

**STATEMENT OF
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VETERANS BENEFITS ADMINISTRATION
BEFORE THE SUBCOMMITTEE ON
DISABILITY AND MEMORIAL AFFAIRS OF THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS**

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Opening Remarks

Chairman Bost, Ranking Member Esty, and Members of the Subcommittee, thank you for the opportunity to discuss how the Department of Veterans Affairs (VA) manages Veterans' post-traumatic stress disorder (PTSD) disability compensation claims. My testimony will provide an overview of VA's processing of these claims, its training and quality assurance efforts, and the use of Disability Benefits Questionnaires (DBQs) to capture relevant medical evidence used to evaluate PTSD claims. With me today are Mr. Brad Flohr, Senior Advisor for Compensation Service, VBA; Ms. Patricia Murray, Chief Officer, Office of Disability and Medical Assessment, VHA; and Dr. Stacey Pollack, National Director, Program Policy Implementation, VHA.

PTSD Claims Processing

There are currently over 940,000 Veterans who are service connected for PTSD and receive a monthly benefit payment. This population equates to approximately 22 percent of all Veterans receiving disability compensation benefits. This is a 172-percent increase compared to the end of fiscal year (FY) 2008, when approximately 345,000 Veterans were service connected for PTSD. The increase is a result of the veterans increased awareness and understanding of PTSD and several associated changes VA has implemented. In 2010, VA took actions to make it easier for Veterans to obtain disability compensation benefits associated with PTSD by placing greater evidentiary weight on lay statements to establish the required in-service stressful event if related to fear of hostile military or terrorist activity. VA previously required documentary evidence from the Department of Defense or other sources to verify an in-service stressful event related to the Veteran's PTSD symptoms, unless it was verified that the Veteran

engaged in combat with the enemy or was a Prisoner of War, which was generally sufficient in itself to establish occurrence of an in-service stressful event.

For the evaluation of PTSD claims where the stressor is not combat-related or there is no initial evidence of combat participation, VBA has provided claims processing personnel with special tools to research Veterans' stressor statements. A website was developed that contains a database of thousands of declassified military unit histories and combat action reports from all periods of military conflict. In many cases, evidence is found in these documents to support the Veteran's stressor statement or confirm combat participation. Nationwide training was conducted on this database and other official websites that can aid with stressor corroboration. Thus, VA has illustrated in various ways its commitment to understanding and assisting Veterans with PTSD claims.

Training

There are currently 16 VBA training courses focused on processing PTSD specific claims (including Military Sexual Trauma) geared to VA claims processors, including both interactive online lessons and classroom-based, instructor-led courses. Additionally, there are nine courses covering the topics of requesting disability medical examinations—also known as Compensation and Pension or C&P examinations—and sufficiency of examination reports. Again, these are delivered in both online and classroom settings.

VA's Challenge Training for new Veteran Service Representatives (VSRs) and Rating Veteran Service Representatives (RVSRs) includes two courses regarding examination requests and examination sufficiency. There is also specific instruction on PTSD claims.

VA's National Training Curriculum for FY 2017 requires five courses of PTSD training for VSRs and 10 courses for RVSRs. Also, error-trend analysis drives local instructor-led training on examination requests and examination sufficiency for individual stations as well as training during Compensation Service oversight visits. Error-trend analysis has also led to the development of new national-level training involving examination sufficiency that was released to the field in June 2017.

Quality Assurance

VA reviews PTSD claims as part of its national Systematic Technical Accuracy Review (STAR) program. From the start of FY 2016 (October 2015) through February 2017, accuracy of processing on PTSD claims was 94.2 percent, which is comparable to VA's overall 12-month issue-based accuracy of 94.57 percent through April 2017.

PTSD claims are reviewed under the same criteria as all rating claims through the STAR program. This includes a review for appropriate development of the claim; whether the grant or denial of issues was correct; whether the appropriate evaluation was assigned; and whether the effective dates and payment rates were correct. It also considers whether appropriate notification, both of VA's duty to assist and the decision, were provided to the Veteran and representative. Finally, it considers whether appropriate medical examinations and opinions were requested and conducted where necessary. This review does not differentiate claims based upon the stressor type (combat, military sexual trauma, etc.).

DBQs

VA claims processors request disability medical examinations, or C&P examinations, specific to PTSD. Trained examiners, whether at Veterans Health Administration or at one of VA's contracted examination vendors, document the exam findings on DBQ templates, which are considered by VA claims processors in making decisions on disability compensation claims. It is important to note that DBQs are intended to capture information necessary to evaluation of a claimed condition under the VA Rating Schedule for Disabilities; thus, DBQs are a tool designed to support a forensic assessment of a Veteran's claimed condition, not for treatment purposes. The initial examination for PTSD, where a diagnosis is made, must be conducted by a psychiatrist or psychologist.

Closing Remarks

VA remains committed to providing high quality and timely decisions on entitlement to disability compensation benefits, with PTSD being one of the primary conditions claimed by Veterans. VA will continue to update training materials and the

Schedule for Rating Disabilities regarding this condition and its impact on our Nation's heroes and their families.

This concludes my testimony. I am pleased to address any questions you or other Members of the Subcommittee may have.