

STATEMENT OF
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BEFORE THE
VETERANS' AFFAIRS SUBCOMMITTEE
ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO
**DEFINED EXPECTATIONS: EVALUATING VA'S PERFORMANCE IN THE
SERVICEMEMBER TRANSITION PROCESS**

WASHINGTON, D.C.

May 29, 2014

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and our Auxiliaries, I would like to thank you for the opportunity to testify on today's hearing regarding VBA's role in veterans transition as it relates to the Integrated Disability Evaluation System, the Benefits Delivery at Discharge and the Quick Start Program.

In the 2008 National Defense Authorization Act Congress required DOD and VA to create policies to ensure that the disability evaluation system, which determines military and veterans benefits, is streamlined and fair. As a result, DOD and VA collaborated to create the Integrated Disability Evaluation System (IDES) which simplified the disability evaluation process by eliminating duplicate disability examinations and ratings, and placing VA counselors in Military Transition Facilities (MTF) to ensure a smooth transition to veteran status. The VA and DOD also responded by improving the Benefits Delivery at Discharge (BDD) program and created Quick Start programs to allow service members to submit a disability claim before their discharge date.

The VFW believes these programs are a step in the right direction to fulfil the country's promise to our wounded warriors, but we recognize that these programs are far from perfect. Service members still suffer from the Defense Department's disjointed policies and leadership which govern wounded warrior care, inadequate VA and DOD staffing dedicated to the benefits evaluation process, no Integrated Electronic Healthcare System, and poor communication. We encourage the Committee to evaluate and implement the suggestions made by the Government

Accountability Office (GAO), Recovering Warrior Task Force (RWTF) and Veterans Service Organizations (VSO).

Processing Times

Currently, the Veterans Affairs' Benefits Delivered at Discharge and Quick Start programs are not living up to their names. The BDD program rarely delivers benefits within 60 days of discharge, and the Quick Start program may allow service members to submit claims earlier, but the adjudication of those claims are anything but quick. As indicated in the latest VAOIG report on the Quick Start program, VBA reduced the average days to complete a Quick Start claim from 291 days in 2011, to 249 days for the period of April through June 2013. However, VBA needs to cut the amount of time to adjudicate a claim in half to achieve the VA Secretary's goal to have no claim pending more than 125 days. Likewise with BDD, the Salt Lake City Regional Office, who adjudicates 56 percent of BDD claims, takes an average of 266 days to deliver benefits. This means that a service member who applies 60 days prior to discharge will not receive payment for at least eight months after their discharge.

The amount of time it takes to process a claim through IDES frustrates wounded warriors and their commands. As of May 11th, it takes 284 days to process through IDES, although that number has grown as high as 376 days in the past year. It is important to note that processing times change daily and differ dramatically from facility to facility; Fort Knox has taken longer than 423 days to process claims, Fort Riley takes upwards of 336 days to process claims, while claims in Fort Gordon may process in less than 161 days. The processing time is even higher for reserve component service members. Minnesota's National Guard Command reports that the average time to complete the IDES process for its soldiers is 581 days. Of Minnesota's active cases, the average soldier has been waiting in processing for 258 days; 43 percent have already exceeded the military's Medical Command standard of 204 days to finish a claim.

It is clear that the VA backlog is also creating a backlog in IDES cases. The longest phase in the IDES process is the VA disability rating portion, where 59 percent of cases pending are awaiting a VA rating decision. VA's goal is to process IDES claims within 100 days, but it takes 230 days on average to process claims. The VA's inability to process IDES claims is adversely affecting wounded warriors recovery and their transition process. The backlog creates unnecessary extended separations and financial burdens on families causing stress on an already vulnerable family. Moreover, it prohibits service members from finding civilian employment and/or causes them to miss college enrollment dates.

Unlike the BDD, Quick Start, or IDES claims, Fully Developed Claims (FDC) are close to meeting the Secretary's goals of adjudicating claims within 125 days. In 2010, Under Secretary Hickey refined the FDC program and encouraged veterans and VSOs to submit claims that do not require development of non-governmental evidence. Between the first and second quarter of this year, FDC submission increased from 12 percent to 18.5 percent, 25 percent of the claims

VSOs submit are FDC, and the average amount of time to complete an FDC claim was only a 150 days. Despite the dramatic difference in the number of days it takes to adjudicate an FDC claim compared to a pre-discharge or IDES claim, the only document included in an FDC claim that isn't in a pre-discharge or IDES claim is a DD-214. Therefore, we recommend VA allocate resources to work pre-discharge claims as they would a FDC claim.

