits and other spaces around the modern battlefield.

Mr. BYRNE. Yes, sir.

Senator BLUMENTHAL. Thank you. Speaking of Agent Orange and the Blue Water Navy, as you well know, and we discussed it in my office, this Secretary recommended that the VA not appeal the recent Federal Circuit Court ruling, a 9–2 ruling in January, that Blue Water Navy veterans are eligible for benefits to treat their illnesses. The Department of Justice is now reviewing that recommendation. Do you know what is stalling the Department of Justice reaching a decision?

Mr. BYRNE. No, sir, I do not. They have a 30-day extension that I think ends within the next couple of days.

Senator BLUMENTHAL. Do you expect within the next couple of days there will be a decision?

Mr. BYRNE. Yes, sir, and I do not believe they are going to ask for an additional extension.

Senator BLUMENTHAL. I hope you are right. And, I understand that the Office of Management and Budget is in agreement with your recommendation. Is that correct?

Mr. BYRNE. Yes, sir.

Senator BLUMENTHAL. Let me turn to another topic that, again, you and I discussed—capital investment necessary for our health care facilities, West Haven being a prime example. As we noted and we agreed, the West Haven facility is sadly obsolete and out of date in terms of its structural adequacy—no other word for it. It is inadequate by today's modern standards, to provide health care. Despite the valiant efforts of a very dedicated and highly skilled professional staff—doctors, nurses, volunteers—at the VA facility in West Haven, that structural defects, or set of failings, is gravely imperiling the health care provided in surgical facilities and a variety of other areas.

So, I would like your commitment that you will undertake a thorough review of that facility, put it on a priority list, and enable all of our VA facilities to be brought into the 21st century.

Mr. BYRNE. Certainly. The review we can conduct, sir, but I am hesitant to make a promise to you, in front of this body, under oath, that I will ensure that West Haven, in particular, is a priority. I hope you could appreciate that.

Senator BLUMENTHAL. Well, at least I would like your assurance that it will be put on a list, that it will be under consideration, that it will be given——

Mr. BYRNE. Certainly.

Senator BLUMENTHAL [continuing]. The attention that it deserves.

Mr. BYRNE. Most certainly, sir.

Senator BLUMENTHAL. As far as the sterilization facility, I would like your commitment that you will report to me any delays in the current schedule to have the temporary trailer facility operational by no later than this fall, and to put the permanent surgical sterilization processing facility on an expedited track.

Mr. BYRNE. Yes, sir. That is happening. That is a patient safety issue. Thank you for putting a light on that for us.

Senator BLUMENTHAL. Thank you. Again, thank you for your service.

Mr. BYRNE. Thank you, sir.

Chairman ISAKSON. Senator Sullivan.

HON. DAN SULLIVAN, U.S. SENATOR FROM ALASKA

Senator SULLIVAN. Thank you, Mr. Chairman, and, Mr. Byrne, good to see you again. Thanks for your service already, not only to the VA but to our country, the military, and the Marines.

It is great to see your family here. It is really nice. It is not always easy, having daughters myself, to watch your dad go through these confirmation hearings and get a little roughed up, but it is a family effort, so we are really glad and appreciative of your family being here, because these kind of public service jobs are—you know, they are all in for everybody. I want to thank you and your family and your kids for——

Mr. BYRNE. Sir, for the record, this is a fraction of my family.

Senator SULLIVAN. That is what I heard.

Mr. BYRNE. We have been very blessed.

Senator SULLIVAN. That is impressive. That is great; actually. It is wonderful.

We had a good conversation a couple of days ago, especially around the idea of giving States like Alaska the flexibility and autonomy to manage its VA resources in a manner that best serves the veterans and the communities, while mindful of the taxpayer dollars. You had cited the—what I view as kind of the innovative—and I think you view it—innovative example of the North Chicago Federal Health Care Center (FHCC) as a leading example with the Great Lakes DOD facilities and the VA facilities, which bridges kind of the local VA, the DOD, and integrates all of that into a single Federal health facility with a combined mission.

