STATEMENT OF
PETER S. GAYTAN, DIRECTOR,
VETERANS AFFAIRS AND REHABILITATION DIVISION
THE AMERICAN LEGION
TO THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
THE STATUS OF SEAMLESS TRANSITION BETWEEN THE DEPARTMENT OF DEFENSE AND THE DEPARTMENT OF VETERANS AFFAIRS

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Mr. Chairman and Members of the Committee:

Thank you for this opportunity to submit The American Legion's views on the status of seamless transition between the Department of Defense (DoD) and the Department of Veterans Affairs (VA). We commend the Committee for holding this hearing to discuss this important matter.

In a collaborative effort, DoD and VA have established a system of programs designed to facilitate "seamless transition" from the military to the VA healthcare/benefits system for active duty, guard and reserve personnel. This system allows VA direct access to health information in an effort to more immediately process eligible service members for compensation, expedite enrollment in the VA healthcare system, and to educate service members of their earned benefits. The available programs include Benefits Delivery at Discharge (BDD), VA outreach efforts, and military services briefings.

Origins of Seamless Transition

Well–publicized incidents in August 2003, detailed the difficulties veterans returning from Operations Iraqi Freedom and Enduring Freedom were experiencing in accessing VA benefits. In response, then Secretary of Veterans Affairs Anthony Principi created the Task Force for Seamless Transition of Returning Service Members with the charge to improve collaboration between VA and DoD, improve coordination of services, ensure VA staff is educated about seamless transition and ensure that appropriate policies and procedures are in place to enhance seamless transition. The Task Force was comprised of representatives from the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), the Office of Secretary of Veterans Affairs, and DoD's Health Affairs Office.

First steps to improve collaboration included assigning VBA claims representatives at key Military Treatment Facilities (MTFs) to counsel service members and prepare claims, expansion of the Benefits Delivery at Discharge (BDD) program, development of a cooperative separation examination protocol, establishment of the Army's Disabled Soldier Support System (DS3) and development of VA/DoD data sharing initiatives.

To improve communication and coordination of services, two full–time VA social workers were assigned to cover Walter Reed Army Medical Center (WRAMC) and the National Naval Medical Center (NNMC) and points of contact (POCs) were established at each VHA facility. Full–time VA social workers were added at Brooke, Darnall, Eisenhower and Madigan Army Medical Centers and nurse/social work case OIF/OEF managers were appointed at all VHA facilities. POCs were established at all 57 VA Regional Offices (ROs). An email group was created for VHA social work liaisons, case managers and POCs to facilitate the rapid dissemination of information and a VA intranet web page was established. An OIF/OEF link was added to VA's public web site and pages were added on VA and DoD benefits and TRICARE and a National Guard and Reserve section was included.

The American Legion is pleased with initial efforts to ease the transition from military service. It is our hope that VA and DoD will continue to develop improved sharing programs that will ensure that transitioning servicemembers experience minimal obstacles while entering the ranks of America's veterans.

Disabled Soldier Support System

The Disabled Soldier Support System (DS3) is a new Army program established to provide severely disabled soldiers and their families with a system of advocacy and follow-up that provides personal support in their transition from military service to the civilian community. DS3 provides disabled soldiers and their families with an opportunity to connect with a participating Veterans Service Organization (VSO), such as The American Legion, which, in turn assists with the soldier's transition from the Army to include navigating the often-confusing landscape of VA benefits and entitlements.

As a part of the system, a voluntary partnership between VSOs and individual soldiers and their families is established. Injured soldiers who choose to participate in DS3 register through their Military Treatment Facility and are put in contact with an American Legion Service Officer who meets with the soldier and assesses his or her needs. The Service Officer also determines the soldier's likely geographical location after transition from the Army and assists in locating the closest VA facilities. Once the soldier is home, local American Legion Posts may provide volunteers to assist these soldiers in adjusting to their new life.

The Legion's National Veterans Affairs & Rehabilitation Division and National Security Division will continue to work with the Department of the Army in developing this plan and will provide guidance on post involvement in the local level of this important new initiative. The American Legion strongly supports DS3 and was actively involved in the planning and implementation of the program. To date National Headquarters has received 13 DS3 referrals from the Department of the Army. The referrals were subsequently forwarded to the appropriate Legion Department for local action. The American Legion applauds the Department of the Army for initiating the DS3 program and it is our hope that the other services will not only create similar programs, but will work together to ensure the success of each of their respective programs.

Benefits Delivery at Discharge (BDD)

BDD allows service members to be examined and file claims for VA benefits at, or near, time of discharge. In doing so, the number of days needed to process the claim is decreased considerably. Claims can be processed within 30 days, as opposed to the national average of 163 days. Since a VA physician administers the examination, VA gains immediate access to the service member's military medical information. There are currently 139 BDD sites nationwide.

