

**EXAMINATION OF THE U.S. DEPARTMENT OF  
VETERANS AFFAIRS BENEFITS DELIVERY AT  
DISCHARGE AND QUICK START PROGRAMS**

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**HEARING**  
BEFORE THE  
SUBCOMMITTEE ON DISABILITY ASSISTANCE  
AND MEMORIAL AFFAIRS  
OF THE  
COMMITTEE ON VETERANS' AFFAIRS  
U.S. HOUSE OF REPRESENTATIVES  
ONE HUNDRED ELEVENTH CONGRESS  
SECOND SESSION

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FEBRUARY 24, 2010  
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**EXAMINATION OF THE U.S. DEPARTMENT OF  
VETERANS AFFAIRS BENEFITS DELIVERY AT  
DISCHARGE AND QUICK START PROGRAMS**

**THURSDAY, FEBRUARY 24, 2010**

U.S. HOUSE OF REPRESENTATIVES,  
COMMITTEE ON VETERANS' AFFAIRS,  
SUBCOMMITTEE ON DISABILITY ASSISTANCE AND  
MEMORIAL AFFAIRS,  
*Washington, DC.*

The Subcommittee met, pursuant to notice, at 2:03 p.m., in Room 334, Cannon House Office Building, Hon. John J. Hall [Chairman of the Subcommittee] presiding.

Present: Representatives Hall, Rodriguez, and Lamborn.

Mr. HALL. Welcome to the Subcommittee on Disability Assistance and Memorial Affairs Subcommittee hearing on Examination of the U.S. Department of Veterans Affairs (VA) Benefits Delivery at Discharge (BDD) and Quick Start Programs.

Could I ask everyone, please, to rise for the Pledge of Allegiance? [Pledge of Allegiance.]

Mr. HALL. Thank you, all. Ladies and gentlemen, we are here today to examine the Benefits Delivery at Discharge or BDD and Quick Start programs, two components of the pre-discharge program, which were established by the U.S. Departments of Defense (DoD) and Veterans Affairs to streamline servicemembers' transition from active duty to veteran status.

And because of the scheduling problems that we have here in the House with multiple Committee meetings, I am going to recognize Ranking Member Lamborn for his opening statement, first.

Mr. Lamborn.

**OPENING STATEMENT OF HON. DOUG LAMBORN**

Mr. LAMBORN. Well, thank you, Mr. Chairman. I appreciate your flexibility in doing this. Normally, I am very happy to go second here. But I do have to be at another Subcommittee where I am also the Ranking Member, so it is one of those times when I wish I could be in two places at once.

I also welcome everyone today to this hearing on the Benefits Delivery at Discharge and Quick Start Programs. These programs are focused on the concept of providing a seamless transition from military service to civilian life.

I, along with Chairman Hall, my fellow Subcommittee Members, and many of you here are long-time advocates for creating a seamless transition. Therefore, I am sure we can all recognize the inher-

ent value of beginning the VA claims process while service medical records are readily available and proof of service-connection is easily established.

Allowing veterans to file VA compensation claims prior to separation from active duty is simply a logical approach. BDD is more efficient than the traditional VA claims process and it eliminates many problems that are created by the time gap that often exists between discharge and application for benefits.

Among the requirements to establish eligibility for VA compensation, veterans must be able to show that a condition was incurred during service and that there is a continuity of treatment between that incurrence and the current condition for which they are filing.

Obviously with BDD there is no time gap, so it alleviates the need to show continuity of treatment. This saves both the veteran and the VA a lot of time and effort obtaining private treatment records. One can imagine that such efforts can become quite extensive for claims filed several years subsequent to service.

In 2008, full Committee Ranking Member Steve Buyer requested a U.S. Government Accountability Office (GAO) assessment of the BDD program. GAO's findings confirmed that allowing claims to be filed prior to discharge is more efficient than the traditional VA claims process.

While I am optimistic about the overall assessment of the program, I encourage VA to make every effort to improve the program and increase access to BDD sites. I believe that processing as many claims as possible in this manner will have a positive impact throughout the entire system.

Thank you and I yield back. And once again, thank you, Mr. Chairman.

[The prepared statement of Congressman Lamborn appears on p. 28.]

#### **OPENING STATEMENT OF CHAIRMAN HALL**

Mr. HALL. Thank you, Mr. Lamborn.

By way of background, any member of the Armed Forces who has seen active duty, including those in the Guard and Reserve, are eligible to apply for VA disability benefits prior to leaving military service through the BDD or Quick Start pre-discharge programs. During the application process, servicemembers can get help in completing forms and preparing other required documentation from VA personnel located at their bases.

Additionally, this pre-discharge program combines, both, the health exam required by DoD upon exiting the military and the VA disabilities assessment exam into one single exam. Once a BDD or Quick Start claim is approved, veterans may begin receiving benefits within 2 or 3 months, instead of the 6 to 7 months it would typically take if they had applied after discharge under the traditional disability claims process.

Participation in the BDD program is open to servicemembers who are within 60 to 180 days of being released from active duty and who are able to complete their scheduled VA medical examinations prior to leaving their points of separation. The Quick Start program is available to servicemembers within 1 to 59 days of separation from service or servicemembers who do not meet the BDD

criteria requiring availability for all examinations prior to discharge.

The BDD program started as a pilot program in 1995 at three Army bases and three VA regional offices (ROs). In 1998, VA and DoD fully rolled out the BDD program.

Last Congress, my friend Congressman Peter Welch of Vermont introduced H.R. 2259, legislation to expand the BDD program to members of the National Guard and Reserves, which was incorporated in the National Defense Authorization Act for 2008, Public Law 110–181. This statute ensures that Guardsmen as well as Reservists can participate in the VA/DoD pre-discharge program.

In the last 15 years, over 170,000 servicemembers have availed themselves of the BDD and Quick Start process. The programs have expanded from 3 military bases to more than 153 locations in the United States, Germany, and South Korea.

According to VA, the majority of pre-discharge claims, 46,856 claims to be exact, were processed in 2009 in a paperless environment, with an average processing time of 95.5 days. It is VA's stated goal to process all compensation and pension claims in a paperless environment eventually, and the Subcommittee is committed to helping VA achieve this.

I, along with Congressman Rodriquez, and other Members of this Committee and Congress, requested that GAO prepare a report to assess the effectiveness of these programs, Quick Start and BDD, and I look forward to hearing from the GAO about its report, about its recommendations, how they have been implemented, and what, if any, impact they have had upon the pre-discharge program.

We also look forward to feedback from veteran service organizations as well as the VA and DoD on what, if any, resources are needed that we in Congress can provide to fully realize the full potential of these two programs.

The examination of VA and DoD's pre-discharge program follows up our last hearing concerning the implementation of the Veterans' Benefits Improvement Act of 2008, which was codified in Public Law 110–389. That law paved the way for a number of initiatives also targeting the VA claims backlog, which is an issue that concerns us all. It is my hope that the BDD and Quick Start programs that we are considering today, coupled with the electronic claims system and other business process transformation efforts in Public Law 110–389, which are currently underway at VA, will together significantly transform the VA claims processing system so that someday, someday soon we may play Taps for the VA compensation and pension (C&P) backlog.

I would like to remind our panelists that the complete written statements you have submitted are being made a part of the hearing record. Please limit your remarks to 5 minutes so that we can have sufficient time for questions and avoid the dreaded buzzer for the votes that will be called at some unknown time.

Our first panel consists of David Bertoni, Director of Education, Workforce, and Income Security Issues with the Government Accountability Office.

Mr. Bertoni, welcome. You are now recognized for 5 minutes.  
[The prepared statement of Chairman Hall appears on p. 27.]

**STATEMENT OF DANIEL BERTONI, DIRECTOR, EDUCATION  
WORKFORCE, AND INCOME SECURITY ISSUES, U.S. GOVERN-  
MENT ACCOUNTABILITY OFFICE**

Mr. BERTONI. Thank you very much. Good afternoon, Mr. Chairman. I am pleased to be here to discuss the Benefits, Delivery at Discharge and Quick Start programs which represent a collaborative effort by the Departments of Veterans Affairs and Defense to expedite the disability claims process for servicemembers. These programs streamline access to VA disability benefits by allowing many servicemembers to file and initiate claims development prior to discharge, thus shortening the time it takes to receive benefits. Last year over 51,000 claims were filed through both programs.

My statement today draws on our prior work and focuses on two areas, an assessment of VA's overall management of the BDD program and steps VA and DoD have taken to expand access to both BDD and Quick Start.

In summary, although VA awards benefits more quickly under BDD than through the traditional claims process, gaps in program management and accountability remain. We found that VA's BDD timeliness measure excludes time spent and claims development prior to a servicemember's discharge. Thus, VA has limited information on a frequently problematic phase of the process.

Conversely, claims development activities are included in VA's timeliness measure for traditional claims. Personnel, 12 of the 14 intake sites we reviewed, noted significant claims development challenges, including difficulty in scheduling and completing exams and gathering additional medical evidence. We continue to believe that tracking the time and resources spent on claims development could help VA mitigate any barriers to program efficiency and servicemember participation.

We also found that VA implemented two key initiatives, consolidation of BDD claims processing activities in two locations and paperless claims processing, without fully evaluating their effectiveness over prior practices.

While we support VA's efforts to achieve greater efficiencies, we continue to believe ongoing evaluation is necessary to optimize results for these initiatives. And finally, we identified gaps of VA's monitoring activities for this program. At the time of our review, VA reviewed BDD operations in only 16 of 40 Regional Offices and reviewers rarely examined these cases to ensure they were properly developed and they lacked protocols to do so. Per our recommendation, VA has since taken steps to increase the scope and quality of site visits.

In regard to improving servicemember access to expedited services, VA and DoD have taken a number of actions, most notably establishing the Quick Start Program for servicemembers, such as National Guard and Reservists who are generally unable to complete the BDD application and medical exams prior to discharge.

We have recommended and VA has begun to collect additional data to assess whether Quick Start is meeting servicemember needs. However, as with BDD, VA has no plans to track the time spent developing these claims.

VA and DoD have also coordinated to increase program awareness of BDD and Quick Start through VA benefit briefings and



DoD has established an 85 percent participation goal for those briefings. However, our work shows that DoD needs better metrics for capturing servicemember participation, as well as a service delivery plan for meeting its targeted goal.

Despite these efforts, during our site visits, we identified numerous implementation challenges associated with local DoD and VA agreements intended to prevent redundancies and servicemember inconvenience in obtaining required medical exams. These challenges were often due to turnover on base command, communication breakdowns and resource constraints, sometimes resulting in multiple unnecessary medical exams and delayed claims development.

However, in response to our findings and recommendation, VA and DoD have begun to explore local office best practices to address challenges to the cooperative exam process.

And in closing, I want to strongly emphasize that at a time when so many servicemembers are being discharged with injuries and the current conflicts in Iraq and Afghanistan, opportunities exist to improve, both, the BDD and Quick Start programs as long as both VA and DoD maintain a sharp focus on accountability and follow through on recommended actions.

Mr. Chairman, this concludes my remarks. I am happy to answer any questions you may have. I am within my time.

[The prepared statement of Mr. Bertoni appears on p. 28.]

Mr. HALL. Good job setting an example for all witnesses to come.

Mr. BERTONI. I've set a high bar.

Mr. HALL. And maybe for the Chairman himself.

Thank you, Mr. Bertoni. You point out that VA has established only one performance measure for BDD and Quick Start programs, which is tracking participation in the programs. VA does not track for these claims, as it does for general compensation claims, how much time a veteran has to wait for a final decision, the average days that it takes to complete all work to reach a final decision or the percentage of claims with no processing errors.

How do you think additional performance measurements, such as those mentioned, could assist VA in fully implementing these programs?

Mr. BERTONI. I think the rationale is that they had the STAR-review process, which is a systematic technical accuracy review where they sample a number of cases. Our concern is that this review is not capturing enough of these type of specialized cases to give them a good enough reading on what is going on.

So in general, you need good management information data to improve your program. You need to know how accurate your cases are, how consistent you are rating cases, how much time they are being taken to be processed, how long they sit in a particular phase.

Right now, there are three entry points for getting VA benefits, the traditional method, the DES—the DoD VA Disability Evaluation System pilot, which down the road might go worldwide, and there is BDD and Quick Start. For the other two programs, I can look at the metrics and I can track from time of entry, from time of application to the time those benefits are delivered and get a

good sense of what is going on at all phases. That is not the case with BDD and Quick Start.

Mr. HALL. Your testimony also notes that VA tracks days it takes to process traditional claims starting with the date that a veteran first files a claim. Whereas, it tracks days to process BDD claims starting with the date of discharge of that servicemember. This approach does not count the time that VA spends developing the claim while the servicemember is still in active duty or still under the DoD's purview.

The VA claims it does not measure the full claim processing time because it lacks legal authority to provide compensation until a servicemember is discharged and becomes a veteran. Do you have any suggestions that might allow VA to track the time to process the entire disability claim, including that time before discharge and how might this improve the BDD and Quick Start programs?

Mr. BERTONI. Absolutely. I agree they don't have the legal authority to pay the claim but they have the legal authority to develop the case, and if a person applies for benefits while a servicemember, the clock ticks, the VA representatives develop that case, it gets to a point where it is rating ready and you stop the clock. So if that is 1, 2 or 3 months, that is the development phase.

Six months down the road, once that person discharges, the clock starts again. That is the rating phase, whatever that takes, the 76 days. We put those two pieces together. That is development. That is the entire time for the case to be developed. So it is not a matter of not having legal authority to pay. They can develop a case before they are able to pay. It is a matter of doing it.

And again, it is happening with the DES pilot right now between DoD and VA. They are tracking from date of referral to date of payment and it is possible and we believe it is reasonable for them to be doing, to make this process more transparent, and it is certainly to give them the metrics and the data that they can make adjustments down the road.

One thing they have not been able to do is to reach their 60-day optimal goal at the back end. Perhaps that is due to problems at the front end with development, but they are not tracking it, they are not looking at it. If they were, they might be able to make the adjustments to reach that 60-day goal at the front end.

Mr. HALL. Right. Well, thank you, sir. We have a few examples that have come before the Committee and the Subcommittee where VA and DoD have maybe not been as cooperative or may not have allowed the overlap of work to happen that would enable a seamless transition in several different areas, and since we have representatives from both DoD and VA here, maybe we will get a chance to talk about that.

But you note in your testimony that most VA and DoD Memorandums of Understanding (MOUs) require a VA physician to administer the joint physical exam required by BDD and Quick Start. You also mentioned that only 7 percent of those MOUs surveyed permit disability exams to be administered by either a VA or DoD physician. Do you suggest that MOUs need to be expanded to permit DoD physicians or contracted physicians to conduct these exams as well as VA docs? How does the effectiveness of this program suffer as a result of this limitation?

Mr. BERTONI. I think, again, I will just hearken back to the pilot, the DES pilot, though that is right now basically, it is primarily the exams are coming from VA staff. Even in this program, I think 90 percent of the exams are being conducted by either VA staff or contracted with VA. I think the thinking is they have the broader expertise to assist in making the fit/unfit decision for the military, but also to assess and compile all the other potential injuries that that person might claim down the road for VA benefits.

At the same time, there is leeway in those agreements for DoD physicians, DoD contractors or some type of hybrid approach between VA and DoD to do, sort of, share those duties.

I think that what it comes down to in a lot of respects is resources. And right now VA has stepped up and I am not sure if they have asked or what the dialogue is between VA and DoD as to expanding the role on DoD's end.

Mr. HALL. Well, the dialogue between Secretary Shinseki and Secretary Gates has certainly been, I think, at a deeper level and a more cooperative level than what I have noticed in previous cases of Secretaries of both Departments. Hopefully that cooperative relationship will translate down through both Departments.

You also noted in your testimony that VA has implemented two initiatives to improve BDD and Quick Start, but that they did not fully evaluate either. These include VA's consolidating claims, processing activities into two regional offices and creating a paperless claims processing system. Do you know why VA has not evaluated these measures and what the implications might be of not doing that?

Mr. BERTONI. I think the position was that they—I think in one of the meetings, as far as the electronic processing goes, it was a proof of concept. It appeared to work. We decided to rule it out. And now that is ruled out, it didn't make any sense to go back, cease and desist and evaluate it. We gave them that. At the end of the day we said that is fine, but we still think that you need to go back in and develop an evaluation plan for both of these efforts: What level of performance are you shooting for; what metrics are you going to measure against in terms of how you are trending; and, ultimately, how are you evaluating this?

This is basic principles of pilot planning, basic principles of business reengineering processes. We didn't see it. We would hope that they agree to look at this and monitor it. I don't know what they are doing right now, but I believe they have gone back and are looking at some of the aspects of both of those programs. Our recommendations are open. Down the road we will look further into it and see if we can close them out.

Mr. HALL. Thank you.

Mr. Rodriguez, would you like to ask a question?

Mr. RODRIGUEZ. Yes. Thank you. Let me first apologize for being late.

Let me ask you—I know you have addressed this issue many times in the past from the GAO perspective and made recommendations and we have had a lot of difficulty in the transition between DoD and VA. We have pumped in a lot of money trying to get the DoD and the VA to come together and I think somebody explained that DoD has another great system; however, and the VA

has a great system, they just don't talk to each other. I was wondering if you had any thoughts about what we need to do next after my 12 years on the Committee, this dialogue occurred even before I arrived here. What do we need to do to or what kind of studies do we need to do to get us to the next level?