A system like this is designed to improve access, readiness, quality, cost effectiveness, and health care delivery for both veterans and active duty members, plus their beneficiaries. Do you agree with that characterization of that FHCC model there in North Chicago?

Mr. BYRNE. Yes, sir. I think it is a wonderful, wonderful pilot program that hopefully will get some traction. In our discussion the other day you had proposed Elmendorf, I think——

Senator SULLIVAN. Yeah.

Mr. BYRNE [continuing]. As one of those facilities, and it makes perfect sense.

Senator SULLIVAN. Well, good. We would like—and I am confident you are going to get confirmed—but as you know, Alaska, despite having more vets per capita than any State in the country, actually has no full-service VA medical facility, which I think surprises a lot of people. As you mentioned, we do have this opportunity at JBER, Joint Base Elmendorf-Richardson, for a full-service Federal health care center, similar to North Chicago.

If confirmed, can you commit to me to work with my office, this Committee, and the VA on collectively looking at how to move forward a proposal like that?

Mr. BYRNE. Yes, sir. Certainly.

Senator SULLIVAN. Let me ask another kind of related question. We actually have, I think, a really good-news story in Alaska. When I got here in the Senate a little over 4 years ago, when it was kind of a meltdown as we talked about the Choice Act essentially destroyed the system in Alaska. It was a total disaster.

We had many CBOCs that had not had physicians for years, literally years, and with some of the great work the Chairman and others have done and a highly-motivated local leadership, Dr. Ballard, who runs our VA in Alaska, we are getting more physicians into CBOCs across the State, and, at the same time, there has been requests, and I think the headquarters has looked upon these favorably, to—with more doctors, more veterans, looking at space expansion requests for these key Alaska CBOCs throughout the State.

Unfortunately, the ability to expedite or even kind of juggle these, it looks like they are kind of being lined up sequentially, because of, I think, essentially one person within the VISN contracting office works on them. If confirmed, can you work with me, Mr. Byrne, and again, this Committee, on looking at ways to help

expedite that? The fact that we have kind of pent-up demand, now that we are getting physicians there to help expedite, or at least look at these different requests from the Alaska VA simultaneous would be very helpful in trying to move these forward. Can I get your commitment on doing that?

Mr. BYRNE. Yes, sir.

Senator SULLIVAN. Let me ask one final question that is more general. The first bill that I cosponsored in the Senate was the Clay Hunt Suicide Prevention Act, which was named after a young Marine who unfortunately took his own life after a couple, you know, tours in Afghanistan, I believe, as a sniper. It was a very bipartisan bill. But, we are still having huge challenges with our veteran suicide issue. What more can the VA be doing, in your view, and what more can this body be doing? A number of us have cosponsored another bill that builds on the Clay Hunt Suicide Prevention Act, but how can we really get our arms around this, and what should we all be doing collectively?

Mr. BYRNE. Thank you for that question, sir. Earlier in the hearing I gave kind of a long answer, which I would be glad to deliver again. But, this body has been very helpful, particularly the $222 million that they have allocated for us specifically for suicide prevention, and all the programs that go with that, from the end of the chain—we are trying to work our way back up the chain—the end of the chain being the crisis line, the Veteran Crisis Line, intervention in hospitals of veterans that are trying to take their own lives, back to programs as in the veteran care coordinator—I mean, sorry—the suicide prevention coordinators, the 400 that we have within the VA. We are trying to move things back in using that $222 million.

There is not—we can always do more. So, any creative idea, any thoughts are welcome. The President just signed an Executive order to try to harness the resources of the Executive branch and then local communities and academia. I mean, he opened the aperture wide open. Mr. Wilkie is leading that effort.

But, we are not winning right now. I mean, it is the ground truth. It is a reality. We are still at 20 a day, which is not moving, though it needs to. There are so many factors that are involved in it that I do not fully understand or appreciate; I am not sure anybody does, which is part of the challenge.