The Veteran Benefits Administration (VBA), the Veteran Health Administration (VHA) and the Department of Defense (DoD) created a joint examination for service members leaving active duty. This joint protocol—called the Single Separation Examination Protocol—satisfies both DoD's discharge requirements and VA's compensation requirements. Of the 139 BDD sites, 28 utilize this protocol.

The American Legion fully supports the BDD Program and applauds VA and DoD for developing a smooth and effective benefits delivery process.

VA Outreach Effort

VA has benefits counselors and social workers assigned to the Walter Reed Army Medical Center (Washington, DC); Eisenhower Army Medical Center (Ft. Gordon, GA); National Naval Medical Center (Bethesda, MD); Brooke Army Medical Center (Ft. Sam Houston, TX); and Madigan Army Medical Center (Western Regional Medical Command, Tacoma, WA), military treatment facilities (MTF) where many severely wounded service members are sent. These benefits counselors and social workers assist service members and their families to ensure that service members receive information on VA benefits, arrange transfer of health care to VA facilities, enroll patients and track them as they transfer to the VA system.

Vet Centers

Vet Centers also conduct outreach efforts to include readjustment and family counseling. Vet Centers serve veterans and their families with professional readjustment counseling, community education, outreach to special populations, and work with community organizations. Today, 206 Vet Centers are located in communities throughout the United States, District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands. 65% of the 737–member clinical staff are veterans and of those over 40% are combat veterans.

In April 2003, the Secretary of Veterans Affairs extended Vet Center eligibility to veterans of Operation Enduring Freedom and later that same year extended eligibility to veterans of Operation Iraqi Freedom. In February 2004, the VA Under Secretary for Health authorized the Vet Center program to hire 50 OEF/OIF veterans to conduct outreach to their comrades from the Global War on Terrorism.

These outreach counselors are in 34 states and the District of Columbia. Additionally, on August 5, 2003, Vet Centers were authorized to furnish bereavement counseling services to surviving parents, spouses, children and siblings of service members who die while on active duty, to

include federally activated Reserve and National Guard personnel. As of January 31, 2005, Vet Centers had served 14,259 OIF/OEF veterans and families, either at Vet Centers or at Demobilization Sites 29 percent of which are PTSD clients.

Vet Centers are an invaluable resource to veterans and VA. Given the protracted nature of current combat operations, repeated deployments and the importance of retaining experienced combat service men and women in an all volunteer military, it is essential to promote the readjustment of service men and women and their families. The American Legion continues to be an unwavering advocate for Vet Centers and their most important mission.

Military Services Briefings

These briefings include separation and retirement seminars, pre- and post-deployment briefings, and the Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP). All military service briefings address VA benefits (compensation, education, vocational rehabilitation, employment, health care) and programs. Special emphasis on the VA compensation process, vocational rehabilitation and employment programs is made for service members separating due to medical problems. In fiscal year 2004, nearly 350,000 OIF/OEF active duty, National Guard and Reservists received over 8,600 pre–separation, TAP and DTAP briefings.

The American Legion remains concerned, however, that many of our servicemembers returning home from OIF/OEF duty are not being properly advised of the benefits and services available to them from the Department of Veterans Affairs and other Federal and State agencies. This is especially true of Reserve and National Guard units that are demobilized at hometown Reserve Centers and National Guard armories, rather than at active duty demobilization centers.

To assist in making sure that these servicemembers are aware of the services and benefits they have earned through their honorable service in the Global War on Terrorism, The American Legion has developed a *Welcome Home* brochure. This brochure outlines the basic entitlements and benefits available from VA and provides contact phone numbers and Internet websites from which servicemembers may obtain more information. The American Legion has distributed thousands of these documents at demobilization centers, Reserve Centers, National Guard armories and Transition Assistance Programs nationwide.

The American Legion Troop Support Services (TS2) Program

Combining three existing programs in an initiative called TS2, The American Legion has developed a pocket resource directory for both troops and their families. Packed with important information and contact telephone numbers, websites and e-mail addresses, the TS2 brochure was designed to fit easily into a desert BDU pocket for handy reference. It includes a wallet card with condensed information to carry during deployment while leaving the main resource guide at home with the family. To date 41,779 TS2 pamphlets have been mailed out to 56 American Legion Posts involved in distribution to our troops.

TS2 is based on three very successful programs of The American Legion –The Family Support Network, the Reconnect Program and Welcome Home Services. Just as our Legion mentors did for us when we went off to war, The American Legion will be there for our service men and women, and their families before, during their deployment, and after they come home.