At one point we had talked about getting a private entity to come in from the outside and try to do the same first and now, as you have done, the GAO reports indicate a number of areas where a variety of programs could be tracing data more effectively. What other GAO studies could be utilized that would give us a better handle as to how to do this? From your perspective, what other GAO studies or reports could be helpful for us coming to grips with this and now moving forward with the VA and trying to get it to the next level?

Mr. BERTONI. Okay. Let me just say, we have been at the ground floor at both the DES the pilot, as well as looking at the BDD program for quite some time. So I would say, in terms of two large bureaucracies coming together and trying to merge or meld two processes that, I think, both think they do very well, I think there are just external forces—Walter Reed, the current wars, oversight on your part, GAO—basically involved here are sort of, I don't want to say forcing, but helping them to work together. And I could say in, both, the BDD program as well as the DES pilot, there is a lot of cooperation between the two entities, not always consistent in terms of how they view every aspect, but I would say, very productive in terms of their cooperation.

In terms of information, we have received and the cooperation we have received in both those efforts, it has been exceptional, so I just want you to know that.

I think, as far as further improvement, these two programs, the BDD and the DES pilot, they are very close, so I am sorry—I know it is BDD, but I want to bring that in also.

They just need to keep working to sort of, to refine the machine, and I think this report that we issued, we essentially said BDD and Quick Start is a good program. It has many positive attributes. It just needs to be refined and tweaked. And if you do some of these things, it will be a better program in terms of service delivery.

In terms of other reports, we have a body of work. I would much rather think about that and perhaps submit something to you at a later time.

Mr. RODRIGUEZ. I would like to see those ideas because a lot of times you react to what we come out with but you might have a better feel as to what might be helpful to improve services as we provide more resources. And at some point we felt, and we should have for good reason that we weren't providing them with the necessary resources.

But as we move forward with resources, we expect them to be held accountable. Can you provide me or the Chairman, with some ideas as to how we can go about additional studies that could be done to allow for more recommendations and how best to do this?

Because as elected officials, our biggest problem is not only the bureaucracy out there, but I am sure that this is the same case for the Secretary.

Mr. BERTONI. Sure and, just, I am in the process now of drafting a report for this Committee, looking at training for VSRs and RVSRs. That is going to be very important in terms of the fact that they have hired 4,200 staff over the last several years. These folks are the folks that are being placed in these rating centers, in these processing centers. They are the ones that are going to have to move this work, are crucial to accuracy, consistency and timeliness of the work.

So I think that is an important piece we are doing it. We will be out shortly. We also have some work. We just issued and under way, looking at how they can expedite the backlog problem, so I will have my staff get in contact with you.

Mr. RODRIGUEZ. With the understanding that, we have only dealt with about 8 million veterans from 23 million in the country, we have to continue to push forth on the outreach to our veterans. Okay. Thank you.

Mr. BERTONI. And the BDD program is a good tool for the outreach and education to sort of bring that service into play earlier in the servicemember's life.

Mr. HALL. Thank you, Mr. Rodriguez. I would just say that I think we all are in agreement that these are good programs that are positive steps for our veterans and we are trying to figure out how to make them better.

As part of that quest, and noting that VA has created a pre-discharge Web site so that servicemembers can initiate Quick Start or BDD claim electronically, I wanted to ask you in closing whether you think this paperless system should be expanded to permit all claims to be processed or initiated electronically. How much effect do you think that would have upon the stubborn claims backlog?

Mr. BERTONI. In terms of having accessibility via the Web site, I think that is—all modern business is heading in that direction. You know, commerce and transactions, that is how it is happening today. We have servicemembers coming back, these young individuals who have, you know, they are very familiar with that kind of public service delivery. So any time you can do that, open up another portal for quick service, we would support that.

We have not got in and looked at the actual functioning of that system, so the jury's out there.

What was the other part of your question?

Mr. HALL. That was it. Thank you.

Thank you, Mr. Bertoni. I appreciate very much your testimony and look forward to your next progress report, and you are now excused with our gratitude.

Mr. BERTONI. We will follow up on recommendations and keep you apprised.

Mr. HALL. We will absolutely try to do our best.

Because of scheduling and travel plans, we are going to ask the Honorable Noel Koch, Deputy Under Secretary of Defense, from the third panel, to come up and be our next panel all by himself. He is the Under Secretary for Wounded Warrior Care and Transition Policy at the U.S. Department of Defense, and we will just take you, Mr. Under Secretary, out of order so you can make your plane.

As usual, your statement is a part of the written record of this hearing, so feel free to improvise as you wish for 5 minutes.

You are now recognized, sir.

**STATEMENT OF HON. NOEL C. KOCH, DEPUTY UNDER SECRETARY OF DEFENSE (WOUNDED WARRIOR CARE AND TRANSITION POLICY), U.S. DEPARTMENT OF DEFENSE**

Mr. KOCH. Thank you, Mr. Chairman, and thank you very much for your consideration and realigning the witnesses. It is a great pleasure, as always, to be before this Committee, and as you already have my testimony, this is, of course, this is an area in which we are, we are a junior partner and, in fact, with the Veterans Administration and happy to be.

So our job and our responsibility is, for the most part, to make sure that our veterans—or not veterans but pre-veterans, people who are prior to separation, who will be separating, are fully informed on the programs and the benefits that are available to them.

And so as Mr. Bertoni has indicated, this is very much a work in progress. The programs, themselves, are unexceptionable, I think. There is always room for improvement, but I think that the programs themselves are excellent. The question is, are we—how is it working on the execution side?

So in the interest of improvement, one of the things that we did, as you know, I think, Mr. Chairman and Members, our responsibility is to focus on wounded warriors and their care and their transition either back to active duty or to veteran status. And of course, many of them do go back on active duty.

And so that, it would appear that our charter is somewhat limited to those people and, of course, the programs that we are talking about are much broader and encompass all the servicemembers that we have.

So, but, from the perspective, from the place that we stand in this process, we do touch, I think, morally wounded warriors, but everybody across the board.

As you are familiar with the Transition Assistance Program (TAP), this was started during the Gulf War. It is 20 years old, or more than 20 years old now. And it was very much outdated and so last November we went away for a week, took this thing apart completely, along with our colleagues in this endeavor, and put it back together and updated it so that it accommodates people who are not very much, very well accommodated previously, our National Guardsmen and our Reservists who are very much engaged in the fight today.

And so in other areas of communication, again, this seems to be the entire issue is how do we make our people aware of what is available to them. And I have now visited many, many hospitals and warrior transition units and met with hundreds and hundreds, literally of, just our clients and people we are responsible for, constituents, and it is a constant source of partly amazement and partly disappointment at how little aware they are. And so before we get to the challenging questions, I think we can stipulate that we are not doing as well in this communications effort. The numbers don't show it and the anecdotal revenues doesn't show it, and so we are working very hard to correct that and to find a way to communicate.

And, Mr. Chairman and Members, you will appreciate this. This is partly a generational issue. They don't communicate the way people my age communicate. They don't refer to these thick manuals that we put out, that they are just chock full of information, which nobody reads.

Even Web sites are becoming somewhat antiquated in the eyes of some of our younger servicemembers and so we have, and I have indicated in my testimony, we are moving into social media, such as *Facebook*.

It is very successful. We have two Marines on the space station who are friends of ours on *Facebook*, and we have other people like this, and we are working with *Twitter*, and we are finding some success here.

Now, how successful are we? These programs are too embryonic at this point for us to make a judgment to say, okay, we know this is working, the baseline still remains to be established and I am about to run out of 5 minutes, and so I will be happy to take your questions. Thank you.

[The prepared statement of Mr. Koch appears on p. 36.]

Mr. HALL. Thank you, sir. I appreciate your work and your testimony and your brevity and also your written submission, during which, you point out that servicemembers learn of BDD and Quick Start programs during the TAP briefings.

However, GAO states that only the Marines have made these briefings mandatory. We have learned that while DoD policy requires commanders to allow servicemembers to attend TAP sessions upon the Member's request, in some cases servicemembers have not been released from their other duties in order to attend TAP briefings.

So given this, why are the TAP briefings not made mandatory for all of the service branches? And further, why not make BDD and Quick Start available for all servicemembers as a part of the normal discharge process?

Mr. KOCH. Let me answer the first part of your question, Mr. Chairman, first. This—you have touched on a very sore point here, and it is a sore one with me particularly because we would like to make just about everything that constitutes a benefit or a prospective benefit for the servicemembers mandatory, for them to be aware of these things.

And in some cases we have been successful in making that happen. In other cases we have not. There are contravening priorities here. In some cases, you know, we have limited manpower and where some of these things can be done in theater, they are also fighting a war in theater, and so it becomes difficult to persuade the higher authorities to make certain programs mandatory because the commanders object to that, and so to some extent it becomes almost a local option.

We want it to be mandatory for the servicemember to have, to be able to be told about it, and then if they want to avail themselves of the additional information to be briefed or counseled, whatever arrangements are provided for them, then their commanders, it should be mandatory for the commanders to release them so that they can avail themselves of this benefit. We have

not, in every case, been able to do that, and I think we will just continually chip away at it.

I am sorry. The second question, I believe, was why are the benefits delivery in Quick Start not available to all of them. Quick Start, as you know, essentially focused more on the benefit accrues to the Reservists and that National Guardsmen, more usefully than to our active components. And the reason for it is, of course, they don't know. There is a shorter fuse on this, a shorter timeline for them to get into the system and the reason is because they don't necessarily know when they are going to be up for rotation.

As far as the BDD is concerned, this is available to everybody. It is just that not everybody needs to have these benefits. They are not necessarily all hurt in any way that would give them access, and in other cases they just don't want to bother with it. And the third case, as I indicated in my oral testimony, in some cases I am sure there are people that simply don't know about it because we have failed to reach them.

Mr. HALL. Well, I appreciate that. I think we all share the goal that you just stated of having the knowledge of these programs made available and passed on to every servicemember, be they active duty, Guard or Reserve.

I am still curious as to why the Marines have made the Transition Assistance Program briefings mandatory and the other services have not. I don't know. Maybe we need to get that answer from somebody else. But it is two schools of thought obviously.

The Quick Start program was created to ensure that our soldiers serving in active duty who come from Guard and Reserve units can also take advantage of the benefits of the pre-discharge program. Are we offering Quick Start at Guard bases? In particular, I am curious whether my own constituents serving, for instance, in the National Guard at Camp Smith and New York and the Hudson Valley, can get a Quick Start exam when they return and demobilize there?

Mr. KOCH. Mr. Chairman, I think I am going to have to get back to you on that question because I think it is a split issue. In some places it is available and other places it is not available.

[The DoD subsequently provided the following information:]

The Department of Veterans Affairs provides information on the Quick Start program at military installations where demobilization/deactivation of National Guard and Reserves takes place and there is a VA presence. National Guard and Reservists can file their Quick Start claim while still on Active Duty; however, the examination to meet the requirements of Quick Start cannot be accomplished in the limited time during demobilization/deactivation.

Once the servicemember has completed and submitted the Quick Start application a VA representative can schedule the member for the Quick Start examination prior to their release from Active Duty. The actual examination occurs after the servicemember has returned to home station.

Mr. HALL. Maybe when you get back to us because other Members, I am sure, would like to know for their districts, how that decision is made and what, you know, what percentage of bases and where they are and, you know, how is it decided that, you know, which base will have a Quick Start examination available.

And lastly, I want to ask you, the Subcommittee has taken a particular interest in servicemembers suffering from post-traumatic stress disorder (PTSD), traumatic brain injury (TBI) and military



sexual trauma (MST) to make sure that they receive the benefits to which they are entitled. The full VA Committee on the House side has examined how some servicemembers suffering from these disabilities take their own lives before they get help, or in spite of getting help, or tragically, we have a record number of veterans and soldiers who are still in uniform committing suicide or attempting suicide.

With this in mind, could you offer some thoughts about the steps we are taking during the pre-discharge process to screen for PTSD, TBI, MST and possible depression or other psychological states that might lead to suicidal tendencies?

Mr. KOCH. Yes, sir. Let me try to provide a blanket answer to that if I may. We try to screen for these disabilities before the servicemember moves on to—for example, when they come back from theater, they are tested to see if they are exhibiting symptoms of post-traumatic stress or other psychological and mental health issues that might be debilitating. And we just don't have our arms around it. I am sorry. Again, I could probably give you a very eloquent long answer that wouldn't make a whole lot of sense and by the time you distilled it, it would come down to the fact that we are still just not very good at this.

One of the problems is, I can tell you in my generation coming back from Vietnam, there are a lot of things that people look for in terms of symptoms, maybe symptoms of post-traumatic stress, but they also may be symptoms of the fact that you are just coming home hot, you don't want to be here in many cases. You know, you want to be back down range, you want to be with your unit, you want to be with your friends, you don't want to face the complexity of the life that you are going back to.

There are a lot of reasons why people come home in ways and upset and exhibit symptoms that may be construed as post-traumatic stress or other—you know, TBI is the result of, you know, that is different. We know what that is. But diagnosing post-traumatic stress is a very—is a problem of a different magnitude and while the symptoms that you are looking at really are not symptoms, but are being misread, that does not preclude that individual from suffering from post-traumatic stress 15 or 20 years later and you are not going to catch it at the front end.

And so where we have very good as it—dealing with traumatic amputations, providing the necessary prosthesis, the counseling and everything that helps people get back on their feet after they have lost their legs. We can do that. And even traumatic brain injury is something that we know we can work with this to some degree of feeling like we are making progress. In the area of post-traumatic stress, I don't know that anybody is going to come up there and say, they are pretty happy, I think we have finally got our arms around it. If they tell you that, you know, you ought to have them under oath.

Mr. HALL. I appreciate your candor and honesty, sir. And it is nice to hear anybody from government or business or anywhere say, honestly, we don't have our arms around it. This is something that we all are trying to improve as much as possible, but nobody at this point, I don't think, expects that we will have a foolproof way of identifying those people in that kind of trouble.

But before you leave, I just wanted to ask if you have any suggestions or approaches that you are trying or that you suggest that we might, on the Congressional side, be able to do to help make that identification?

Mr. KOCH. Well, your funding is—at least we are happy with our fundings. That may be something, if you are people tell you, that we are satisfied with what we have, we are satisfied with your support, we are grateful for your questions and for your—because it stimulates our thinking.

There is one thing that, I guess, you and all of our colleagues could help us with and, you may notice when you hear Admiral Mullen or other senior military leadership talk about the problem that we just finished discussing, they don't refer to disorder and I would like to see if we could, first, if we could get this out of the Diagnostic and Statistical Manual of Mental Disorders manual.

When we talk about post-traumatic stress disorder, we are automatically creating a problem for that individual, because it is a term that connotes dysfunctionality, it connotes something that is weird, if you like, in that person, and that is a great disservice to the individual because when you begin with the notion that it is a disorder, which I think it should not be called that, then you get quickly to this issue of stigma, which is just a kinder word for prejudice and it is a short jump from prejudice to discrimination in a job market and these people shouldn't—

Mr. HALL. Thank you, sir. You are echoing the statement of a father of a young veteran who took his own life who testified before this Subcommittee and suggested that it be called post-traumatic stress injury or post-traumatic stress syndrome which it use to be. Anything but disorder because of the fact that it attaches a stigma to it.

Mr. KOCH. Thank you.

Mr. HALL. To what is actually a human response to an inhuman experience or living through conditions and events that most human beings don't have to deal with.

So I appreciate your testimony and your suggestions and I hope you have a safe travel, sir. Thank you very much for your testimony.

Mr. KOCH. Thank you, Mr. Chairman.

Mr. HALL. Mr. Under Secretary, you are now excused.

Mr. KOCH. Thank you, Counsel.

Mr. HALL. I will go back to our scheduled program and ask Panel 2 to join us now, please, including Thomas Tarantino, Legislative Associate, Iraq and Afghanistan Veterans of America (IAVA); Gerald T. Manar, Deputy Director of the National Veterans Service, Veterans of Foreign Wars of the United States (VFW); Raymond C. Kelley, the National Legislative Director of AMVETS; and Mr. John L. Wilson, Assistant National Legislative Director for Disabled American Veterans (DAV).

Gentlemen, thank you for your patience. Your written statements are in the record, and Mr. Tarantino, you are now recognized for 5 minutes.

**STATEMENTS OF THOMAS TARANTINO, LEGISLATIVE ASSOCIATE, IRAQ AND AFGHANISTAN VETERANS OF AMERICA; GERALD T. MANAR, DEPUTY DIRECTOR, NATIONAL VETERANS SERVICE, VETERANS OF FOREIGN WARS OF THE UNITED STATES; RAYMOND C. KELLEY, NATIONAL LEGISLATIVE DIRECTOR, AMERICAN VETERANS (AMVETS); AND JOHN L. WILSON, ASSISTANT NATIONAL LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS**

**STATEMENT OF THOMAS TARANTINO**

Mr. TARANTINO. Mr. Chairman, thank you very much and on behalf of Iraq and Afghanistan Veterans of America's 180,000 members and supporters, I would personally like to thank you for the opportunity to speak before you today and express our views of our membership on some very important issues.

As an Operation Iraqi Freedom veteran with 10 years of service in the Army, I have seen firsthand the difficulties many face when transitioning from being a servicemember to a veteran. For the wounded warrior torn from service due to their extraordinary sacrifice, or the young veteran who spent most of their formative years in uniform, the transition can be very difficult. And all too often, we leave behind the structured, accessible care and benefits of the military when seeking benefits to the Department of Veterans Affairs, where we are left largely on our own devices.