We, the experts, say there are 25 factors—the loneliness, financial instability, maybe homelessness, maybe substance dependency. There are 25 of those factors. So, what I hope the VA is doing is they are looking at those factors and trying to address those as well, as far up the chain of events as possible so that we do not have to do saves with the call center, we do not have to do saves like the 240 we had over the last 18 months on our properties and in our facilities.

So, your question was what can you do to help. I think you all have been very helpful, and we are very appreciative of the resources. If was as simple as saying, "Hey, we need some more money so that we can have more public service announcements," or "have more police officers patrolling our campuses" or "have Tom Hanks do more PSAs," we would do that. We do not think that is necessarily the answer. It is a comprehensive—and there is a cul-

ture in our country right now that is, I think, different than it was 20 or 30 years ago, and I probably should not go down that path necessarily.

But, the stigma with mental health is, I think, something that is kind of troubling and concerning, and if you could shine a light on that in your talks and in your speeches around the country, I think that would be tremendously helpful. Our leadership position, maybe explaining that the continuum of mental health is similar to the continuum of physical health.

There are days—a person in this body, probably not—he left early from the hearing. Senator Tester is not physically at his peak today. Is that fair to say, sir? Is that—is that maybe protected health information? He is not at his peak today, like some of us may not be at our peak today physically. We talked about that. I am feeling a little punk today, a little under the weather. I have got a sprained ankle. I have got a chronic pain; my back hurts. We do not do that in the mental health arena because there is a stigma that surrounds it. Yet, they are both very much the same, right? Some of these issues are chronic, and some of these are just episodal.

If we can get the dialog out there to say, "If you have a dip in your mental health, there is treatment and care, medication that can help you get back on path." If you all would be a bully pulpit for that I think you would be tremendously helpful. I plan on doing that in the talks that I hope to be giving over the next however long I am in this position. Add that to sort of my spiel that I give when I go out on the street.

Senator SULLIVAN. Great. Thank you. Thank you, Mr. Chairman.

Chairman ISAKSON. That was a great question and also a terrific answer. I have been in public life a long time, 41 years, and the two biggest problems or challenges we face are suicide in veterans and homelessness in America, which both of those are mental health issues. We abandoned mental health coverage for a while and that is why we have got a lot of homelessness. The same thing is somewhat true with the accessibility of the counseling for our veterans. So, your priority is exactly correct and that is where we need to spend our time.

I think—am I right?—that we go to Senator Brown and then Senator Tillis. Am I right. OK.

Senator Brown.

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

Senator BROWN. Thank you, Mr. Chairman.

Mr. Byrne, thank you for joining us and thanks for the discussion last week in my office about Agent Orange and burn pits and the Blue Water Navy; you know, those toxic exposure issues. I want to thank Senator Isakson for his comments on veteran suicide. Just recently a veteran in Cleveland Heights VA, from Cleveland Heights, took his own life, which has just happened far too often.

I want to follow up on a point that Senator Tester raised. The Office of the Inspector General and the invaluable independence of that office. During our meeting, your comments about one of its upcoming reports gave me some pause. We recently learned about

your role adjudicating the discipline of an OGC employee found by OIG of violating VA's anti-nepotism statutes. According to the VA, "The anti-nepotism statutes and regulations prohibit a public official from appointing, employing, promoting, or advancing a relative or advocating such an action in favor of the relative." You know that.

It is my understanding during your meeting with staff yesterday that you said you can only find on the very narrow issue of whether this individual improperly shared VA sensitivity—that sensitive data not nepotism, conflict of interest, or false statements, because of actions taken by the proposing official.

The VA, however, sent a document, to just the majority, mind you, and that cannot happen in this Committee. Fortunately, the Chairman shared it with the minority. That is your responsibility. We do not do things that way, pick partisan channels in this Committee. Maybe in your previous life or maybe other places they did, but our Committee does not operate that way, so do not do that again.