Women Veterans

Many women, like their male counterparts, make the transition from active service back into their communities without faltering. The experiences they had while in the military go a long way to assist them in their careers and life goals. However, for some the transition is not as easy, depending upon their experiences and community support systems. Although most people leave active duty feeling good about the decision to "get out," transitioning from active duty can be a difficult time. Women veterans face unique challenges and conditions once they transition from active duty back into the civilian community. Women Veterans are entitled to the same VA and DoD benefits as their male counterparts based on their service eligibility. Readjustment Counseling is offered by the VA Vet Centers and medical facilities to assist veterans in readjusting to civilian life.

VHA reports that as of March 2004, among 20,255 women having served, 20.0% (4,045) have received health care from the VA. A higher percentage of OIF (21.1%) as compared to OEF (14%) served in both operations. A slightly higher percentage of separated women veterans have sought VA healthcare from both OIF (21% vs.16%) and OEF (14% vs. 11%) than the overall veteran population. Only .3% of women veterans had been hospitalized at least once in VA since separation. Eighty-eight percent women OEF and 60% of OIF veterans have been members of the Reserve/National Guard.

Women veterans present a wide range of both medical and psychological conditions; the most common conditions have been musculoskeletal, principally joint and back problems. In comparison to overall population of recent conflict veterans seeking VA healthcare, women veterans have experienced similar problems since deployment. Veterans Health Administration will continue to monitor health status of both OEF and OIF veterans using updated deployment lists provided by DoD.

DoD and VA must ensure that the unique needs of women veterans are not forgotten during their transition from military service.

Post Deployment Health Reassessment

DoD has created a post-deployment health reassessment to be implemented 3-6 months after the service members' return from areas of combat. This new assessment will focus on the adverse health effects —especially mental health difficulties like PTSD, and social readjustment issues— that the service members experience after attempting to resume their lives. It addresses the observation that many of these health effects may not manifest immediately. Some problems are not evident for months after the service member returns from combat duty.

The health information obtained from these reassessments is supposed to be used to improve communication between the health care provider and the service member and to help in assessing the service member's health. This program will be available to active duty, reserve and guard members through VA and TRICARE by the end of September 2005. All the services have submitted their respective implementation plans. The plan is to have a phased approach with adjustments made as needed.

The 1st Marine Expedition Force at Camp Pendleton, California was the first to test the program using an Internet–based version. However, technical problems with the electronic version subsequently lead to the need to test a paper version that also ran into some difficulties. The program has also been tested by a group of reservists in the Midwest with feedback expected in September 2005.

Coordinated efforts between DoD and VA are essential in ensuring the health and well being of all returning service members. Implementation is always the most difficult part of the process. It takes time, funding, and most of all, cooperative leadership to ensure service members reap the benefits of a good solid program.

Joint VA/DoD Electronic Data Sharing

The Joint VA/DoD Electronic Health Records Plan-HealthePeople. This overarching initiative guides activities and deliverables of VA and DoD sharing and will result in a "virtual" health record accessible by authorized users within DoD and VA. It will be comprised of a family of systems or converged applications between DoD and VA. The VA/DoD Health Executive Council (HEC), co-chaired by the VA Under Secretary for Health and the DoD Assistant Secretary of Defense for Health Affairs, is providing senior level executive oversight and management of the Departments' activities related to health systems interoperability. The HEC meets routinely to review and/or approve, when timely and appropriate, new and on-going initiatives or health IT sharing projects for coordination between VA and DoD.

The Clinical Data Repository/Health Data Repository (CHDR). This project seeks to ensure the interoperability of the DoD Clinical Data Repository (CDR) with the VA Health Data Repository (HDR) by FY 2005. CHDR is the effort to develop the software component services that will be used by the Composite Health Care System (CHCS II) CDR and the Health*e*Vet HDR to exchange clinical data in order to provide services in a seamless fashion to both TRICARE and Health*e*Vet beneficiaries. The Departments formed an active working group to lead this effort and are making significant progress toward building a prototype.

Lab Data Sharing & Interoperability (LDSI). This project will facilitate electronic order entry and results retrieval between DoD, VA, and commercial reference labs to maximize label resources and reduce costs. Phase One was successfully completed with the release of software that supports the ability of VA to initiate lab requests for filling at DoD labs. Development of software permitting DoD to initiate the request for filling at VA labs began December 1, 2003.

U.S. field commanders are aware that their responsibilities include Force Health Protection and this has become a major theme in military operations. The Congress has wisely seen to it that this theme extends to the highest reaches of the Pentagon and Department of Veterans Affairs.

The American Legion is confident that the goal of seamless transition will be achieved as the requisite technologies are developed and adapted. We also believe that this will serve to enhance the professionalism, prestige and pride-of-service of those men and women currently serving in the 21st Century All-Volunteer Military of this Nation and will encourage others to serve.

Although major strides have been taken to create a seamless transition from active duty, the decisions being made today by both DoD and VA will affect the current generation of servicemembers fighting to protect the freedoms of this country. The American Legion stands ready to assist this Committee as well as DoD and VA in understanding the needs of America's veterans well into the future.