In response to the need for a more seamless transition from servicemember to veteran, the VA and the Department of Defense have embarked on several initiatives that allow servicemembers to walk off post with their benefits in hand. However, the potential of these programs has yet to be fully realized. And their full impact will not be felt until the VA begins aggressive outreach to servicemembers and the DoD makes transition programs uniform and mandatory.

When I left the Army in 2007, I had absolutely no idea of the scope and availability of the benefits that I was entitled to as a veteran. In fact, it never even occurred to me to seek benefits and health care from the Department of Veterans Affairs just for the general wear and tear of a decade of military service. If it weren't for an old Sergeant Major that was attending the Army Civilian Alumni Program with me, I would have never even applied.

And we cannot rely on word of mouth to spread this information. The DoD and the VA must integrate their outreach and ensure a smooth transition of services before a servicemember is ready to leave the uniform behind. Otherwise, more men and women are going to fall through the cracks.

Now, as you mentioned, the Marine Corps mandates TAPS programs, I believe, within 90 days of separation, and the Army conducts their Civilian Alumni Program within 30 days of separation. Both of these programs are useful for what they are, but they really begin far too late to utilize the Benefits Delivery at Discharge Program. And neither program has comprehensive or mandatory briefings about the availability of VA services.

The VA must begin to see itself as a military alumni program. Many of us remember that guy in the cheap suit from our college alumni society who greets us on freshman year and continues to pester us throughout college and for years afterward. It may have

been kind of annoying, but the message was communicated clearly and it was consistent. The VA needs to be communicating at least that effectively with our veterans. There should be absolutely no excuse for any veteran not knowing what services are available to them when they separate. And only when the VA integrates its outreach and education efforts with the DoD will benefits programs reach their full potential.

Now, early outreach also requires VA boots on the ground. To effectively utilize Quick Start services the VA must have a presence, physically, at all military installations in order to provide access and information to the benefits and services that servicemembers have earned. Additionally, the VA should offer training to AGR members of the National Guard and Reserve so that there can be benefits counselors and educate servicemembers who do not have the same interaction with the military services as do their active duty counterparts.

Just as the VA must rethink the way it conducts outreach, the DoD must understand that it has an inherent responsibility to its servicemembers to set them up for success whether they retire from service or they choose to leave before retirement. The military is a lifestyle. It is not a job. And those who choose this life must be afforded every opportunity to excel both while in uniform and when they put the uniform away. The DoD must mandate comprehensive and structured Transitional Assistance Programs that integrates the VA benefits and services.

Now, in addition to integrating outreach and training, we also need to address the expedience and accuracy of the benefits process. The Benefits Delivery at Discharge Program generally provides more accurate and timely benefits to separating servicemembers than the standard benefits approval process. However, this is largely due to the co-location of the servicemember with their respective records and the DoD medical facility.

Many of the processing issues that plague the standard system still do exist, but they are mitigated by the fact that the servicemember is still in uniform, has full access to DoD care and services while waiting for their rating, thus reducing the time it takes to develop their claim during these programs.

I think we all know that receiving a disability rating at the VA can be a long and confusing process for a veteran. And often, veterans must wait for a rating that does not accurately reflect what they are entitled to. The VA currently uses a disability evaluation process that was outdated long before many Iraq and Afghanistan veterans were even born. And this has led to a situation where hundreds of thousands of veterans must navigate an antiquated system that focuses on quantity over quality of processed claims. And consequently, 17 percent of cases do not accurately compensate veterans for their earned benefits. And as we all know, this leads to months, if not years, of delayed payments.

And IAVA applauds some of the innovative initiatives that the VA and the DoD have undertaken to solve this problem, such as the pilot that integrates the Virtual VA into the Benefits Delivery at Discharge process and the Six Sigma pilot at the Little Rock Regional Office for the traditional claims process.

But now it is time to take it to the next level. You know, the Virtual VA is a step in the right direction, but it has to integrate with the Veterans Health Administration as well as the Board of Appeals process if it is ever to be actually effective. And informational Web sites, VA.gov and within the DoD are great, but today's veteran expects services through their Web sites in addition to information.

Mr. HALL. Mr. Tarantino if you would summarize with these bullet points and—

Mr. TARANTINO. I mean basically—

Mr. HALL. I appreciate it. Thank you.

Mr. TARANTINO. Basically, IAVA, along with the other veterans organizations, are pushing to reform the disability process as a whole. We want to change the work culture at the VA to emphasize quality over quantity, we want a modern information technology (IT) system, and we want a more transparent application process where that emphasizes customer service and removes unnecessary steps.

Thank you very much for the opportunity.

[The prepared statement of Mr. Tarantino appears on p. 38.]

Mr. HALL. Thank you, Mr. Tarantino. I am sorry to interrupt you, but we have votes coming up and I am hoping to get all of our panelists' testimony before that happens.

Mr. Manar, you are now recognized.

#### **STATEMENT OF GERALD T. MANAR**

Mr. MANAR. Mr. Chairman, thank you for this opportunity to speak before the Subcommittee. On behalf of the 2.1 million men and women of the Veterans of Foreign Wars of the United States and our auxiliaries, we appreciate the opportunity to present our views and concerns regarding the VA Benefits Delivery at Discharge and Quick Start Programs.

In the past 20 years, DoD and VA have made significant strides to ensure that our newest veterans are better prepared for life after discharge than any generation of veterans that preceded them. Unfortunately, we believe that VA fails to reach tens of thousands of those leaving active duty and most members of the Reserve and National Guard. Further, the quality of the ratings given those warriors is often poor.

The VFW began placing National Service Officers on select military installations in 2001. Today, we have nine Pre-Discharge Claims Representatives serving servicemembers at 16 military installations. We also have National Service Officers in San Juan and Las Vegas who work at nearby military bases and help servicemembers who qualify for the BDD and Quick Start Programs. Last year our service officers briefed over 14,400 servicemembers and helped over 8,400 file disability claims. They received over \$9 million in benefits shortly after discharge.

VA reports that it received 51,000 claims from the BDD and Quick Start programs in 2008, up from 47,000 the year before. Further, it reports that nearly 60 percent of those it briefed filed claims.

If 51,000 claimants represent 60 percent of those briefed, then VA is briefing only about 85,000 servicemembers. However, with

over a hundred thousand personnel leaving active duty and another hundred thousand released from the Reserves and National Guard each year, it is clear that a large number of those who serve our Nation are not receiving critical information through VA's out-reach effort.

The most interesting observation to be made from this data is that it appears VA is a victim of its own success. While 51,000 claims submitted under the BDD and Quick Start program may constitute only a small part of VA's annual claims receipt, VA devotes a significant portion of its workforce to educating servicemembers, as well as developing and rating those claims, thereby reducing its ability to deal with the rest of the workload.

We do not suggest that VA or DoD lessen their efforts in helping servicemembers prepare for life after the military. It is absolutely the right thing to do. However, it is important to recognize that doing so comes at a cost. We applaud Congress for encouraging these programs, and we support VA and DoD in their efforts to ensure that every servicemember has an opportunity to adequately prepare for their lives after discharge.

As we see it, VA has several challenges to resolve if it hopes to increase the number of servicemembers it reaches and the quality of the service it provides them.

There are too many servicemembers who are not adequately briefed about their benefits prior to discharge. Further, VA has been slow to expand the BDD program to additional installations. Since 2004, VA has expanded its presence at military bases from 139 to only 153 bases. VA must move more quickly to expand to other military installations.

Veteran service organizations are critical partners in the BDD program. VA personnel often do little more than help servicemembers fill out a claim form. VFW service officers usually spend an hour with each servicemember, they go through the service treatment records page by page, identifying chronic problems which may be granted service connection and ensure that those conditions are documented on the application. Finally, they provide answers about what to expect in dealing with VA.

As helpful as veteran service officers are, you would think that DoD would welcome us with open arms. Gaining the permission of DoD to work on base requires careful and extended negotiations with both base commanders and the VA. That's because VA does not anticipate that service organizations may be able to provide service officers to help. As a consequence, space, always at a premium, is often difficult to find.

As VA and DoD expand the BDD program to other installations, we urge them to reach out to veteran service organizations to determine whether we're able to provide service officers to help them help servicemembers.

Finally, in our experience, quality of disability ratings is no better in BDD and Quick Start cases than it is for other veterans. In November 2009, Winston-Salem, San Diego, and Salt Lake City, the offices where these claims are processed, had substantive error rates ranging from 17 to 22 percent. By VA's own admission, and we view these numbers with a great deal of suspicion based on our own experience, one out of every five decisions it makes are wrong.

There are 29 Members in the House Veterans' Affairs Committee. If you all submitted claims for benefits from the VA, nearly six of you would have ratings which were in error.

We encourage Secretary Shinseki and his management team to focus this year on changing the culture in the Veterans Benefits Administration (VBA) so that quality is the rule not the exception.

I thank you for this opportunity to testify on these important programs, and I look forward to answering any questions you may have.

[The prepared statement of Mr. Manar appears on p. 40.]

Mr. HALL. Thank you, Mr. Manar.

Mr. Kelley, you are now recognized.

#### **STATEMENT OF RAYMOND C. KELLEY**

Mr. KELLEY. Thank you, Mr. Chairman. Due to time constraints, I'm going to limit my discussion to the BDD program only.

Despite the fact that tens of thousands of servicemembers have used the BDD program at more than 150 locations, there are issues that must be addressed to improve the program, not only for the veterans who utilize it, but also for DoD and VA. If there continues to be impediments and inconsistencies in the departments that facilitate the program, it's value will be lost.

The concept of a single separation physical seems simple enough; however, physicals can be facilitated by either DoD, VA, a contractor, or a combination of the three. The national agreement between VA and DoD sets guidelines for local MOUs that will determine who will be responsible for the physical. However, there have been some challenges at the local level in communicating and following the content of the local MOU.

A 2008 GAO report found that more than half of all BDD intake sites visited had challenges in administering a single comprehensive exam. Often it was the lack of communication that failed to reach DoD personnel at the lowest level, therefore, duplicate exams continued to take place. Often local leadership and commands did not understand the program, and, therefore, ignored the MOU and continued to administer two exams.

Resources were also identified as a challenge for local BDD facilities. In some locations, DoD physicians were not qualified to conduct exams that would meet both DoD and VA requirements. In other locations when DoD is required by the local MOU to conduct the exam, no provisions were put in place to accommodate the increase in time and resources it would take to conduct the exam.

These and other issues make it difficult for bases offering BDD to meet time frames set by the program. These MOUs must be disseminated and understood by all personnel who are effected by the MOU to insure proper implementation. Also, if there are implementation issues, the MOU must be revised to better meet the needs of the BDD sites.

Because VA does not control or enforce the local BDD sites, AMVETS believes VA cannot expect—cannot be expected to account BDD development time in their timeliness of claims process. However, AMVETS believes it is important to track the BDD process from intake so efficiencies can be identified and best practices can be developed. A plan should be put in place that will allow VA

to track the development process of BDD claims and conduct periodic reviews so efficiencies can be determined.

Enforcing—informing servicemembers of this program continues to be difficult. Again, local commands' understanding and support for the program greatly affect participation. If the military command does not see the value in the program, they will not be as likely to disseminate the information to the troops. VA and DoD must make a concerted effort to educate base command structures so there will be a buy-in to the program.

The Transition Assistance Program should be an excellent way to communicate the BDD program to transitioning servicemembers, as well. However, only the Marine Corps mandates that TAP participates—participants attend the VA presentation. Since this portion isn't mandatory, servicemembers have the perception it isn't important, leading to low participation. The VA benefits portion of TAP should be mandatory.

AMVETS also believes each regional office should have the authority to rate BDD claims. We understand that as a pilot program, it was practical to have only two offices rate these claims. But now with more than 150 intake locations, allowing ROs to rate claims should increase the timeliness of adjudication.

AMVETS is also concerned that BDD enrollees must fill out different forms—BDD enrollees must fill out a different form than veterans who file a traditional claim. These are stark differences in the two forms—there are stark differences in the two forms, most notably the length of the form and the depth of the questions asked. The BDD form is shorter and lacks instructions. Also the respondent's burden of time for filling out the BDD form is half of that of the traditional form. This is due, in part, to the degree of explanation that is required. For example, each form asks the veteran to state what disabilities they are claiming. The BDD form provides a small block with only four notebook-style lines for the veteran to state their claim. But in the traditional form, the veteran is provided with an entire page asking for specific details. A study must be conducted to determine if providing servicemembers with a reduced form has any adverse effects on the development and the final rating of these claims.

Mr. Chairman, this concludes my testimony. And I will be happy to answer any questions that you have.

[The prepared statement of Mr. Kelley appears on p. 42.]

Mr. HALL. Thank you, Mr. Kelley.

Mr. Wilson, you are recognized for 5 minutes.

#### **STATEMENT OF JOHN L. WILSON**

Mr. WILSON. Thank you, sir. Mr. Chairman and Members of the Committee, I am glad to be here today on behalf of the Disabled American Veterans to address the Department of Veterans Affairs Benefits Delivery Discharge and Quick Start programs.

VA and DoD collaboration to establish single separation exam programs has generally been successful. According to a GAO report entitled, "Better Accountability and Access Would Improve the Benefits Delivery at Discharge Program," of September 2008, and the February 2010 GAO report on the same subject, veterans may begin receiving benefits within 2 to 3 months instead of the typical



6 or 7 months if they had applied after discharge under the traditional disability claims process.

While the programs can generally be viewed as successful, there are concerns with performance measures and program management. For example, VA's *FY 2009 Performance and Accountability Report*, or PAR, has only one supporting measure for BDD and Quick Start. It does not separate BDD and Quick Start data despite their specific eligibility differences and population focus. VA also does not include BDD claim development time, as a rule, as was discussed earlier.

While the timeliness of receipt of benefits after discharge is useful, excluding the time spent on development of claims makes it difficult to correct negative trends and adopt positive ones. This most recent GAO report draws the same conclusion as Disabled American Veterans.

An important next step for a seamless transition of all military personnel would be implementation of a mandatory single comprehensive medical examination in order to complete military separation. It seems logical.

The DoD and VA have made positive strides in transitioning our Nation's military to civilian lives and jobs at their work with the Department of Labor's Transition Assistance Program and Disabled Transition Assistance Program. These TAP and DTAP programs have improved but challenges remain. The prospect of a servicemember after multiple deployments returning stateside to be placed on medical or administrative hold has dissuaded some from going to these briefings and from filing disability claims. Also, while receiving information has improved, quick processing time may allow some individuals to fall through the cracks. This is of particular concern for DTAP participants where those with severe disabilities may already be getting health care from a VA spinal cord injury center despite still being on active duty. Since they are no longer located near a military installation, they are often forgotten in the transition systems process. DTAP has not had the same level of success as TAP, and closer coordination from the DoD, VA, and VETS is critical to improving this disparity.

In conclusion, the BDD and Quick Start programs are a generally effective tool. Their effectiveness could be even greater should the DoD and VA incorporate our suggestions.

It has been a pleasure to appear before you this afternoon. I will be happy to answer any questions you may have.

[The prepared statement of Mr. Wilson appears on p. 43.]

Mr. HALL. Thank you very much, Mr. Wilson. And I will ask each of you to answer this, if you would. Both BDD and Quick Start are generally considered to be successful programs and good ideas. That being said, if there was one thing you would change in these programs, what would it be? Mr. Tarantino.

Mr. TARANTINO. Mr. Chairman, I think you are correct. They are excellent programs, and they are great ideas. The fact that it took 12 years just to get to the not-quite full implementation is a little bit insane.

I think if I would change that, I would roll it out completely, and I would make sure that every single servicemember knows that these programs exist and are able to easily apply for them, that it

is command supported, and it's part of transition assistance, not just 60 or 90 days out, but 6 months to a year out when they are actually looking at that decision, thinking about their retention options.

Mr. HALL. Thank you. Mr. Manar.

Mr. MANAR. Well, I could say, "Ditto," but let me expand on a couple of other things, and that is quality. As I spoke earlier, quality is really poor in the VA rating program. And I think if we could change one thing, it would be that the quality of rating decisions be improved substantially.

No one in this room would even think about buying a car, for instance, where 20 percent of its parts were defective or where you had a chance that one out of every five cars would stop working as soon as you left the dealership.

So I think the VA—the one thing we need here is vastly improved quality of rating decisions.

Mr. HALL. Mr. Kelley.

Mr. KELLEY. I think that, to continue to add, having MOUs at the local level that work and insuring that those MOUs work. So if the DoD is tasked with providing these physicals, that, okay, that's what the MOU says, but do they have all the resources that they need on that base to facilitate that in a timely manner and with the resources that they need? And I think that's the biggest thing, and perhaps educating DoD leadership on the importance of this BDD program.

Mr. HALL. Mr. Wilson.

Mr. WILSON. Building on that, I would say mandatory physical exams. For active duty personnel, it's not a problem. For the Guard and Reserve, demobilization makes this difficult. But nonetheless, the resources should be made available to keep every Guardsman or Reservist on active duty—on active duty orders until they are able to get their separation physicals. At that time, and only then, should their paperwork be certified and they are eligible to then separate from the service.

Mr. HALL. Okay. Thank you so much for your testimony. You have been most helpful. We will submit more questions to you in writing, if you don't mind. And I think we can move on with the information you have given us, and go to our final witness before these votes are called.

So Mr. Tarantino, Mr. Manar, Mr. Kelley, and Mr. Wilson, you are all excused. Thank you, again, very much, for your service to our veterans.

Our third panel now consists of Diana Rubens, Associate Deputy Under Secretary for Field Operations, Veterans Benefits Administration, U.S. Department of Veterans Affairs, accompanied by Mr. Bradley Mayes, Director of Compensation and Pension Service at the VBA, U.S. Department of Veterans Affairs. Thank you both for your patience and thank you to all of our previous witnesses for their concise testimony.