Anyway, the Department sent the document to the majority that OIG found a conflict of interest. The Office of Accountability and Whistleblower Protection recommended conduct unbecoming related to the conflict of interest and so did the proposing official. Reporting from the document, "Actions with respect to his wife's hiring created the appearance of legal and ethical impropriety." You, however, did not sustain that recommendation, based on information that the accused sent to you, the deciding official.

I will withhold my final judgment of the specific outcome while I review, and my staff reviews additional documents, but this is not how we intended the accountability bill to be implemented. These conflict of interest cases are exactly what we should be going after, not low-wage employees. The deputy needs to show unimpeachable judgment. Undercutting the independent IG is just simply wrong.

Let me shift to something else and ask you a couple of questions. I am the Ranking Member of the Senate Banking Committee, and have been following the issues related to VA mortgage lenders closely. In a rulemaking last year, the VA stated that some VA mortgage lenders' aggressive refinance practices were essentially, quote "subprime lending under a new name," unquote. Yet VA did not begin a rulemaking to protect veterans until Congress mandated it. I continue to hear that VA's new rule is insufficient. I would add the CFPB (Consumer Financial Protection Bureau) has not been helpful in this. They do not advocate for veterans, this new CFPB. It just means that much more we need you to.

The VA Inspector General is also concerned. Just last week, the VA Inspector General and the U.S. Attorney for the Eastern District of New York reportedly subpoenaed loan files as it began investigating VA lenders.

My question is this: If confirmed, what will you do to protect veteran homeowners from aggressive and misleading lending practices, and is the VA actively working with CFPB to address financial harm to veterans? I ask those two questions in the context of this new CFPB director has shown no interest in supporting veterans, no interest in the military loan—in the Military Lending Act, all the things that the former CFPB seemed to care about.

This one does not. The responsibility is really on the VA because of that, so your thoughts on that, sir.

Mr. BYRNE. Thank you for the question, sir; and "I do not know, but I will find out the answer" regarding the CFPB. I can tell you that it is very much on the senior leadership's radar screen about some of the aggressive refinancing practices on our veterans. I believe you said it accurately, that we are in the rulemaking process that I do know is not popular in certain segments of our country that do this.

So, I believe you said that right, that we have not completed the rulemaking process and maybe we disagree on whether it is aggressive enough or not. But, it should be implemented very soon; and, I will get back to you with an answer on that.

But, I agree. I agree. That refinancing puts these veterans further and further in debt, and that is not the intent of refinancing. That is not the intent of the VA-backed loans. So, I will—I will assure you I will look into this and get some resolution on it. It is an important matter.

Senator BROWN. Thank you. And, I will reiterate that there are three people at this table right now who are on the Senate Banking Committee. We all recognize that the CFPB has shown—and I do not want to speak for Mr. Tillis, but at least I recognize the CFPB has shown not nearly the level of interest in protecting veterans from the kind of predatory practices of non-bank, shady oftentimes lenders. Sometimes bank lenders too, but especially non-bank lenders.

You know, outside of every military base in the country there are all kinds of opportunities, if you will, for veterans to be "served"—I use that term in quotation marks—by all these lenders. We need, you know, in a very vulnerable time in these families' lives, when their husband or wife, or sister or brother, or father or mother, whatever, is overseas, especially, we need a government standing with those veterans to protect them against these practices.

I again say the CFPB has been less than aggressive. It just means we need you that much more to weigh in. If you think you cannot act in certain circumstances call us and we will work to get the CFPB to act, or we will act. So, that is my really only admonition to you.

Mr. BYRNE. Thank you, sir.

Senator BROWN. Thank you, Mr. Chairman.

Chairman ISAKSON. At the risk of putting off Mr. Tillis any longer I want to say one thing about what you just said. This is one thing I know a lot about because I did it in my private life, and that is real estate sales and VA loans, et cetera. One of the biggest mistakes everybody makes is to think the VA makes loans. They do not make loans. They insure loans. They have an underwriting procedure for the insurance of those loans, but the private sector makes those loans.