Inconsistent Management Policies

It is difficult to evaluate the Department of Veterans Affairs role in the transition from service member to veteran without mentioning the Department of Defense's role in the transition process. The two agencies are inextricably connected; one agency cannot fulfill its responsibilities to the transitioning service members without the other. Ultimately, the agencies share equal responsibility to ensure service members successfully transition back to civilian life.

In regards to IDES, DOD is responsible for guiding service members through the entire process to ensure they are aware of their options and the many decisions they or their families need to make. In regards to the pre-discharge benefits program, DOD is responsible for managing all entry point sites and implementing the cooperative exam process--a key aspect of BDD to streamline access to benefits. DOD's lack of leadership, standard policies, and oversight has created large discrepancies in the standard of service and treatment service members receive from one site to the next.

Despite recommendations from VSOs, RWTF and GAO, the Defense Department still maintains a disjointed leadership structure for wounded warrior care. The Deputy Under Secretary of Defense for Personnel and Readiness is responsible for establishing health and benefit policies. However, the Deputy Under Secretary can develop the best policy possible to ensure continuum care and transition services but without the authority to force the military branches to implement DOD's guidance, as is the current situation, the policies are inept. Our concern is that these inconsistencies in the services' interpretation and application of the laws governing IDES affect service members adversely.

Therefore, the VFW recommends that Congress give the Under Secretary of Personnel and Readiness the sole authority to develop policy to improve the care and services provide through IDES. Only then will the Under Secretary be able to improve management of pre-discharge benefits sites, provide proper oversight, and most importantly force services to comply with DOD directives. Empowering senior civilian leaders will allow for the long-standing problems plaguing the process to be addressed and promote accountability.

Staffing Resources

Insufficient staffing and budget allocations on both DOD's and VA's part contribute to poor case management and protracted disability determinations. Service members continue to complain that the military Physical Evaluation Board Liaison Officers, who are responsible for guiding the

service member through the IDES process, are often overburdened and poorly trained. The same goes for the VA case managers who assist some service members through the VA rating phase. Although VA and DOD officials said they added case managers to its IDES rating sites to handle the high demand, we have not seen an improvement in processing times or increased attentiveness to service members and their family's needs.

However, no matter how many case managers they hire, the long waiting times will persist unless VA and DOD ensure adequate physician staffing levels. DOD must ensure proper physician staffing levels to identify conditions and write narrative summaries that are used to determine the service members' fitness for duty. Likewise, VA needs an adequate number of physicians to complete the Compensation and Pension (C&P) examinations used to determine both DOD and VA disability rates.

Appropriations for VA have not kept pace with the demand created by thousands of severely wounded service members returning home, resulting in staff shortage across the Veterans Health Administration. Compounding the problem is that sequestration limits DOD's ability to hire more doctors for the pre-discharge benefit sites and the MEB. The Administration (and previous Administrations) has requested insufficient resources to meet the ever-growing need for health care and transition services. It is now incumbent upon Congress to provide the staffing, facility resources, and technology software needed to help VA address the claims backlog, including the backlog in BDD, Quick Start and IDES claims.

Integrated Electronic Health Care Records

To say the transition process is seamless for service members, or that DOD and VA have an *integrated* disability evaluation process, would be inaccurate, although the agencies have drastically improved collaboration efforts. It is impossible to have an integrated disability evaluation process without an Integrated Electronic Healthcare Records System. For the past ten years, Presidential Commissions, Congressional Task Forces, VSOs and the GAO have described the need for an Integrated Electronic Healthcare Record System; yet veterans are not any closer to having one today than they were ten years ago.