Ms. Rubens, welcome and you are now recognized.

**STATEMENT OF DIANA RUBENS, ASSOCIATE DEPUTY UNDER SECRETARY FOR FIELD OPERATIONS, VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY BRADLEY G. MAYES, DIRECTOR, COMPENSATION AND PENSION SERVICE, VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS**

Mr. RUBENS. Thank you, Mr. Chairman. Thank you for your support on the issues for veterans benefits.

It is my pleasure today to discuss our ongoing nationwide Benefits Delivery at Discharge and Quick Start pre-discharge programs. As you mentioned, Mr. Mayes has joined me here today.

These two programs are really just elements of our strategy to provide that transition assistance to separating or retiring servicemembers and to engage those servicemembers in the claims process prior to discharge. A pre-discharge claim is any claim received from a servicemember prior to release from active duty.

VBA's goal is to ensure that each and every servicemember separating or retiring from active duty who wishes to file a claim with VA for a service-connected disability benefit will receive assistance in doing just that.

We have talked a lot about the fact that the BDD program is open to servicemembers who are within 60 to 180 days of being released, as well as the Quick Start being available to those servicemembers with 59 days or less prior to separation.

One of the things that I think is interesting is that during the fiscal year 2009, our BDD and Quick Start claims may have represented just 20 percent of all our original compensation claims received nationwide. But during the same period, approximately 65 percent of separating servicemembers who filed their claims within 1 year of separation came through the BDD and Quick Start programs. So we think that our profile using these programs has been high. We know that we'd like to improve it, but we think we're doing pretty well at this point.

The timeliness for our processing for both BDD and Quick Start claims is much better than our general workload, and we believe that that is because we are getting that head start on the claim before that servicemember gets out of the Service.

As mentioned previously, one of the things that we have worked to do is streamline the process by incorporating an imaging technology for the paperless processing of the BDD claims. Our BDD paperless processing began initially as a pilot in the Winston-Salem Rating Activity Site in March of 2006, and was expanded to the Salt Lake Rating Activity Site in March of 2007. The goal was to paperlessly process our BDD claims through the entire life cycle from initial submission through adjudication and, if applicable, through the appeals resolution. The advantage to processing BDD claims in a paperless environment included reduction of time and cost associated with shipment of folders. In August of 2008, we began ensuring that all BDD claims were being sent to our scanning vendor so that they could be incorporated into the paperless environment.

Talking about the environment that we are using today, what we recognize is that our existing Virtual VA architecture and configu-

ration are not scalable for all C&P processing. Currently we are developing the Veterans Benefits Management System as an initiative to establish our large-scale effort so that we have an IT solution that will allow us to do all processing within that paperless environment.

We have talked quite a bit about the outreach efforts and the things that we are doing jointly with DoD to ensure that servicemembers prior to release are getting information. In addition to having those brochures, the Web sites, and the folks out at the TAP and the DTAP sessions, I want to touch on the fact that we are continuing to expand the number of servicemembers we are reaching. In fiscal year 2008, there were roughly 300,000 servicemembers that, through the myriad of programs we have, received information on benefits prior to discharge. In fiscal year 2009, that number exceeded 360,000. So we are looking to continue to increase that exposure to ensure all servicemembers released from active duty are aware of the benefits that they have so richly earned.

I am going to conclude with renewing our commitment to providing efficient and timely service to our Nation's veterans. We continue to evaluate the BDD and Quick Start programs to look for those improvements that we can accomplish with current technology, as well as new technology to further enhance benefits delivery under these important programs and to improve the veteran's experience.

This concludes my testimony. I would be pleased to answer any questions you might have.

[The prepared statement of Ms. Rubens appears on p. 47.]

Mr. HALL. Thank you, Ms. Rubens. You are onto something, you and Mr. Mayes. And I think we are all impressed with the potential and also with what has been realized already with these programs.

Your testimony points out that 65 percent of separating servicemembers who filed their claims within 1 year did so through BDD and Quick Start. My first question is would there be a benefit to keeping statistics of BDD and Quick Start utilization separately?

Mr. MAYES.. Mr. Chairman, we are tracking the utilization, in other words, service personnel that are separating and filing their claims through the BDD program or the Quick Start program as a ratio of all of those servicemembers that are filing claims within a year. That is one of the things that we have worked with the Department of Defense to come up with a utilization rate measure. So we are doing that.

And we have seen it increase through the years, as Ms. Ruben pointed out in her testimony, which we believe is a measure of the success. To me that says that we are getting the word out. The commands are making the servicemembers available. As you mentioned, and I think Under Secretary Koch mentioned, for the Marine Corps it is mandatory. We are continuing to push that through our collaboration with DoD through the Benefits Executive Council and the Joint Executive Council.

So those are the kinds of things that we are doing, as you mentioned, in improving utilization.

Mr. HALL. Right. Excuse me. There's 12 minutes left on the vote, and I just want to ask you a couple more questions, and then we will submit further questions in writing. But what do you think accounts for the other 35 percent who do not participate in the program?

Mr. RUBENS. I would tell you that I think that there are some servicemembers who, as they get out, feel as though they are healthy, that their period of service hasn't brought them to the point where they need to submit a claim.

Mr. HALL. Okay. And thank you. Sounds like a reasonable assumption for many of them. We understand that there are 142 BDD sites. Are there qualified physicians available to do BDD exams at all those sites?

Mr. MAYES. There are actually 131 sites that are covered by a formal Memorandum of Understanding, 95 total MOA. We are doing the single separation exam at 153 sites. So there is capacity to do those single separation exams at all of those sites. As we mentioned, and I think you mentioned in your opening statement, servicemembers can still file claims through the Quick Start program even if they can't get the single separation exam at that site.

Mr. HALL. What help can we in Congress give you to expand BDD and Quick Start?

Mr. MAYES. Mr. Chairman, I think that Congress help us get the word out. We delivered pamphlets. You clearly have a good grasp of the program. I think that is helpful. When your staff and your local offices understand this program, they have an opportunity to interact with veterans, Guard, and Reserve units, helping us to continue to do that.

And as Under Secretary Koch said, us presenting here before you and answering these questions forces us to take a look at what we are doing. We are going to continue to collaborate with the Department of Defense to push so that we have access to active duty and Guard and Reserve members service personnel before they get out. We would love to see mandatory TAP so that we have that opportunity to educate people that are leaving the service.

Mr. HALL. Thank you, Mr. Mayes. And I have one last question is regarding the GAO report, which noted a failure to effectively track the accuracy of claims that are processed through these specific programs. Does the VA view this as a significant concern and are there any potential complications involved in tracking these programs separately?

Mr. MAYES. We do look at a valid sample of decisions requiring a rating determination for each regional office around the country. It is a valid sample, 256 cases per regional office per year. That would include the Rating Activity Sites at Winston-Salem, Salt Lake, and the site in San Diego.

So within that sampling are cases that are worked through the BDD program. All of the sites where there is consolidated processing actually had higher quality on average than the nationwide average. So we felt that through that National Quality Assurance Program that we were capturing how well they make an entitlement determination. In the end, the entitlement determination for a BDD or a Quick Start claim is grounded in the same require-

ments, the same regulations, the same rules as any other claim. So we felt we were properly evaluating the quality for those sites.

Mr. HALL. Well, thank you, Ms. Rubens and Mr. Mayes, for your work for our veterans and servicemembers and for your testimony today. The Subcommittee may have further questions that we will submit in writing to you. Those Members who were unable to be here today may have questions, but I want to note that there are 5 legislative days for other Members to make remarks or submit questions for the record. And thank you to all of our witnesses today.

This hearing is now adjourned.

[Whereupon, at 3:27 p.m., the Subcommittee was adjourned.]

## A P P E N D I X

### **Prepared Statement of Hon. John J. Hall, Chairman, Subcommittee on Disability Assistance and Memorial Affairs**

Good afternoon.

Would everyone please rise for the Pledge of Allegiance? Flags are located at the front and back of the room.

Ladies and gentlemen, we are here today to examine the Benefits Delivery at Discharge (BDD) and Quick Start programs, two components of the pre-discharge program established by the Departments of Defense (DoD) and Veterans Affairs (VA) to streamline servicemembers' transition from active duty to veterans' status.

By way of background, any member of the Armed Forces who has seen active duty—including those in the National Guard or Reserves—is eligible to apply for VA disability benefits prior to leaving military service through the BDD program or Quick Start pre-discharge program. During the application process, servicemembers can get help in completing forms and preparing other required documentation from VA personnel located at their bases. Additionally, this pre-discharge program combines the health exam required by the DoD upon exiting the military and the VA disabilities assessment exam into a single exam.

Once a BDD or Quick Start claim is approved, veterans may begin receiving benefits within 2 to 3 months, instead of the 6 to 7 months it would typically take if they had applied after discharge under the traditional disability claims process.

Participation in the BDD program is open to servicemembers who are within 60 to 180 days of being released from active duty and who are able to complete their scheduled VA medical examinations prior to leaving their points of separation. The Quick Start program is available to servicemembers within 1 to 59 days of separation from service or servicemembers who do not meet the BDD criteria requiring availability for all examinations prior to discharge.

The BDD program started as a pilot program in 1995 at three Army bases and three VA regional offices. In 1998, VA and DoD fully rolled out the BDD program.

Last Congress, my friend Rep. Peter Welch (D-VT) introduced H.R. 2259, legislation to expand the BDD program to members of the National Guard and Reserves which was incorporated in the National Defense Authorization Act for 2008 (P.L. 110-181). This statute ensures that Guardsmen as well as Reservists can participate in the VA/DoD pre-discharge program.

In the past 15 years, over 170,000 servicemembers have availed themselves to BDD and QuickStart processing. The programs have expanded from 3 military bases to more than 153 locations in the United States, Germany, and South Korea.

According to VA, the majority of pre-discharge claims, 46,856 processed in 2009, were processed in a paperless environment, with an average processing time of 95.5 days. It is VA's stated goal to be processing all compensation and pension claims in a "paperless" environment. The Subcommittee is committed to helping VA achieve this goal.

I, along with Congressman Rodriquez, and other Members of this Committee and Congress, requested that GAO prepare a report to assess the effectiveness of the BDD and Quick Start initiatives. I look forward to hearing from the GAO about its report, how its recommendations have been implemented, and what, if any impact they have had on the pre-discharge program.

We also look forward to feedback from veteran service organizations as well as from VA and DoD on what if any resources are needed to fully realize the potential of these two tools.

The examination of VA and DoD's pre-discharge program follows up our last hearing concerning the implementation of the Veterans' Benefits Improvement Act of 2008, which was codified in P.L. 110-389. P.L. 110-389 paved the way for a number of initiatives also targeting the VA claims backlog issue. It is my hope that the BDD and Quick Start programs we examine today, coupled with the electronic claims system and other business reformation efforts in P.L. 110-389 currently underway at

VA will together help significantly transform today's VA claims processing system so that we may soon play "Taps" for the VA comp & pen backlog.

I now recognize Ranking Member Lamborn for his opening statement.

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**Prepared Statement of Hon. Doug Lamborn, Ranking Republican  
Member, Subcommittee on Disability Assistance**

Thank you Mr. Chairman,

And welcome everyone, to this hearing on the Benefits Delivery at Discharge and Quick Start programs.

These programs are modeled on the concept of providing a seamless transition from military service to civilian life.

I, along with Chairman Hall, my fellow Subcommittee Members, and many of you here, are long-time advocates for creating a seamless transition.

Therefore I'm sure we can all recognize the inherent value of beginning the VA claims process while service medical records are readily available and proof of service connection is easily established.

Allowing veterans to file VA compensation claims prior to separation from active duty, is simply a logical approach.

BDD is more efficient than the traditional VA claims process and it eliminates many problems that are created by the time gap that often exists between discharge and application for benefits.

Among the requirements to establish eligibility for VA compensation, veterans must be able to show that a condition was incurred during service, and that there is continuity of treatment between that incurrence and the current condition for which they are filing.

Obviously, with BDD there is no time gap, so it alleviates the need to show continuity of treatment.

This saves both the veteran and VA a lot of time and effort obtaining private treatment records.

One can imagine that such efforts can become quite extensive for claims filed several years subsequent to service.

In 2008, full Committee Ranking Member Steve Buyer requested a U.S. Government Accountability Office assessment of the BDD program.

GAO's findings confirmed that allowing claims to befiled prior to discharge is more efficient than the traditional VA claims process.

While I am optimistic about the overall assessment of the program, I encourage VA to make every effort to improve the program and increase access to BDD sites.

I believe that processing as many claims as possible in this manner will have a positive impact throughout the entire system—Thank you, I yield back.

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**Prepared Statement of Daniel Bertoni, Director, Education, Workforce, and  
Income Security Issues, U.S. Government Accountability Office**

**VETERANS' DISABILITY BENEFITS**

**Opportunities Remain for Improving Accountability for and Access to  
Benefits Delivery at Discharge Program**

**GAO Highlights**

**Why GAO Did This Study**

Through the Benefits Delivery at Discharge (BDD) program, the Department of Veterans Affairs (VA) collaborates with the Department of Defense (DoD) to streamline access to veterans' disability benefits by allowing some servicemembers to file a claim and undergo a single collaborative exam process prior to discharge. BDD is designed for servicemembers with conditions that, while disabling, do not generally prevent them from performing their military duties. This program can shorten the time it takes for veterans to receive benefits by several months.

GAO was asked to discuss issues surrounding VA's and DoD's BDD program and related Quick Start program, and identify ways VA and DoD could improve these programs for transitioning servicemembers. This statement is based on GAO's September 2008 report (GAO-08-901) that examined (1) VA efforts to manage the BDD program and (2) how VA and DoD are addressing challenges servicemembers face



in accessing the BDD program. GAO updated some information to reflect the current status of claims processing and improvement initiatives in the BDD program.

### What GAO Found

Although VA awards disability benefits more quickly under BDD than through its traditional disability claims process, gaps in program management and accountability remain. For example, VA does not separately measure the total time its personnel spend developing BDD claims. As a result, VA has limited information on potential problems and improvement opportunities regarding BDD claims. GAO continues to believe that VA should measure BDD development time; however, VA told GAO it has no plans to capture this information. GAO also found that VA implemented two initiatives to improve the BDD program—i.e., consolidating BDD processing in two offices and instituting paperless processing of BDD claims to increase efficiencies and improve security of information—but did not evaluate whether or the extent to which desired improvements resulted. Finally, GAO found that VA was not completely or consistently monitoring BDD operations at all locations. VA has since taken steps to review BDD operations at more sites and has revised its protocols to ensure more consistent reviews of BDD operations.

VA and DoD have taken steps to improve servicemembers' access to the BDD program; however, opportunities remain for further improvement. For servicemembers such as National Guard and Reservists who are generally unable to complete the BDD claims process within the required time frame, VA established an alternative pre-discharge program called Quick Start. Under this program, servicemembers may still initiate a disability application prior to discharge, but can complete the claims process, including medical exams, at another location after discharge. In response to GAO's recommendation, VA has taken steps to collect additional data to determine the extent to which the Quick Start program is helping those with limited or no access to the BDD program. However, as with BDD claims, VA told GAO it has no plans to measure time spent developing these particular claims, and GAO continues to believe it should. VA and DoD have coordinated to increase BDD program awareness through VA benefits briefings for servicemembers, and DoD established a goal that 85 percent of servicemembers attend these non-mandatory briefings. GAO continues to believe that DoD should establish a plan with a specific time frame for meeting this goal, but DoD has not developed such a plan. Finally, GAO found that some bases faced difficulties maintaining local agreements intended to prevent redundancy and inconvenience for servicemembers in obtaining required medical exams. In response to GAO's recommendation, DoD reported that it is working with VA to identify best practices to address local challenges to implementing their cooperative exam process.

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Mr. Chairman and Members of the Subcommittee:

I am pleased to have the opportunity to comment on the Benefits Delivery at Discharge (BDD) program and related Quick Start program, which are administered by the Department of Veterans Affairs (VA) in collaboration with the Department of Defense (DoD). Both programs are intended to help servicemembers transition from military service to life as civilians and veterans by allowing them to initiate their VA disability benefits applications while they are still in the military. The BDD program further allows servicemembers to go through one collaborative examination process that satisfies DoD's requirement to determine their general health and VA's requirement to assess any claimed disabilities, instead of separate exam processes for both DoD and VA. Under BDD and Quick Start, veterans should begin receiving benefits sooner than the 6 to 7 months it would typically take if they had applied after discharge under the traditional disability claims process. Both programs are designed for servicemembers with conditions that, while disabling, do not generally prevent them from performing their military duties.<sup>1</sup>

You asked us to discuss issues surrounding VA's and DoD's BDD program and related Quick Start program, and identify ways VA and DoD could improve these programs for transitioning servicemembers. My statement draws on our prior work, which examined (1) VA efforts to manage the BDD program and (2) how VA and DoD are addressing challenges that servicemembers face accessing the BDD pro-

<sup>1</sup>The military has a separate disability evaluation process for servicemembers who are being discharged because they can no longer perform their duties because of a disabling condition.

gram,<sup>2</sup> and was conducted in accordance with generally accepted government auditing standards. We have updated some information to reflect the current status of VA claims processing and improvement initiatives in the BDD program.