The biggest case of flipping I ever saw was a few years when VA lawyers were closing a VA refinance, when the VA caught them flipping refinances over and over and over again to get a $150 fee, but the only way they could get it was to get the veteran to refinance the loans. So, their motivation for the veteran to get a refinanced loan was for them to get a $150 fee. I am not going to name

anybody, but to the credit of a large bank in this country, they solved their problem. They fixed it and a lot of people got their money back, which I appreciate.

Yet, there have continued to be those in the mortgage business who are originators and creators of mortgages, that flip them. In fact, the nature of the business of a mortgage is you make it as fast as you can, you underwrite it as well as you can, and then you sell it as fast as you can. The people that make the money are the people who service, over the long term—they collect the payment, they send the payment in, et cetera—and the person who originates it, they get a 1 percent fee at the beginning and that is it.

Since I do know a little bit about it—enough to get in trouble anyway—about the subject, I would be glad to work with you and work with the VA to sit down and take a look at the current practices on VA lending, because I got involved in it 4 or 5 years ago and we stopped some stuff that was—where people were abusing the rules in the interest of a provider service, i.e., a closing attorney, not in the interest of the veteran, and we ought to never let that happen.

So, I am sorry for interrupting you.

Mr. Tillis.

HON. THOM TILLIS, U.S. SENATOR FROM NORTH CAROLINA

Senator TILLIS. To put one more note in that regard, that is why we—you know, there are probably not a whole lot of things that Senator Warren and I share in common, in terms of banking regulations, but this happened to be something that we took up, Mr. Chair, as a bill for some of the churn that was going on. I appreciate Ginnie Mae working with us to actually put something forth that we did on a bipartisan basis.

Look, military families and veterans need access to capital, but it always has to be beneficial to them, so we will work with you all as well. We are always looking for other opportunities to make sure we are taking care of military families and veterans and veterans' families.

I want to go back. I think you made a very important point on suicide prevention. I think it does go back to awareness and removing the stigma. I really do think that members need to think about what that means. Because, oftentimes, I have gone into meetings, specifically on mental health, where people want to remove the stigma. Then, you hear them whispering about a challenge that they may have in their own family. Well, you are perpetuating the stigma when you do that. A mental health condition is no—it is a different physiological condition. We need to talk about it or we are a part of the problem that has this unacceptable rate, not only among veterans, but society as a whole. So, I appreciate you calling on us to do our part. I think more of us need to do it, and I, for one, will.

One thing, which relates to the electronic health record. I know that you are the senior accountable officer for that implementation. I think that is something that we should be looking at. I know that you are moving through the systematic implementation and I want to get a brief update on that.

I think now is also the time to engage the DOD to find what kind of information, what kind of markers could we potentially identify over a servicemembers active status that could be helpful to identifying, almost predicting possible mental health challenges before the man or woman even knows it exists. I think we need to find a way to get the DOD and the VA to work together so that as you go through the implementation we make sure that we are passing along that kind of information.

I think it could be instructive to the transition process. I believe one of the reasons why we are seeing the rate of suicide that we do is we do not really understand the condition of the veteran from the time that they move from active or reserve status into veteran status. I think that we should focus on that as one of the first things that we should be able to exploit and leverage by having common and compatible electronic health record system.

Now, I would like a general update on the implementation. By the way, I will be supporting your nomination. You are going to get confirmed. Congratulations in advance. Family, congratulations.

So, with that I just really want an update, unless you give me a really bad answer on the electronic health record implementation. Directionally, that is where I am going, but a quick update, Mr. Byrne.

Mr. BYRNE. Sure, quickly can I take 20 seconds on reachback? You were not here earlier when I gave a little talk on an analytical program that we have called Reach Vet that does exactly what you are talking about with the analytics, of data points, of records that we have in the VA system. If we could reach back into DOD to get those indicators before they come over during transition you are exactly right; we can catch them better.

Senator TILLIS. Well, count on me to help you get that done.