Since VA and DOD providers lack the ability to share health records for service members instantaneously, they have to resort to more archaic measures of sharing information, such as fax or snail mail. For example, one National Guard unit reported that they continue to ship hardcopy health records via FedEx to Reserve Components Soldier Medical Support Centers, and they are notified by mail when the MTF receives the packet. Furthermore, DOD uses different records keeping systems for inpatient, outpatient, and behavioral health records, making it difficult for service members to ensure all their records are fully compiled and transferred. VA compounds the problem by brokering IDES claims; for example, one service members' records were individually sent to Baltimore, Vermont, Maine, and Seattle before it was adjudicated and sent back to the MTF.

The VA and DOD entered into a Memorandum of Understanding that required DOD to provide complete copies of Service Treatment Records (STR) to VA. Although the MOU went into effect early this year, a high level VBA official recently stated that 81 percent of Gold Standard STR's are overdue by 45 days.

In addition, reserve component members face unique difficulties when obtaining scattered and often incomplete records because of members' multiple, nonconsecutive deployments. VA disproportionately denies Reservist and National Guardsmen benefits because they cannot establish that their condition is service-connected due to the missing Line of Duty (LOD) statements. An LOD determination is an administrative tool for determining a member's duty status at the time of injury, illness, disability, or death, and is the gateway to VA benefits. The VFW encourages Congress to urge the National Guard Bureau to create a uniformed LOD policy and implement a single electronic processing system to ensure all eligible reserve component members have access to earned healthcare and benefits.

Similar to the lack of an Integrated EHR system, service members need a singular transparent system to monitor IDES. Multiple system accesses are still required to obtain and track necessary data. The Veterans Tracking Application (VTA) is a joint VA / DOD application that tracks the initial arrival of a service member into the VA health system and monitors benefits applications and administrative details. VTA also tracks service members that have been referred to a Medical Evaluation Board (MEB).

We consistently hear from service members, who are frustrated that they do not know the status of their IDES case because access is granted to a limited amount of staff. As a result, service members cannot plan for the future because they don't know when the next exam will be or their discharge date. We recommend that VA work with DOD to broaden VTA access to those supporting wounded warriors to include, MEB attorneys, Community Based Warrior Transition Units and authorized veteran advocates.

Outreach

The VOW to Hire Heroes Act established a requirement that all service members, participate in the Transition Assistance Program by November 2012. Since the universal implementation of TAP, the VFW has gone from having an entire day to brief service members on the benefits and resources available to them to five minutes in some locations. More so, VA continues to push service members and veterans to the e-benefits' portal, which is not regularly updated, or does it allow veterans to share information with service officers. As a result of the TAP changes, we have found service members are less aware of the BDD or Quick Start Program and are not seeking assistance with claims. In addition, when service members use e-benefits they feel as if their claim enters into the abyss. Our fear is that if service members do not seek VSO help they will ultimately end up filing appeals as veterans.

We also understand that the TAP process introduces a variety of information resources, websites, and call centers to service members so that they can educate themselves on their benefits. Much of the services provided to service members by DOD are redundant, which can overwhelm and confuse service members causing them to underutilize the services. An RWTF focus group, “revealed significantly unmet needs for information” at various points in the recovery or transition process. More so, we receive complaints from family caregivers and surviving spouses that DOD does not properly inform them of programs and benefits created by Congress to support them.

While DOD has developed a means of tracking members’ involvement, it has not established an accurate means to measure participation in TAP including VA benefit briefings. We believe that DOD and VA must establish a policy to promote the accuracy, timeliness, availability, and relevant information; they must also establish the method to gauge service members’ participation and satisfaction with TAP, and work to include community partners in the TAP process.

Conclusion

The VFW acknowledges that both the Departments of Defense and Veterans Affairs are delivering quality care to service members and veterans. We also give them credit for setting ambitious timeliness goals for delivering benefits and addressing issues with the disability evaluation system; timeliness has drastically improved from the estimated 540 days it took to complete a claim with the legacy system, and VA and DOD continue to shorten the amount of times it takes to process disability all claims.

However, VA and DOD do not have the management, policies, procedures, and resources to address the influx of service members who will be transitioning to civilian life once forces withdraw from Afghanistan and DOD cuts its force structure. It is imperative that Congress not only continue its aggressive oversight over the agencies to ensure they properly plan for the future, but they must also provide the fiscal resources to improve the delivery of care and benefits that our service members have earned.