In summary, we found that although VA awards compensation more quickly under BDD than through its traditional disability claims process, there are gaps in program management, accountability, and access. For example, VA does not track time spent developing a BDD claim prior to the servicemember's discharge and therefore lacks information on how efficiently its personnel are developing BDD claims. In addition, although VA and DoD have made efforts to improve all servicemembers' access to the BDD program, we identified additional opportunities to help improve access. For example, VA established the Quick Start program whereby servicemembers unable to complete exams within BDD's required time frames—such as National Guard and Reserves—may at least initiate a disability application prior to discharge.<sup>3</sup> However, VA lacked sufficient data to determine whether the Quick Start program was helping those with no or limited access to the BDD program. In response to our recommendation, VA has updated its data system to track participation by National Guard/Reserves. We also found that efforts to raise awareness about the BDD program may not reach all those who are eligible. DoD has set a goal that 85 percent of servicemembers attend Transition Assistance Program (TAP) sessions, but it has not implemented our recommendation to establish a plan with a specific time frame to meet this goal, and we continue to believe that it should.

### Background

Through its disability compensation program, VA pays monthly benefits to veterans with service-connected disabilities.<sup>4</sup> Under VA's BDD program, any member of the armed forces who has seen active duty—including those in the National Guard or Reserves—may apply for VA disability benefits prior to discharge. The program allows veterans to file for and potentially receive benefits earlier and faster than under the traditional claim process because medical records are more readily accessible and key forms needed to process the claim can be signed immediately. Establishing that the claim is related to the member's military service may also be easier under the BDD program because the member is still on active duty status. In 2008, VA and DoD offered the program at 142 bases,<sup>5</sup> providing access to over 70 percent of servicemembers who were discharged in fiscal year 2007.<sup>6</sup> In July 2008, VA issued policy guidance allowing servicemembers being discharged from any military base to initiate BDD claims at other locations where VA personnel were located, such as at all of its 57 regional offices. VA also established an alternative predischARGE program, now called Quick Start, to provide members who cannot participate in the BDD program an opportunity to initiate claims before discharge. Last year, over 51,000 claims were filed through the BDD and Quick Start programs.

To participate in the BDD program, servicemembers generally must meet six requirements: (1) be in the process of being honorably discharged from military service, (2) initiate their application for VA disability benefits between 60 and 180 days prior to their discharge date, (3) sign a Veterans Claims Assistance Act (VCAA) form,<sup>7</sup> (4) obtain and provide copies of their service medical records to local VA personnel, (5) complete a VA medical exam, and (6) remain near the base until the exam process is done. The 60- to 180-day time frame is intended to provide sufficient time prior to discharge for local VA personnel at BDD intake sites to assist members with their disability applications, including scheduling exams.

While VA has examination requirements for those applying for disability compensation, DoD also has examination requirements for those leaving military serv-

<sup>2</sup>GAO, *Veterans' Disability Benefits: Better Accountability and Access Would Improve the Benefits Delivery at Discharge Program*, GAO-08-901. (Washington, D.C.: Sept. 9, 2008).

<sup>3</sup>At the time of our review, VA referred to this program as its new, alternative predischARGE program. Today, this program is referred to as the Quick Start program.

<sup>4</sup>The amount of disability compensation depends largely on the severity of the disability, which VA measures in 10 percent increments on a scale of 0 percent to 100 percent. In 2010, basic monthly payments for veterans with no dependents have ranged from \$123 for 10 percent disability to \$2,673 for 100 percent disability.

<sup>5</sup>BDD is also present at an additional 11 Coast Guard bases, which are administered by the Department of Homeland Security.

<sup>6</sup>This percentage does not include members of the National Guard or Reserve forces.

<sup>7</sup>The Veterans Claims Assistance Act of 2000 (VCAA) (Pub. L. No. 106-475) assigns VA the duty to assist veterans in obtaining any records relevant to their claims, provided the veterans adequately identify such records so that VA is able to request them.

ice. For all servicemembers leaving the military, the military services generally require health assessments that consist of a questionnaire about the member's general health and medical history, among other topics. In some cases, members who are separating from the military may receive a physical exam to obtain evidence for a particular medical problem or problems that might exist. The purpose of the exam is to obtain information on the individual's medical history, and includes diagnostic and clinical tests, depending on the types of disabilities being claimed. VA's exam for disability compensation is more comprehensive and detailed than the military services' separation exams, which are intended to document continued fitness for duty, whereas the purpose of the VA exam is to document disability or loss of function.<sup>8</sup>

Under the BDD program, DoD and VA coordinate efforts to perform exams for servicemembers being discharged that satisfy requirements of both the military and VA. Because of variation in the availability of local resources, such as physicians trained to use VA's exam protocols, DoD and VA agreed that local military bases should have flexibility to determine whether VA or military physicians or some combination of both will conduct the exam. In 2004, the agencies signed a memorandum of agreement (MOA) delineating their roles and responsibilities. The national agreement delegates authority to VA regional offices and individual military bases to create memorandums of understanding (MOU) that detail how the exam process will be implemented at the local level.

VA's Veterans Benefits Administration (VBA) is responsible for administering and monitoring the BDD program.<sup>9</sup> VBA personnel assemble claims-related information and send the claims to be processed at one of two regional offices.<sup>10</sup> VBA is also responsible for the paperless BDD claims process, an initiative intended to improve efficiency by converting claims-related information stored in paper folders into electronic format, as part of VA's effort to have all claims processed electronically by the end of 2012.

VA has established a performance goal to increase the percentage of first-time disability claims filed through the BDD program. Servicemembers generally learn of the BDD program through VA-sponsored benefits briefings conducted at military bases as part of TAP sessions. Led primarily by the Department of Labor, TAP consists of about 3 to 4 days of briefings on a variety of topics related to benefits and services available to servicemembers as they are discharged and begin life as veterans. Generally, servicemembers are required to attend a short introductory briefing, while all other sessions—including the VA benefits segment in which members learn about BDD—are optional.

In addition to its participation goal for the BDD program, VA has three general goals for the timeliness and accuracy of all disability claims: average days pending (i.e., waiting for a final decision), average days to complete all work to reach a final decision, and average accuracy rate (percentage of claims with no processing errors).<sup>11</sup> In 2009, VA reached its performance goal for one measure, i.e., average days to complete claims was 161 days compared with a goal of 168 days. However VA fell short of two goals last year: Average days pending was 117 days compared with a goal of 116 days, and national accuracy rates were 83 percent compared with a goal of 90 percent.<sup>12</sup>

### **VA's Management of the BDD Program Provides Limited Accountability for Results, although Recent Improvements Have Been Made**

#### *VA Has a Performance Measure for BDD Participation, but Lacks Adequate Measures for Timeliness of BDD Claims*

VA has established one performance measure for the BDD program that tracks participation in the program. Since fiscal year 2005, VA has tracked the percentage of all disability claims filed through the BDD program within 1 year of discharge.

<sup>8</sup> See GAO, *VA and DoD Health Care: Efforts to Coordinate a Single Physical Exam Process for Servicemembers Leaving the Military*, GAO-05-64 (Washington, D.C.: Nov. 12, 2004).

<sup>9</sup> While VA administers the BDD program, VA and DoD's Joint Executive Council (JEC) oversees joint efforts to eliminate barriers that servicemembers may face as they leave the military. Under the JEC, the Benefits Executive Council is focused on improving information sharing between the agencies and the transition process for servicemembers.

<sup>10</sup> In 2006 VA completed its consolidation of BDD processing activities into two regional offices—Salt Lake City, Utah, and Winston-Salem, North Carolina—to increase the consistency of BDD claims.

<sup>11</sup> VA has several other measures for claims overall, including measures of satisfaction and how well VA keeps veterans informed of benefits.

<sup>12</sup> National accuracy rate data are through July 2009.

VA's most recent data for fiscal year 2008 indicate that 59 percent of claims filed within 1 year of discharge were filed through the BDD program—9 percentage points higher than its fiscal year 2008 goal of 50 percent. VA recently revised this measure so that it accounts only for claims filed by members who are discharging from bases covered by the BDD program.<sup>13</sup>

Although VA fine-tuned its measure for BDD program participation, VA does not adequately measure timeliness of BDD claims. VA tracks the days it takes to process traditional claims starting with the date a veteran first files a claim, whereas it tracks days to process BDD claims starting with the date a servicemember is discharged.<sup>14</sup> This approach highlights a key advantage of the BDD program—that it takes less time for the veteran to receive benefits after discharge. However, the time VA spends developing a claim before a servicemember's discharge—at least 60 days according to VA—is not included in its measures of timeliness for processing BDD claims, even though claims development is included in VA's timeliness measures for traditional disability claims.<sup>15</sup>

VA officials told us the agency does not measure the timeliness of BDD claims development for three reasons: (1) VA lacks legal authority to provide compensation until a servicemember is discharged and becomes a veteran; (2) VA officials perceive most development activities, such as obtaining the separation exam and medical records, to be outside of their control; and (3) VA officials said that a primary objective of the program was to shorten the time from which the member was entitled to benefits—by definition, after discharge—to the time he or she actually received them.

While it is useful to know how soon after discharge servicemembers begin receiving benefits, excluding the time VA personnel spend on developing BDD claims limits VA's information on challenges in this stage of the process and may inhibit VA from taking action to address them. Personnel in 12 of the 14 BDD intake bases we reviewed indicated significant challenges with claims development activities, such as scheduling and completing sometimes multiple exams for servicemembers who leave an area. Challenges such as these may delay the development of servicemembers' claims, putting them at risk of having to drop out of the BDD program. The fact that the servicemember is not yet a veteran does not absolve VA from tracking the time and resources spent developing BDD claims, which could ultimately help VA identify and mitigate program challenges. As for lack of control over the claims development process, VA also faces similar limitations with traditional disability claims, because VA must rely on veterans to submit their applications and on other agencies or medical providers for records associated with the claim. Nevertheless, VA tracks time spent developing these claims and could also do this for BDD claims.

#### *VA Has Not Fully Evaluated Initiatives to Improve the BDD Program*

VA implemented two initiatives to improve the BDD program but did not fully evaluate either. In 2006, VA finished consolidating claims processing activities for BDD into two regional offices—Salt Lake City, Utah, and Winston-Salem, North Carolina—to improve the consistency and timeliness of BDD ratings.<sup>16</sup> In fiscal year 2007, each office completed about 11,000 BDD claims. Although VA reported to us that it monitors claims workloads between these offices and, in one case, sent claims from one office to the other so that claims could be processed more quickly, VA had not conducted an evaluation to determine whether consistency improved compared with prior practices.

VA also has not evaluated a second BDD initiative, known as the paperless claims processing initiative, which is intended to increase the timeliness of claims processing and security of BDD claims information. Since our report, VA told us that

<sup>13</sup> Previously, VA had included in the denominator claims from members who were discharged from non-BDD locations. Using those data, in fiscal year 2007, only 43 percent of first-year claims were filed through BDD, significantly short of VA's goal. VA will come closer to its goal by excluding servicemembers who, being from non-BDD locations, will generally be unable to meet BDD program requirements.

<sup>14</sup> While VA lacks a separate performance measure on BDD timeliness, VA officials reported the agency does track the average days BDD claims are pending a decision and the average days it takes VA to complete work on BDD claims separately from traditional claims. However, VA includes only the time after servicemember discharge when tracking BDD timeliness.

<sup>15</sup> By not including the time it takes to develop BDD claims, VA underestimates its overall processing time. However the impact is not large because predischarge (BDD and Quick Start) claims represent a small portion of all claims processed—about 5 percent in 2009.

<sup>16</sup> These two regional offices complete development, rating, award actions, and notification actions for BDD claims.

all BDD claims have been processed in the paperless environment since August 2008, and that it continues to monitor the BDD paperless initiative by hosting monthly teleconference calls with all 57 regional offices, intake sites, and area offices to provide ongoing guidance and training, as well as address any issues or problems the field may be experiencing. However, VA has not evaluated the extent to which this initiative improved overall timeliness or security.

*VA's Review of BDD Operations Has Been Inconsistent, although VA Has Recently Taken Steps to Improve Monitoring*

We identified gaps related to VA's monitoring of the BDD program, but VA has since taken some steps to address those gaps. For example, we found that between September 2002 and May 2008, VA conducted reviews of BDD operations in only 16 of the 40 offices it visited. Further, in 10 of the offices that were reviewed, VA personnel did not document the extent to which BDD claims were fully developed before being passed on to the processing office, pursuant to VA policy.<sup>17</sup> We also found that the review protocol did not prompt reviewers to verify the extent to which claims were being fully developed before being sent to the processing office. In addition, for 14 offices, reviewers did not address whether agreements related to processing BDD claims existed between the processing office and relevant regional office, even though VA's BDD operations review protocol specifically prompts reviewers to check for such agreements. In response to our recommendations, VA officials reported that they have increased the number of BDD oversight visits, including visits to sites that had not been reviewed in several years, such as Honolulu, Hawaii, and Louisville, Kentucky. Furthermore, VA revised its protocol to require a review of BDD operations as part of its site visits to monitor regional offices.

**VA and DoD Took Steps to Increase Access to the BDD Program, but Some Servicemembers May Still Face Barriers to Participation**

*Some Servicemembers Have Limited Access to the BDD Program, but May Participate in the Alternative Quick Start Program*

Although the BDD program is designed to provide most servicemembers with access, some members may be unable to initiate a claim 60 to 180 days prior to discharge or remain within the vicinity of the base long enough to complete their exams. According to VA officials, this is a challenge particularly for demobilizing servicemembers of the National Guard and Reserves, who typically remain at a base for only 2 to 5 days before returning home, and are generally unable in this brief time to complete requisite exams or obtain required copies of their service medical records. Servicemembers located in remote locations until just a few days prior to discharge may also be unable to participate. Finally, we were told that servicemembers going through the DoD Medical Board process are ineligible for the BDD program because they typically are not given a firm discharge date in advance of the 60- to 180-day discharge window, and a firm date is required to avoid servicemembers returning to active duty after completing the claims process.<sup>18</sup>

In April 2007, VA established an alternative predischARGE program, now known as Quick Start, to provide members who cannot participate in the BDD program an opportunity to initiate disability claims before they are discharged. Under this program, local VA personnel typically develop servicemembers' claims as much as possible prior to discharge and then send the claims to the San Diego or Winston-Salem regional offices, which were designated as consolidated processing sites for Quick Start claims in August 2009.<sup>19</sup> In addition, in 2009, VA also created a predischARGE Web site, which allows servicemembers to initiate either a BDD or Quick Start claim electronically, although exams must still be completed in person.

We found VA lacked data to assess the extent to which servicemembers benefit from the alternative predischARGE program. Specifically, we found that VA was unable to assess participation in the Quick Start program by National Guard and Reserve servicemembers because they could not be distinguished from other

<sup>17</sup>VA policy directs the processing offices to have agreements with all of the regional offices in their jurisdiction to define roles and responsibilities for processing BDD claims.

<sup>18</sup>DoD and VA are piloting a program whereby the assessment used to determine a wounded soldier's fitness for duty can be used to determine VA disability benefits for those ultimately deemed unfit.

<sup>19</sup>These designated processing sites complete development, rating, award actions, and notification actions for Quick Start claims.

servicemembers.<sup>20</sup> In response to our recommendation, the agency reported that it has updated its data system to distinguish between National Guard/Reserves and full-time active duty servicemembers who file such claims.

We also found that, like BDD claims, timeliness measures for Quick Start claims do not include days spent developing the claim prior to discharge. According to VA officials, the timeliness of Quick Start claims may vary substantially from both BDD and traditional claims. For example, servicemembers who are on base only a few days prior to discharge, such as members of the National Guard and Reserves, may have enough time only to fill out the application before returning home and may need to schedule the VA exam necessary to fully develop their claim after discharge. Overall, this will most likely result in less timely receipt of VA disability compensation than through the BDD program, but more timely than traditional claims. On the other hand, servicemembers with more time before discharge may be able to complete more or all of the claim development process, including the VA exam. Because VA does not adequately track timeliness of Quick Start, it may be unable to identify trends and potential challenges associated with developing and processing these claims. However, as with BDD claims, VA told us it has no plans to measure time spent developing these particular claims, and we continue to believe it should.

*VA and DoD Have Coordinated to Provide Briefings with Information about BDD, but Military Duties and Other Factors May Hinder Attendance*

VA and DoD have coordinated to provide servicemembers with information about the BDD program through VA benefits briefings and other initiatives, but attending these briefings is optional for most servicemembers. According to DoD and VA personnel, most servicemembers learn about the program through VA benefits briefings conducted as part of TAP sessions, although some may also learn about BDD through base television spots, papers, and word of mouth.<sup>21</sup> However, the Marine Corps is the only service branch to require servicemembers to attend VA benefits briefings. For the other service branches, participation requirements may vary by base and command.

We found that commanders' and supervisors' support for transition services, such as VA-sponsored benefits briefings, can vary by base.<sup>22</sup> Even though DoD policy requires commanders to allow servicemembers to attend TAP sessions upon the member's request, we were told at one base that servicemembers have on occasion not been released from their duties to attend the briefings, resulting in VA personnel going up the chain of command to obtain permission for the members to attend. At two bases, VA officials considered outreach to be difficult—because of conflicting missions between VA and DoD and lack of support from some base commanders—resulting often in servicemembers being called away from the briefings.