Mr. BYRNE. Yes, sir. And, I am putting some of that on me. I serve as the co-chair with my DOD colleague over at the Department of Defense on the Joint Executive Council, and those are the exact types of issues that we actually talk about. So, I promise you that I will carry that back to the right bodies that can actually hopefully execute on that.

Electronic health records modernization (EHRM), a $16 billion effort over almost 10 years. IOC, the beginning of the second quarter of next year, in the three sites in Washington State. We have done a ground-up training, a lot of lessons learned from DOD, and we have a great leader in charge, a gentleman named John Windom who came over from the Department of Defense, a retired Navy captain.

Senator TILLIS. Right guy for the job.

Mr. BYRNE. Exactly. Glad you agree, sir. We are on track to get not only executed at the IOC here next year, but we are planning ahead, right. I mean, this is not a do three then let us regroup, and then do three more sites. We are laying the foundation to roll this out across the country.

And, simultaneous with the rolling out of the Cerner project, we made the decision to go ahead and roll out the scheduling tool in a dual track across the country. So, it will be done—scheduling capacity will be done all across the VA well in advance of the rollout of the actual Cerner product.

So, I am really feeling pretty optimistic about that. As you know, there is a lot of coverage around that. There are IT modernization efforts that have to go on contemporaneously with that, around with that, and then the VHA training of the work flows and the providers. I think we are doing a really good job as far as having these workshops and working—and when I said ground up, I mean, we are talking to the practitioners, like how are you going to use this? What can we do to make this easier for you to use to provide that treatment to the veterans? And, I think that is why we are going to have a little more success than DOD has had.

Senator TILLIS. What about this general—I do not see anybody else here, Mr. Chair, so if I could just ask one more question?

How about just general key performance indicators on the project. Are we tracking well on date and cost?

Mr. BYRNE. Yes, sir, we are. As a matter of fact, we are under-running, and we have gotten some queries—I do not want to say pushback—but some queries about under-running in the funding. So, I have an answer for that which I think is acceptable and proper, plus I think you would like to hear. One, John Windom is being very fiscally responsible; and two, he is purchasing, for example, equipment "just in time," I think is the phrase. Instead of buying technology now, having it sit in a warehouse for 6 months or 5 months, he is waiting to buy that later on.

So, we are on track financially, we are on track with the schedule. We have identified limiting features. This is something that I pounded pretty hard at some meetings recently. We have some challenges or some concerns with communications closets. I know a little bit more about communication closets that I ever probably wanted to know. But, that is a limiting feature for us to be able to role out EHRM across the country. And, we do not yet know what these communication closets look like in our various facilities, which is a limiting feature.

So, I kind of digressed on that but I am pretty bullish and pretty optimistic about where we are with EHRM, yet I do not want to make any promises that we are going to accelerate it. Ten years seems like a long time for me. We are setting the foundation and the governance to have it be executed, but when we roll out the IOC I think we are going to get a much clearer picture of our ability to accelerate this rollout across the country. Ten years is an incredibly long time.

Senator TILLIS. Well, thank you. One thing I would like to do, just outside of the Committee setting, but I would like to get your commitment to have—since I have had a background in large-scale systems integration work in my prior job, I would very much appreciate some briefings on a regular basis with the project team, just so I can see your dashboard and the implementation as you hit certain milestones. Our office will be in touch, so that we can have that meeting.

And, as I mentioned to you, when you came into the office, I would like to do that on you all's turf too, so you do not have to come over here. I would like to come visit the project teams and see it in action.

Mr. BYRNE. Certainly. If you are interested in going to any of our IOC sites or the second-phase sites, we welcome that as well.

Senator TILLIS. The last thing I would leave you with is I just want to thank the VISN 6 leadership. They are doing a great job. They have done a really good job of us meeting, either through conference call or in person on a regular basis. I really appreciate them taking the time to do that. We are going to continue to do it in North Carolina. Thank you.

Chairman ISAKSON. Senator Boozman.

HON. JOHN BOOZMAN, U.S. SENATOR FROM ARKANSAS

Senator BOOZMAN. Thank you, Mr. Chairman, as always.