Although some military officials recommended that servicemembers be required to attend TAP sessions, rather than mandate attendance, DoD decided in August 2007 to establish a goal that 85 percent of separating servicemembers and demobilizing National Guard and Reserve members participate in TAP sessions, including VA benefits briefings. We recommended that DoD establish a plan with a specific time frame for meeting this goal, but DoD has not developed such a plan. We continue to believe that DoD should establish a plan for meeting its goal. In the course of our review, we also learned that TAP participation data may be inaccurate or overstated because unique identifiers were not used to document servicemembers' attendance and servicemembers who attend more than one briefing could be double-counted. Currently, the Department of Labor (DOL), VA, and DoD track participation in their respective TAP sessions separately. We recommended that DoD establish an accurate measure of servicemembers' participation in TAP, including VA benefits briefings. DoD recently reported it is working in collaboration with DOL and VA to determine what improvements can be made in measuring servicemembers' participation in all components of TAP.

<sup>20</sup>At the time of our review, VA also expressed concern that early Quick Start program data might not be accurate because of to the newness of the program.

<sup>21</sup>In addition, the Benefits Executive Council's BDD Working Group has also developed a BDD and Quick Start pamphlet to be distributed at all VA intake sites, and VA's recently developed predischarge Web site also includes links to the TAP Web site and information.

<sup>22</sup>GAO, *Military and Veterans' Benefits: Enhanced Services Could Improve Transition Assistance for Reserves and National Guard*, GAO-05-544 (Washington, D.C.: May 20, 2005).

*Most BDD Sites Have Local Memorandums of Understanding to Provide a Cooperative Exam Process, but Maintaining Them Has Been a Challenge for Some Bases*

Most BDD sites employ local MOUs to establish a cooperative exam process, and implementation of the exam process varies significantly.<sup>23</sup> According to data provided by VA during our review, more than 60 percent of bases offering the BDD program had local MOUs that called for the exclusive use of VA physicians, 30 percent used VA contractors to conduct exams, and 7 percent used a sequential process involving resources and exams from both VA and DoD.<sup>24</sup> At bases offering the BDD program overseas, VA exams were conducted by physicians under contract with DoD because VA does not have physicians at these bases.

At several bases we visited, we identified resource constraints and communication challenges that have affected servicemembers' access to the program. Resource challenges we identified at five bases included no designated VA exam provider for more than 7 months, difficulties hiring physicians, and displaced staff because of construction. At seven bases, we identified communication challenges or a lack of awareness of the local cooperative exam MOU caused by uncertainties generally resulting from deployment of a key DoD local official or changes in command leadership. In one case, communication between DoD and VA personnel was conducted on an inconsistent basis, if at all. Such constraints and challenges have caused delays in servicemembers' exams or otherwise made it difficult to meet time frames required by the BDD program.

At the time of our review, DoD and VA had provided some guidance on implementing and maintaining local MOUs; however, personnel in some sites we visited were interested in learning about promising practices at other bases. We recommended that VA and DoD identify and disseminate information on promising practices that address challenges local officials commonly face in ensuring servicemembers have full access to a cooperative exam. DoD officials recently reported collaborating with VA on a September 2009 conference focusing on seamless transition. DoD officials planned to work with conference sponsors to identify best practices for dealing with the cooperative exam process as it relates to the challenges local personnel commonly face.

## Conclusion

The BDD program appears to be an effective means for thousands of separating servicemembers to receive their disability benefits faster than if they had filed a claim under VA's traditional process. Despite BDD's inherent advantages, VA has not followed through on opportunities to ensure accountability and to optimize results. Similarly, although DoD and VA have made significant progress in increasing servicemembers' access to the BDD and Quick Start programs, opportunities to further ensure or improve access remain. At a time when so many servicemembers are being discharged with injuries, it is more important than ever to process benefits as efficiently and effectively as possible. BDD and Quick Start programs have great potential to achieve these goals, as long as VA maintains a sharp focus on accountability, and both DoD and VA follow through on recommended actions.

Mr. Chairman, this concludes my prepared statement. I would be pleased to answer any questions that you or other Members of the Subcommittee may have.

## Related Products

*Veterans' Disability Benefits: Further Evaluation of Ongoing Initiatives Could Help Identify Effective Approaches for Improving Claims Processing.* GAO-10-213. Washington, D.C.: January 29, 2010.

*Veterans' Disability Benefits: Preliminary Findings on Claims Processing Trends and Improvement Efforts.* GAO-09-910T. Washington, D.C.: July 29, 2009.

*Military Disability System: Increased Supports for Servicemembers and Better Pilot Planning Could Improve the Disability Evaluation Process.* GAO-08-1137. Washington, D.C.: September 24, 2008.

<sup>23</sup>At the time of our review, 130 of the 142 DoD bases that offered the BDD program had a local MOU in place; the remaining 12 bases were newer and had not yet established local MOUs. VA noted that its policy guidance (Fast Letter 08-20), signed July 2, 2008, eliminated the requirement for a local MOU to be in place in order for VA to accept a BDD claim. In this guidance, VA expanded the definition of a BDD claim, removing the criterion that BDD claims may be accepted only at military bases where local MOUs are in place.

<sup>24</sup>For example, at 2 bases, DoD officials started the exam process by conducting diagnostic testing, such as hearing and vision tests; a VA physician or contractor conducted the remainder of the exam, which was then incorporated to meet both VA and DoD separation requirements.

*Veterans' Benefits: Increased Focus on Evaluation and Accountability Would Enhance Training and Performance Management for Claims Processors.* GAO-08-561. Washington, D.C.: May 27, 2008.

*Federal Disability Programs: More Strategic Coordination Could Help Overcome Challenges to Needed Transformation.* GAO-08-635. Washington, D.C.: May 20, 2008.

*VA and DoD Health Care: Progress Made on Implementation of 2003 President's Task Force Recommendations on Collaboration and Coordination, but More Remains to Be Done.* GAO-08-495R. Washington, D.C.: April 30, 2008.

*VA Health Care: Additional Efforts to Better Assess Joint Ventures Needed.* GAO-08-399. Washington, D.C.: March 28, 2008.

*DoD and VA: Preliminary Observations on Efforts to Improve Care Management and Disability Evaluations for Servicemembers.* GAO-08-514T. Washington, D.C.: February 27, 2008.

*Information Technology: VA and DoD Continue to Expand Sharing of Medical Information, but Still Lack Comprehensive Electronic Medical Records.* GAO-08-207T. Washington, D.C.: October 24, 2007.

*DoD and VA: Preliminary Observations on Efforts to Improve Health Care and Disability Evaluations for Returning Servicemembers.* GAO-07-1256T. Washington, D.C.: September 26, 2007.

*GAO Findings and Recommendations Regarding DoD and VA Disability Systems.* GAO-07-906R. Washington, D.C.: May 25, 2007.

*Information Technology: VA and DoD Are Making Progress in Sharing Medical Information, but Are Far from Comprehensive Electronic Medical Records.* GAO-07-852T. Washington, D.C.: May 8, 2007.

*Veterans' Disability Benefits: Processing of Claims Continues to Present Challenges.* GAO-07-562T. Washington, D.C.: March 13, 2007.

*Veterans' Disability Benefits: Long-Standing Claims Processing Challenges Persist.* GAO-07-512T. Washington, D.C.: March 7, 2007.

*High Risk Series: An Update.* GAO-07-310. Washington, D.C.: January 31, 2007.

*Veterans' Disability Benefits: VA Can Improve Its Procedures for Obtaining Military Service Records.* GAO-07-98. Washington, D.C.: December 12, 2006.

*Military Disability Evaluation: Ensuring Consistent and Timely Outcomes for Reserve and Active Duty Service Members.* GAO-06-561T. Washington, D.C.: April 6, 2006.

*Military Disability System: Improved Oversight Needed to Ensure Consistent and Timely Outcomes for Reserve and Active Duty Service Members.* GAO-06-362. Washington, D.C.: March 31, 2006.

*VA and DoD Health Care: Opportunities to Maximize Resource Sharing Remain.* GAO-06-315. Washington, D.C.: March 20, 2006.

*Veterans' Benefits: Further Changes in VBA's Field Office Structure Could Help Improve Disability Claims Processing.* GAO-06-149. Washington, D.C.: December 9, 2005.

*Veterans' Disability Benefits: Claims Processing Challenges and Opportunities for Improvements.* GAO-06-283T. Washington, D.C.: December 7, 2005.

*Veterans' Disability Benefits: Claims Processing Problems Persist and Major Performance Improvements May Be Difficult.* GAO-05-749T. Washington, D.C.: May 26, 2005.

*Military and Veterans' Benefits: Enhanced Services Could Improve Transition Assistance for Reserves and National Guard.* GAO-05-544. Washington, D.C.: May 20, 2005.

*VA and DoD Health Care: Efforts to Coordinate a Single Physical Exam Process for Servicemembers Leaving the Military.* GAO-05-64. Washington, D.C.: November 12, 2004.

*Veterans' Benefits: Improvements Needed in the Reporting and Use of Data on the Accuracy of Disability Claims Decisions.* GAO-03-1045. Washington, D.C.: September 30, 2003.

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**Prepared Statement of Hon. Noel C. Koch, Deputy Under  
Secretary of Defense (Wounded Warrior Care and Transition  
Policy), U.S. Department Secretary of Defense**

Mr. Chairman, thank you for inviting me to join you today to discuss how the Department of Defense (DoD) in collaboration with the Department of Veterans Affairs (VA) is working to increase transitioning servicemember's participation in the Benefits Delivery at Discharge (BDD) and Quick Start Programs. The Departments con-



tinue to work together to address these issues through the auspices of the DoD/VA Benefits Executive Council and the Joint Executive Council.

The Office of Wounded Warrior Care and Transition Policy's (WWCTP) mission is to ensure Wounded, Ill, Injured & transitioning Warriors receive the highest quality care and seamless transition support. Some of our Wounded, Ill or Injured servicemembers may be able to return to active duty following their recovery, and may choose to do so, while others may leave military service. But while in the care of DoD, it is my office's job to develop policy and provide oversight of several parts of a servicemember's care, recovery and transition.

As you are aware, one of the most important efforts we made was in response to the recommendations sent forth by the President's Commission on Care for America's Returning Wounded Warriors and required by the National Defense Authorization Act for Fiscal Year 2008 (NDAA 2008) to provide a single point of contact for recovering servicemembers and their families. In response to the NDAA requirement, we launched the Department of Defense Recovery Coordination Program (RCP).

The RCP places Recovery Care Coordinators (RCC) in each Military Department's Wounded Warrior Program. The RCCs support eligible Wounded, Ill and Injured servicemembers, including members of the Reserve Component, and their families, by ensuring their non-medical needs are met along the road to recovery.

My office also has oversight for training the Recovery Care Coordinators. To improve outreach to those supported by an RCC, I had my staff expand the training curriculum for the DoD Transition Assistance Program (TAP) and its TurboTAP Web site. RCCs are told how to connect wounded, ill and injured servicemembers with the BDD and Quick Start Programs through their supporting TAP office. BDD or Quick Start can now be added to the members' comprehensive plan, if applicable.

Servicemembers leaving the military are informed about BDD and Quick Start during the Pre-separation Counseling phase of the transition process. There are five components of TAP, namely:

- Pre-separation Counseling—sponsored by DoD and the Military Services
- VA Benefits Briefings—sponsored by VA
- Disabled Transition Assistance Program (DTAP)—sponsored by VA
- Department of Labor (DOL) TAP Employment Workshops—sponsored by DOL
- One-on-one coaching which occurs following the previously mentioned four components.

Information on BDD and Quick Start is first provided during the pre-separation portion of the transition process. These programs are addressed again, in greater depth, by VA during the VA sponsored VA Benefits Briefing, and a third time during the VA sponsored DTAP. Servicemembers meeting the eligibility criteria are given a minimum of three opportunities to learn about these vital programs.

Other actions the Department has taken in conjunction with our partners at VA to educate and inform servicemembers about the BDD and Quick Start Programs include:

- Launched the VA Pre-Discharge Web site in June 2009 and linked it to our DoD TurboTAP Web site.
- Developed a BDD and Quick Start pamphlet.
- Promoted BDD and Quick Start on servicemember's Leave and Earnings Statements (September 2009).
- Convened the Joint Interagency Strategic Working Group for the Transition Assistance Program to assess and update the program.
  - One outcome was a recommendation that DoD update its DoD Instruction on Pre-separation Counseling by requiring counselors to cover the BDD and Quick Start Programs. This policy modification will help us close any gaps that may exist.
  - Another outcome was to update the Pre-separation Counseling Checklist for Active Component and Transitioning Counseling Checklist for Demobilizing/Deactivating Reserve Component Services members by adding BDD and Quick Start. Although our emphasis is on counseling and coaching servicemembers, it is equally important that we document that counseling was conducted. The forms are the tools which allow us to do that.
  - Within two weeks following the Joint Interagency Strategic Working Group meeting, DoD TAP joined the social network community by launching the DoD TAP Facebook. We are taking advantage of the popularity of social media as another communications resource to promote transition services and benefits to military personnel and families. One

of the first links and resources on our Facebook homepage is to the Pre-Discharge Web site.

So where are we today? What other steps are we taking that will continue to foster our commitment and support to our deserving warriors?

The Department will soon issue a Memorandum to the Military Departments asking senior leaders and commanders at all levels to strengthen their emphasis on the importance of BDD and Quick Start. We view this Memorandum as a “call to action” to our commanders to become more engaged with ensuring eligible servicemembers submit their claim for disability compensation through BDD or Quick Start before separating from the military.

As the Co-Chairs of the Benefits Executive Council (BEC), my distinguished colleague, the former Under Secretary for Benefits, and I wanted to institutionalize and strengthen responsibilities of our Pre-Discharge Working Group, which falls under our purview. To accomplish this we directed this group to develop a “Pre-Discharge Working Group Charter” for our approval. I am delighted to report, Mr. Chairman that I recently signed the Charter as the DoD BEC co-chair and sent it to my VA Co-chair counter-part, the Acting Under Secretary for Benefits for his signature.

But these programs and actions notwithstanding, much remains to be done. Both DoD and VA are aware that we can improve how we care for our servicemembers and Veterans, be it through further research, continuing to ease access to benefits for those who earned them, and finding more efficient and effective service-delivery systems that will provide better support for our warriors and their families.

Mr. Chairman, we are reminded daily of our obligation to our servicemembers and their families, and particularly to the Wounded, Ill and Injured, and those who bear the greatest burden of caring for them. We are committed to providing the support they need to help ensure a successful transition through recovery and rehabilitation and back to active duty or reintegration into their communities.

We appreciate the opportunity to come before you today to discuss a subject which the Secretary of Defense has said repeatedly is a Departmental priority second only to the wars in which we are engaged. I will be happy to answer your questions.

Thank you.

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#### **Prepared Statement of Thomas Tarantino, Legislative Associate, Iraq and Afghanistan Veterans of America**

Mister Chairman, Ranking Member, and Members of the Subcommittee, on behalf of Iraq and Afghanistan Veterans of America’s (IAVA) 180,000 members and supporters, I would like to thank you for the opportunity to speak before you today to express the concerns of our membership on some very important issues facing veterans of Iraq and Afghanistan and their families.

As an OIF veteran with 10 years of service in the Army, I have seen firsthand the difficulties that many face when transitioning from being a servicemember to being a veteran. For the wounded warrior, torn from service due to their extraordinary sacrifice, and the young veteran, who spent most of their formative years in uniform, the transition can be difficult. All too often, we leave behind structured and accessible care and benefits of the military when seeking care and benefits at the Department of Veterans Affairs (VA), where we’re left to our own devices.

In response to the need for a more seamless transition from servicemember to veteran, the VA and Department of Defense (DoD) have embarked on several initiatives that allow servicemembers to walk off post with their benefits in hand. However, the potential of these programs has yet to be fully realized. And their full impact will not be felt until the VA begins aggressive outreach to servicemembers and the DoD makes transition programs uniform and mandatory.

When I left the Army in 2007, I had no idea of the scope and availability of the benefits I was entitled to as a veteran. In fact, it never occurred to me to seek benefits and health care from the VA for the general wear and tear of a decade of military service. If it weren’t for the advice of a Sergeant Major attending the Army Civilian Alumni Program with me I would never have applied.

But we cannot rely on word of mouth to spread this information. The DoD and the VA must integrate their outreach and ensure a smooth transition of services before a servicemember is ready to leave the uniform behind. Otherwise, more men and women will fall through the cracks. The Marine Corps mandates TAPS programs within 90 days of separation, while the Army conducts their Civilian Alumni Program within 30 days. Both of these programs are useful, but begin far too late to effectively utilize the Benefits Delivery at Discharge Program. Additionally, nei-

ther program has comprehensive and mandatory briefings about the availability of VA services.

The VA must begin to see itself as a military alumni program. Many of us remember the guy from our college's alumni society who greeted us freshman year and continued to pester us throughout college and for years afterward. It may have been annoying at times, but the message was communicated clearly and consistently. The VA needs to be communicating at least that effectively with our veterans. There should be no excuse for a veteran not knowing what services are available to them when they separate. Only when the VA integrates its outreach and education efforts with the DoD will benefits programs reach their full potential.

Early outreach also requires VA boots on the ground. To effectively utilize quick start services the VA must have a presence at all military installations in order to provide access and information to the benefits and services that the servicemembers have earned. Additionally, the VA should offer training to AGR members of the National Guard and reserve in order to educate servicemembers who do not have the same interaction with the military services as their active duty counterparts.

Just as the VA must rethink the way it conducts outreach, the DoD must understand that it has a responsibility to its servicemembers to set them up for success whether they retire from service or choose to leave. The military is a lifestyle, not a job. Those that choose this life must be afforded every opportunity to excel both while in uniform, and when they put the uniform away. The DoD must mandate a comprehensive and structured Transitional Assistance Program that integrates VA benefits and services.

In addition to integrating outreach and training we need to address the expedience and accuracy of the benefits process. The Benefits Delivery at Discharge Program generally provides more accurate and timely benefits to separating servicemembers than the standard benefits approval process. However, this is largely due to the co-location of the servicemember with their respective records and DoD medical facility. Many of the processing issues that plague the standard system still exist. They are mitigated by the fact that the servicemember is still in uniform and has full access to DoD care and services, while waiting for their rating, thus reducing the time it takes to develop a claim.

Receiving a disability rating at the VA can be a long and confusing process for a veteran. Often, a veteran must wait for a rating that does not accurately reflect what they are entitled to. The VA currently uses a disability evaluation process that was outdated long before many Iraq and Afghanistan veterans were born. This has led to a situation where hundreds of thousands of veterans must navigate an antiquated system that focuses on the quantity over quality of the processed claims. Consequently, 17 percent of cases do not accurately compensate veterans for their earned benefits. And as we all know, that leads to months, if not years, of delayed payments.

IAVA applauds some of the innovative initiatives that the VA has undertaken to mitigate this problem. Two such programs are the pilot that integrates the Virtual VA into the Benefits Delivery at Discharge process, establishing online information for quick start programs, and the Six Sigma pilot at the Little Rock Regional Office. Now it is time to take it to the next level. The Virtual VA is a step in the right direction, but it must integrate with VHA records if it is to be effective. Informational Web sites are good, but today's veterans expect a Web site to offer services as well as information.

This year IAVA, along with many of our fellow Veterans Service Organizations, have selected reform of the disability benefits approval process as our number one legislative issue. We believe that our veterans and survivors deserve a top quality disability claims system and we commit to supporting and passing disability claims reform legislation that:

- Develops a work culture at VA that emphasizes quality at all steps by creating a management culture that measures and rewards quality of results, not just quantity, and provides sufficient training of VA's management and workforce in order to achieve this outcome.
- Modernizes the IT infrastructure and optimizes business processes by creating a secure and accessible paperless IT system which rapidly moves and organizes the information necessary for VA to approve claims for benefits, while optimizing workflow and business processes.
- Develops a simpler and more transparent application and approval process by creating a universal and simple application process that provides veterans with regular updates on the progress of their claims and allows them to access their records and the status of their claims.

Thank you again for the chance to communicate our analysis and suggestions on this most important issues facing veterans of Iraq and Afghanistan. We look forward to continuing to work with the committee and I appreciate your time and attention.

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**Prepared Statement of Gerald T. Manar, Deputy Director, National  
Veterans Service, Veterans of Foreign Wars of the United States**

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE: On behalf of the 2.1 million men and women of the Veterans of Foreign Wars of the U.S. (VFW) and our Auxiliaries, we appreciate the opportunity to present our views and concerns regarding the VA Benefits Delivery at Discharge (BDD) and Quick Start Programs.

In 1973, I spent the last two weeks of active duty in the Navy at Treasure Island in San Francisco Bay. During that entire period I did not hear a single word about VA disability compensation, VA health care or the GI Bill. My experience was, I believe, not at all out of the ordinary. Other than education benefits, I knew virtually nothing about the services VA provided to veterans until I was hired by VA in 1974 as a benefits counselor to work on college campuses in the Detroit area.

The world has changed tremendously in the decades since my discharge from the Navy. DoD and VA have made significant strides to ensure that our newest veterans are better prepared for life after discharge than any generation of veterans that preceded them. Unfortunately, VA fails to reach tens of thousands of those leaving active duty and most Reserve and National Guard members. Further, the quality of the ratings given these warriors is, in a word, awful.

**Background**

The Transition Assistance Program (TAP) and the Disability Transition Assistance Program (DTAP) was created in the 1980's to better inform servicemembers about benefits and opportunities following service. Those programs have expanded significantly so that today, classes and briefings start months before release from active duty. The TAP and DTAP don't just cover VA benefits. Information on resume writing, employment counseling, small business information, personal finance, and much more is provided to soon to be released servicemen and women.

From 2005–2007, VA briefed over 1 million servicemen and women and interviewed over 318,000.

The BDD initiative is an outgrowth of the TAP and DTAP programs. It began in 1995 as a joint project by VA and DoD at only three Army bases. It has expanded to over 150 installations covering all branches of service. This program allows servicemembers within 60 to 180 days of discharge to file a claim for compensation benefits, receive necessary medical examinations, and obtain a rating soon after release from active duty.

**Veterans of Foreign Wars**

Veteran service organizations have worked hand in hand with the VA and DoD to ensure that our nation's newest veterans receive every benefit to which they are entitled under the law.

The VFW began placing national service officers on select military installations in 2001. Today, we have 9 Pre-Discharge Claims Representatives serving troops at 16 military installations. We also have national service officers in San Juan and Las Vegas who perform TAP briefings several times a month at nearby military bases and help servicemembers who qualify for the BDD and Quick Start programs. Last year our service officers briefed over 14,400 servicemembers and helped over 8,400 soldiers, sailors, airmen and marines file disability claims with VA.

The VFW also has two full time specialists reviewing BDD ratings at the VA regional offices in Winston-Salem and Salt Lake City Rating Activity Sites RAS. All told in 2009, our small cadre of national service officers helped BDD and Quick Start participants receive over \$9 million in benefits at or shortly after discharge.

**Challenges**

VA reports that it received 51,000 claims from the BDD and Quick Start claims programs in 2008, up from 47,000 the year before. Further, it reports that nearly 60 percent of those it briefed filed claims.

These numbers are fascinating for several reasons. First, that at least 60 percent believe they were disabled to some degree during their military service is signifi-

cant. While I do not have the exact numbers, our experience is that nearly all will receive service connection for at least one disability and most will receive compensation at some level.

Second, if 51,000 claimants represent 60 percent of those briefed, then VA is briefing only about 85,000 servicemembers. However, it is our understanding that each year over 100,000 personnel leave active duty and another 100,000 are released from the Reserves and National Guard. While some Reserve and National Guard personnel use the BDD and Quick Start programs as they depart active duty it is clear that a large portion of those serving on active duty and in the reserves are not receiving critical information through VA's outreach efforts.

The most interesting observation is that VA is a victim of its own success. It may be merely a coincidence but in the mid-1990s at about the time VA expanded its TAP and DTAP programs, VA's workload began to increase. While 51,000 claims submitted under the BDD and Quick Start programs may constitute only 5 percent of VA's annual claim receipts, VA devotes a significant portion of its workforce to educating servicemembers and encouraging them to file claims. Further, many highly skilled personnel at the Winston-Salem, Salt Lake City and San Diego Regional Offices have been tasked to work BDD and Quick Start claims exclusively.

We do not suggest that VA or DoD lessen their efforts in helping servicemembers prepare for life after the military. It is absolutely the right thing; it may not always be the easiest or cheapest thing. We applaud Congress for encouraging these programs and we support VA and DoD in their efforts to ensure that every servicemember has an opportunity to adequately prepare for their post-discharge life.

#### **As We See It**

VA has several challenges to resolve if it hopes to improve the number of servicemembers it reaches and the quality of the service it provides them:

There are too many servicemembers who are not adequately briefed about their benefits prior to discharge. While DoD may require pre-discharge education far too many servicemembers are either not provided, or find some way to avoid these programs. Further, VA has been slow to expand the BDD program to additional installations. In 2004, VA was at 139 military bases; in 2008 the number stood at only 150. *VA must move more quickly to expand to other military installations.*

Veteran Service Organizations are a critical partner in the BDD program. VA personnel have neither the time nor, often, the expertise to help servicemembers fill out more than a claim. VFW service officers usually spend an hour with each servicemember, talking with them about their problems and concerns; they go through the service treatment records page by page, identifying chronic problems which originate or are aggravated by military service and ensure that those conditions are both listed and documented on the application. They accomplish Veterans Claims Assistance Act (VCAA) notification which helps shorten the development process. Finally, they provide answers about what to expect in dealing with VA.

As helpful as veteran service officers are you would think that DoD would welcome us with open arms. Gaining the permission of DoD to work on base requires careful and extended negotiations with both DoD and VA. That's because VA does not anticipate that service organizations may be able to provide service officers to help. As a consequence, space, always at a premium, is often difficult to find.

As VA and DoD expand the BDD program to other installations, *we urge them reach out to Veteran Service Organizations to determine whether we are able to provide service officers to help them help servicemembers.*

Finally, in our experience quality of disability ratings is no better in BDD and Quick Start cases than it is for other veterans. The VA STAR report for November, 2009, shows that 17 percent of all ratings nationally contained at least one substantive error. Winston-Salem met the national error rate, while San Diego, where Quick Start claims are rated had a 19 percent error rate. Salt Lake City trailed with a 22 percent error rate. Essentially, one out of every 5 decisions made by VA are wrong.

There are 29 members on the House Veterans Affairs Committee. If you all submitted claims for benefits from the VA nearly 6 of you would have ratings which were wrong.

*We encourage Secretary Shinseki and his management team to focus this year on changing the culture in VBA so that quality is the rule, not the exception.*

Aristotle once said: “We are what we repeatedly do. Excellence then is not an act, but a habit.”

VA needs to create a culture where excellence is a habit.

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**Prepared Statement of Raymond C. Kelley, National  
Legislative Director, American Veterans (AMVETS)**

Chairman Hall, Ranking Member Lamborn, and members of the subcommittee, thank you for the opportunity to appear before you today to provide AMVETS’ views regarding the Benefits Delivery at Discharge and Quick Start Programs.

The Benefits Delivery at Discharge (BDD) program was established to allow servicemembers to begin their disability claims process prior to discharge. Another benefit to this program is the servicemembers will receive a single physical that will satisfy both the requirements for DoD separation as well as VA disability claims assessment. By doing this, servicemembers who are less than 180 days but more than 60 days away from separating from active military service can initiate a VA disability claim. This will allow for a more seamless transition for the servicemember who may begin receiving disability compensation within one to three months after discharge as apposed to six to seven months if they file their claim in the tradition manner.

Despite the fact that tens of thousands of servicemembers have used the BDD program at more than 150 locations, there are issues that must be addressed to improve the program not only for the veterans who utilize it, but also for DoD and VA. If there continue to be impediments and inconsistencies for the departments that facilitate the program, the real value of the program will be lost.

The concept of a single separation physical seems simple enough. However, the physicals can be facilitated by either DoD, VA, a contractor, or a combination of the three. The national agreement between VA and DoD set guidelines for local Memorandums of Understanding (MOU) that will determine who will be responsible for the physical. However, there have been some challenges at the local level in communicating and following the content of the local MOU. The “Veterans’ Disability Benefits” GAO report (GAO-08-901) found that more than half of all BDD intake sites visited had challenges in administering a single, comprehensive exam. Often it was a lack of communication that failed to reach DoD personnel at the lowest level, therefore, duplicate exams continued to take place. Often, local leadership of commands did not understand the program and therefore they ignored the MOU and continued to administer two physicals.

Resource changes were also identified as a challenge for local BDD facilities. In some locations DoD is responsible for conducting the exam, but current physicians were not qualified to conduct exams that would meet both DoD and VA requirements. At other locations, when DoD is required by the local MOU to conduct the exam, no provisions were put in place to accommodate the increase in time and resources it would take to conduct the exams. These and other issues make it difficult for bases offering BDD to meet time frames set by the program. These MOUs must be disseminated to and understood by all personnel who are affected by the MOU to ensure proper implementation. Also, if there are implementation issues the MOU must be revised to better meet the needs of BDD sites

Because VA does not control or enforce the local BDD sites, AMVETS believes VA cannot be expected to account BDD development time in their timeliness of claims processing. However, AMVETS believes it is important to track the BDD process from intake so efficiencies can be identified and best practices can be developed. A plan should be put into place that will allow VA to track the development process of BDD claims and conduct periodic reviews so efficiency can be determined.

Informing servicemembers of this program continues to be difficult. Again, local commands’ understanding and support for the program greatly affects participation. If the military command does not see the value in the program, they will not be as likely to disseminate the information to the troops. VA and DoD must make a concerted effort to educate base command structures so there will be buy-in of the program. This is the first step to delivering the information to troops.

The Transition Assistance Program (TAP) should be an excellent way to communicate the BDD program to transitioning servicemembers as well. However, only the Marine Corps mandates that TAP participants attend the VA presentation. Since this portion is mandatory, servicemembers have the perception that it is unimportant, leading to low participation. The VA benefits portion of TAP should be mandatory.

AMVETS also believes each Regional Office (RO) should have the authority to rate BDD claims. We understand that as a pilot program, it was practical to have only two offices rate these claims, but now with more than 150 intake locations allowing the ROs to rate claims should increase the timeliness of adjudication.

AMVETS is also concerned that BDD enrollees must fill out VA Form 21-526c, the Pre-Discharge Compensation Claim, while veterans who file a traditional claim must fill out VA Form 21-526. There are stark differences in the two forms. The two most notable differences are the length of the form and the depth of the questions asked. The BDD forms are four pages shorter and lack the instructions that are present in the traditional VA compensation and pension form. Also, the respondent's burden of time for filling out the BDD forms is half that of the traditional form. This is due in part to the degree of explanation that is required. For example, each form asks the veteran to state what disabilities they are claiming. The BDD form provides a small block with four "notebook" style lines for the veteran to state their claim, but in the traditional form the veteran is provided with an entire page asking for specific details pertaining to each of the veterans' claims. A study must be conducted to determine if providing servicemembers with a reduced form has any adverse effects on the development and the final rating of these claims.

Mr. Chairman, thank you again for providing AMVETS the opportunity to present our views on BDD and Quick Start. This concludes my testimony and I will be happy to answer any questions you may have.

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**Prepared Statement of John L. Wilson, Assistant  
National Legislative Director, Disabled American Veterans**

Mr. Chairman and Members of the Committee:

I am pleased to have this opportunity to appear before you on behalf of the Disabled American Veterans (DAV) to address the Department of Veteran Affairs (VA) Benefits Delivery at Discharge and Quick Start Programs.

The Benefits Delivery at Discharge (BDD) and Quick Start programs provide servicemembers the opportunity to apply for disability compensation benefits from the VA prior to retirement or separation from military service. Servicemembers who leave the military and file disability claims with the VA may be subject to duplicative physical exams in order to meet requirements of both the Department of Defense's (DoD's) military services and VA. To streamline the process, the military services and VA moved to coordinate their physical exam requirements by developing a single separation exam program. This program found its beginnings in 1995 when VA began accepting disability compensation claims from servicemembers in the BDD program at three VA regional offices and three Army installations. However, differences in the availability of physicians trained to use VA's exam protocols, resulted in DoD and VA agreeing that local military bases be given flexibility in implementing the exams by allowing either VA or military physicians to conduct the exam.

In 1998, VA and DoD signed a memorandum of understanding (MOU) instructing local units to establish single separation exam programs. In 2002, the agencies created a Joint Executive Council to oversee joint efforts to eliminate barriers servicemembers face as they leave the military. The Joint Executive Council's Benefits Executive Council, is focused on improving information sharing between the agencies and improving the transition process for servicemembers. The agencies signed another memorandum of agreement in 2004, laying out roles and responsibilities for each agency in establishing a cooperative separation exam process. The signing of the National Defense Authorization Act for Fiscal Year 2008 mandated BDD services were to also be provided to National Guard and Reserve personnel at non-traditional BDD sites such as armories, military family support center to the maximum extent possible.

Participation in the BDD program is offered to servicemembers who are within 60 to 180 days of release from active duty and who remain in the area in order to complete the medical examinations. To participate in BDD, servicemembers generally must meet six requirements: (1) be in the process of being honorably discharged, (2) initiate their VA disability benefits application between 60 and 180 days prior to discharge, (3) sign a Veterans Claims Assistance Act (VCAA) form, (4) provide the VA copies of service medical records, (5) complete a VA medical exam, and (6) remain near the base until all exams are completed. The BDD claims are then processed at VA Regional Offices at Salt lake City, Utah or Winston-Salem, North Carolina.

Quick Start is offered to all servicemembers with less than 60 days remaining on active duty or demobilization. It is well suited for National Guard and Reserve members as they can file a claim while attending demobilization briefings and continue the claims process after returning home. This may make it possible for them to receive VA compensation benefits faster after separation or retirement. Servicemembers with 1–59 days remaining on active duty or full-time Reserve or National Guard (Title 10 or Title 32) or servicemembers who do not meet the BDD criteria requiring availability for all examinations prior to discharge may apply through Quick Start. There are three ways to apply for Quick Start: (1) Download VA Form 21–526, *Veteran's Application for Compensation and/or Pension*, from the VA Web site and submit it to the nearest VA Regional Office or any location where VA accepts claims; (2) Submit an online application at [www.va.gov](http://www.va.gov) using “Apply Online”, then click “Compensation & Pension” on the drop-down menu; (3) Request a claim form be mailed by calling the VA toll-free number. The servicemember must submit a paper copy of their service treatment records with each of the three options.

Current BDD program participants include 40 regional offices and 153 military installations (142 DoD sites and 11 Homeland Security Coast Guard sites). This number includes 5 locations overseas (3 in Korea and 2 in Germany). VA also issued policy guidance that allows servicemembers being discharged from any base to file BDD claims at all 57 VA Regional Offices and other locations where VA personnel are located.