Thank you for your leadership and great work. We appreciate you being here, and I appreciate your leadership and getting to know you and working with you. Also, your service in the Marine Corps—once a Marine, always a Marine. That is a good thing. Then, again, your willingness to serve. You are a talented guy. You could be doing lots of different things. You and others that are willing to do these jobs—they can be very, very difficult jobs—we really do appreciate that.

As you know, I am chair of the MILCON/VA Subcommittee on Appropriations, so something that I felt very strongly is the IG work. We were able, last year, to develop a bill that had $192 million in it for the IG for VA, $20 million over the President's budget. We did that because the VA is a huge organization. It has such a broad portfolio—it is into everything. Sadly, at different times in its history has had, you know, some troubles. So, it is important that the oversight is there, and I know you know that because you used to be an IG earlier in your career, overseeing Iraq reconstruction, which was another area that had some problems.

So, in the office we had a good visit and I think that, you know, I understand that you share that concept of how important these things are. But, I would like to ask a couple of question, just to get it straight, so that Congress can get your commitment that as Deputy Secretary of the VA you will use the IG as a tool for managing and maintaining the Department to meet the high standards of professionalism and integrity?

Mr. BYRNE. Certainly.

Senator BOOZMAN. Good. Very good. Thank you.

As the Deputy Secretary of the VA, if you find that an IG report was improperly handled, is incomplete, or lacks credibility, how do you plan to handle that situation in the future? And, what steps will you take to ensure the reliability of IG reports?

Mr. BYRNE. Sir, I have a good working relationship and an open line of communication with the IG, Mr. Mike Missal. So, any issues or challenges that I have had or will have, I would go directly to him. He has been very, very responsive, so I will continue to do that, sir.

Senator BOOZMAN. Good. That is so important; I know you will. Certainly, we will encourage that in collaboration. That is just how it has to be.

Congress has been clear about our intent that VA hold all employees accountable for misconduct, regardless of their seniority in the organization. Employees at the VA need to be confident that their decisionmakers will address misconduct professionally and without bias or undue influence. How will you use your role as

Deputy Secretary to ensure that there is confidence in how senior leaders hold employees accountable?

Mr. BYRNE. Well, Mr. Wilkie has set the tone from the top, right? Perform with excellence, perform with integrity. So, from my position that is the message that I hopefully exhibit and demonstrate. But, I do have operational oversight, leadership responsibility of OAWP, HR, OGR, legal department, and I say that as sort of performing the duties of the deputy now. And, I will continue to do that.

I think I have been very clear that that is incredibly important in a bureaucracy such as ours, that there is integrity and trust in the system, trust in leadership, and that needs to start with the role models at the top, period. I do not have any issues holding people accountable. I take that very seriously because these are real people with real futures, and I look at the totality of things. But, we have moved people on from senior leadership positions who were not serving the veterans as well as we thought they should be and what the American people expect us to do.

So, I hope I have a pretty good track record in that areas. At least that is what I believe you are hearing.

Senator BOOZMAN. No, no. Very much so. And, again, as you say, Secretary Wilkie, yourself have set that tone, and we do appreciate that. It is so, so very important.

We look forward to continuing to serve with you in the future. We do appreciate all of your hard work and all of us working together to try to make sure that our veterans are taken care of in the way that was promised. You know, it is easy to forget that these are earned benefits versus, you know, just gimmes.

So, again, thank you very much. It is good to see your family here. I have got three daughters. I understand all about you gals. So, take care.

Mr. BYRNE. Thank you, sir.

Chairman ISAKSON. Thank you, Senator Boozman.

Mr. Byrne, thank you very much for your time and all you have done for your country already. We appreciate your service very much.

We will conclude this hearing. We will leave the record open for 5 days for any questions from Members or any responses that you want to leave with the Committee in writing. Is there any further business to come before the Committee? If there is none we stand adjourned.

[Whereupon, at 11:16 a.m., the Committee was adjourned.]

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