The Veterans Benefits Administration (VBA) has also established a Web site of <http://www.vba.va.gov/predischarge/index.htm> to provide information on the four components of the Pre-Discharge Program:

- BDD
- Quick Start
- Disability Evaluation System (Pilot program)
- Seriously Injured/Very Seriously Injured (SI/VSI)

The collaboration between the VA and the military services to establish single separation exam programs has generally been a successful endeavor. According to a Government Accountability Office (GAO) Report titled “Better Accountability and Access Would Improve the Benefits Delivery at Discharge Program,” GAO–08–901, September 9, 2008, once a BDD application is approved, veterans may begin receiving benefits within 2 to 3 months, instead of the 6 to 7 months it typically takes if they had applied after discharge under the traditional disability claims process. In the past 5 years, about 140,000 servicemembers have used the BDD program. More than 70 percent of servicemembers leaving the military in fiscal year (FY) 2007 were discharged at military bases offering the BDD program.

A primary advantage of this program is that service treatment records are more readily accessible to the servicemember and the VA so filing a VA disability claim through the BDD program can be faster than filing a claim as a veteran under the traditional claim process. Establishing service connection for a claimed condition may be easier, since the member is still on active duty status. Key forms needed to process the claim can also be signed immediately.

While the programs can generally be viewed as successful, there are concerns with performance measures and program management. For example, VA's FY 2009 Performance and Accountability Report (PAR) has only one supporting measure for BDD and Quick Start. The PAR supporting measure is “out of all original claims filed within the first year of release from active duty, the percentage filed at a BDD site prior to a servicemember's discharge.” The strategic goal is 65 percent. Results for each of the fiscal years is as follows: FY 2006 result of 46 percent with a target of 53 percent; FY 2007 result of 53 percent with a target of 48 percent; FY 2008 result of 59 percent with a target of 50 percent; FY 2009 result is unknown with a target of 60 percent. While increasing participation seems evident, the measure references BDD and Quick Start together, despite their very specific differences. Since both programs are measured in a combined fashion, it is difficult to determine the utilization rates of the two programs. Also, there is no breakout by Service component making it difficult to determine the number of National Guard and Reservists who are using these programs.

While program participation is measured, VA does not adequately measure timeliness and accuracy rates separately from claims that go through the traditional process. The current bookkeeping rules stipulate that BDD claims be tracked from the date of discharge whereas traditional claims are tracked beginning from the date a veteran files a claim. So, while VA and DoD state a key advantage of the BDD program is that it takes less time for the veteran to receive benefits after discharge, the accuracy of such a statement remains unclear. While a case can be made that



the clock should not start ticking until the servicemember transitions from the service and attains veteran status with the necessary DD-214 form in hand, the actual work done by VA employees to complete the rating decision and place the disability compensation benefit in the new veterans account is not accurately measured. At least 60 days is spent by VA staff developing a claim before a servicemember's discharge but this is not included in its measures of timeliness for processing BDD claims, even though claims development is included in VA's timeliness measures for traditional disability claims. According to the aforementioned GAO Report, VA data shows that it is not processing claims (including BDD claims) as quickly as expected. By the end of FY 2007, it was taking an average of 76 days to complete BDD claims, even though VA has an informal goal of completing work on BDD claims no later than 60 days after discharge. In contrast, VA was taking an average of 183 days to complete all claims, compared to a goal of 125 days.

While information detailing the timeliness of receipt of benefits after discharge is useful, excluding the time spent on development of claims makes it difficult to identify and understand any challenges in this stage of the process. This, in turn, impacts VA's ability to identify problems in a timely fashion and develop viable solutions to address them. The GAO Report GAO-08-901 noted,

Personnel in 12 of the 14 BDD intake bases we reviewed indicated significant challenges with various claims development activities. For example, personnel on several bases told us they had a hard time scheduling exams, because servicemembers were leaving the area so they could complete their service at home, among other reasons. Also, servicemembers at several bases may have to obtain more than one exam and therefore take more time to complete their BDD claim. Challenges such as these may delay the development of servicemembers' claims, putting them at risk of having to drop out of the BDD program. Unless VA tracks performance related to claims development prior to discharge, it cannot easily identify problems and compare performance across BDD locations.

The report also noted, "VA calculates a national accuracy rate, based on the percentage of claims that were processed without any errors. However, VA's accuracy reviews to date have focused on claims overall, and have not targeted specific types of claims, such as BDD. VA officials stated that the current sample approach and size are sufficient for estimating a national accuracy rate, but are not sufficient for obtaining precise results for specific types of claims. Consequently, VA is unaware of the extent to which BDD claims are more or less accurately processed relative to other claims and has incomplete information to help identify problems or challenges that BDD locations may face related to accurately developing claims."

As mentioned earlier, the servicemember applying for VA benefits through BDD or Quick Start must provide either the original or a copy of their paper service treatment records. This burden will be overcome for them and every other servicemember applying under other programs once the Veterans Lifetime Electronic Record is established.

Another important step would be the implementation of a single comprehensive medical examination as a prerequisite to completing the military separation process. If and when a single separation physical becomes the standard, VA should have this responsibility because it has the expertise to conduct a comprehensive examination as part of its compensation and pension process.

The problem with separation physicals identified for active duty servicemembers is compounded when mobilized Reserve and Guard forces enter the mix. A mandatory separation physical is not required for demobilizing Reserve and Guard members. Unfortunately, there have been some cases when they were not made aware of this option, which later negatively impacted their ability to obtain a favorable service connection. While separation physical examinations of demobilizing personnel have greatly improved, there are still a number of servicemembers who "opt out" of the physicals, even when encouraged by medical personnel to have them. While the expense and manpower needed to facilitate these physical exams might be significant, the separation physical is critical to the future care of demobilizing servicemembers. Mandatory separation physical examinations would also enhance collaboration by the DoD and VA to identify, collect, and maintain the specific data needed by each to recognize, treat, and prevent illnesses and injuries resulting from military service.

The DoD and VA have made positive strides in transitioning our nation's military to civilian lives and jobs. The Department of Labor's (DOL) Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP), which are handled by the Veterans Employment and Training Service (VETS) are typically the first point of contact with the VA and DOL for a separating servicemember. Thanks

to the insistence of the DoD, local commanders are allowing more of their soldiers, sailors, airmen, marines, and coastguardsmen to attend these courses well enough in advance to take advantage of the information they receive.

The TAP and DTAP programs have continued to improve, but challenges remain at some local military installations, overseas locations and with services and information for those with injuries. The prospect of a servicemember after having been on multiple deployments to return stateside and then be placed on medical or administrative hold has persuaded some from filing a claim for VA compensation or other ancillary benefits. Also, though individuals are receiving the information, the haphazard nature and quick processing time may allow some individuals to fall through the cracks. This is of particular concern in the DTAP program where those with severe disabilities may already be getting health care and rehabilitation from a VA spinal cord injury center despite still being on active duty. Because these individuals are no longer located on or near a military installation, they are often forgotten in the transition assistance process. DTAP has not had the same level of success as TAP, and it is critical that coordination be closer between the DoD, VA, and VETS to improve this disparity.

Many veterans with significant disabilities are turning to state vocational rehabilitation and workforce development systems because of these and other impediments to accessing VA's vocational rehabilitation and employment benefits. Almost all state vocational rehabilitation agencies have entered into memoranda of understanding with VA to serve veterans. Disabled Veterans Outreach Program and Local Veterans' Employment Representative Program personnel are often housed in state One-Stop Career Centers and these positions are often praised as a model that should be emulated by the broader workforce system. However, all of these vocational programs are under considerable resource distress and their ability to serve veterans who are unserved by the Vocational Rehabilitation and Employment Service is hindered by their own personnel and budgetary limitations.

Although the achievements of the DoD and VA have been good with departing active duty servicemembers, there is a much greater concern with the large numbers of Reserve and National Guard servicemembers moving through the discharge system. Both the DoD and VA seem ill-prepared to handle the large numbers and prolonged activation of reserve forces for the global war on terrorism. The greatest challenge with these servicemembers is their rapid transition from active duty to civilian life. If servicemembers are uninjured, they may clear the demobilization station in a few days, and little of this time is dedicated to informing them about veterans benefits and services. Additionally, DoD personnel at these sites are most focused on processing soldiers through the site. Lack of space and facilities often restricts contact between demobilizing soldiers and VA representatives.

The DoD and VA have made progress in the transition process. Unfortunately, limited funding and a focus on current military operations interfere with providing for servicemembers who have chosen to leave military service. If we are to ensure that the mistakes of the first Gulf War are not repeated during this extended global war on terrorism, it is imperative that a truly seamless transition be created. With this, it is imperative that proper funding levels be provided to VA and the other agencies providing services for the vast increase in new veterans from the National Guard and Reserves. Servicemembers exiting military service should be afforded easy access to health care and other benefits that they have earned. This can only be accomplished by ensuring that the DoD and VA improve their coordination and information sharing to provide a seamless transition.

A review of the VA/DoD Joint Executive Council's Strategic Plan for FY 2009 to 2011 addresses the issue of seamless transition in Goal 3, Seamless Coordination of Benefits. Their goal is to "enhance collaboration efforts to streamline benefits application processes, eliminate duplicative requirements, and correct other business practices that complicate the transition from active duty to veterans status." Their objective is "to improve participation in the BDD program nationwide and ensure servicemembers are afforded the single cooperative examinations where available." To achieve this goal, the Benefits Executive Council's Benefits Delivery at Discharge Working Group is to align BDD with concurrent efforts dedicated to streamlining delivery of VA benefits for eligible personnel; calculate and analyze BDD participation rates at MOU sites; and instill ownership of BDD with operational commanders. While strategic goals and objectives are important, they achieve the best results when there are measureable outcomes with clear due dates. A review of this objective finds neither. So, this successful program may lack the clarity of data from the DoD as well, which may delay even greater utilization of this important and effective program.

It is the recommendation of the DAV that:

1. DoD and VA ensure that servicemembers have a seamless transition from military to civilian life.
2. DoD and VA continue to develop electronic medical records that are interoperable and bidirectional, allowing for a two-way electronic exchange of health information and occupational and environmental exposure data. These electronic medical records should also include an easily transferable electronic DD-214.
3. In accordance with the recommendation of the FY 2008 National Defense Authorization Act and the recommendation of the President's Commission, the DoD and VA implement a single comprehensive medical examination as a prerequisite of promptly completing the military separation process. VA should be responsible for handling this duty.
4. DoD and VA encourage active duty servicemembers to seek veterans service organization representation during outprocessing and discharge examinations.
5. Congress and the Administration provide adequate funding to support TAP and DTAP which are managed by the DOL Veterans Employment and Training Service to ensure that active duty, as well as National Guard and Reserve, servicemembers do not fall through the cracks while transitioning.
6. VA track and account for the time needed for claims development activities that occur prior to discharge in the agency's timeliness calculation for BDD and pre-discharge claims;
7. VA separately estimate the accuracy of BDD and pre-discharge claims;
8. VA collect data for all claims filed by Service component and analyze the extent to which different components are filing claims and receiving timely benefits under BDD, Quick Start, pre-discharge and traditional claims processes;
9. VA include program reviews of BDD operations as part of oversight visits to regional offices with BDD operations and ensure such reviews are consistently conducted and reported;
10. DoD establish an accurate measure of servicemembers' participation in TAP including VA benefit briefings; and
11. DoD establish a plan with specific time frames for meeting its goal of 85 percent participation rate in TAP.

Mr. Chairman, this concludes my testimony. I will be pleased to answer any questions you or the Committee may have.

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**Prepared Statement of Diana Rubens, Associate Deputy Under Secretary  
for Field Operations, Veterans Benefits Administration, U.S. Department  
of Veterans Affairs**

Mr. Chairman and Members of the Subcommittee, it is my pleasure to be here today to discuss our ongoing nationwide Benefits Delivery at Discharge (BDD) and Quick Start pre-discharge programs. Joining me today is Bradley Mayes, Director of the Department of Veterans Affairs (VA) Compensation & Pension (C&P) Service.

The BDD and Quick Start programs are two elements of the Veterans Benefits Administration's (VBA) strategy to provide transitional assistance to separating or retiring servicemembers and engage servicemembers in the claims process prior to discharge. A pre-discharge claim is any claim received from a servicemember prior to release from active duty. VBA's goal is to ensure that each and every servicemember separating or retiring from active duty who wishes to file a claim with VA for service-connected disability benefits will receive assistance in doing so.

Participation in the BDD program is open to servicemembers who are within 60 to 180 days of being released from active duty and who are able to report for a VA examination prior to discharge. However, for those servicemembers with 59 days or less before separation, VA introduced the "Quick Start" pre-discharge claims process in July 2008. This provides servicemembers within 59 days of separation, or servicemembers within 60-180 days of separation who are unable to complete all required examinations prior to leaving the point of separation, to be assisted in filing their disability claim.

The BDD and Quick Start pre-discharge programs offer advantages to Veterans. Minimal development is required because service records are readily available and examinations are requested prior to discharge. Once service treatment records are obtained, the servicemember acknowledges that notification required by the Veterans Claims Assistance Act of 2000 has been provided and is offered the opportunity to acknowledge that no additional medical evidence needs to be submitted.

After the VA examination is conducted, the claim can be rated in a timely manner. This process has generated a very high participation rate among servicemembers because disability benefits are received shortly after separation from service. During fiscal year (FY) 2009, BDD and Quick Start claims represented just over 20 percent of all original compensation claims received nationwide. However, during this same period, approximately 65 percent of separating servicemembers who filed their claims within one year of their discharge did so through the BDD and Quick Start programs.

The average processing time, or average days to complete (ADC), for BDD and Quick Start claims continues to show gradual improvement. At the end of FY 2009, ADC for BDD claims was 70.8 days. At the end of FY 2009, ADC for Quick Start claims was 105.9. ADC for both programs remains significantly lower than the nationwide ADC (160.7 days at the end of FY 2009) for all disability rating claims received.

### **Background**

VBA established the BDD program at three VA regional offices and three Army installations in 1995, and nationwide expansion began in 1998. Expansion promoted the development of claims and the conduct of physical examinations sufficient for VA rating purposes prior to separation with a disability rating to be completed as closely proximate as possible to separation from active duty.

As the program gained momentum, the Department of Defense (DoD) and VA signed a national memorandum of agreement in 2004 to establish the specific responsibilities of each department. At the same time, a team of VBA leaders from central office, area offices, and regional offices (ROs) developed a proposal in November 2004 for consolidation of BDD claims processing. This provided an opportunity to improve consistency in the way BDD claims are received and processed. It also allowed VBA to reach a greater number of servicemembers as well as improve the quality and accuracy of rating decisions. The Winston-Salem and Salt Lake City ROs were selected as consolidated processing locations. BDD claims from the Eastern and Southern Areas were consolidated to Winston-Salem, while the BDD claims from the Central and Western Areas were transferred to Salt Lake City. This consolidation was completed in April 2007.

BDD claims processing was further streamlined by incorporating imaging technology to enable paperless processing of these claims. Paperless BDD claims processing began as a pilot at the Winston-Salem Rating Activity Site (RAS) in March 2006 and was expanded to the Salt Lake City RAS in March 2007. The goal was to paperlessly process BDD claims through their entire life cycle, from initial submission through adjudication and if applicable, appeal resolution. The advantages to processing BDD claims in a paperless environment included the reduction of time and costs associated with shipment of claims folders. In August 2008, all BDD claims were sent to our scanning vendor for paperless claims processing at the two RAS, and the expansion of BDD paperless claims processing was complete.

Consolidation of pre-discharge claims continued with the consolidation of Quick Start claims to the San Diego RO and Winston-Salem RO in 2009. The San Diego RO handles claims filed within VA's central and western areas and also those filed from military installations in Korea. The Winston-Salem RO handles claims filed within VA's eastern and southern areas and also those filed from military installations in Germany.

### **Current Technology Environment**

Currently, all BDD claims are sent to VBA's scanning vendor, Hands On Ventures Services. All information located within a BDD claims folder is scanned and uploaded into Virtual VA. Virtual VA is the current image repository and provides image capture, storage, and retrieval. The existing Virtual VA architecture and configuration are not a scalable solution for all C&P processing or VBA. The Veterans Benefits Management System (VBMS) initiative is a large-scale effort to develop an IT solution that is built on a scalable, agile architecture. Coupled with VBA's business transformation strategy, the VBMS initiative will enable our organization to reach its goal of a benefits delivery model that provides world-class service to our nation's Veterans.

### **Staffing**

VBA currently has 143 employees dedicated to processing BDD claims at the Winston-Salem and Salt Lake City RAS, and 129 employees at Winston-Salem and San Diego dedicated to processing Quick Start claims. Additional management and ad-

ministrative staff are assigned to support BDD and Quick Start claims processing. These employees are dedicated and provide excellent service to participants in both programs.

### **Outreach Efforts**

To ensure that servicemembers are aware of both the BDD and Quick Start programs, VA developed several outreach initiatives. Brochures describing the BDD and Quick Start processes are distributed to servicemembers approaching separation. They are provided to all military installations involved with the programs and are handed out to servicemembers during pre-discharge workshops describing VA benefits. In addition, a Web page on VA's Internet site describes the pre-discharge programs and explains all requirements. To simplify the actual claims process, BDD and Quick Start claimants can now apply online. These outreach initiatives increase servicemembers' access to VA benefits and improve claims processing timeliness.

In addition to the BDD and Quick Start programs, VA continues to collaborate with DoD in the seamless transition initiative, promoting a smooth and efficient transition for individuals separating from the military. This includes National Guard and Reserve members who are demobilizing from overseas deployment and returning to their home units. VBA and the Veterans Health Administration conduct joint briefing sessions at military bases designed to provide information on the entire range of VA benefits and health care services.

One formal pre-discharge outreach program conducted by VA and the Departments of Defense and Labor is the Transition Assistance Program (TAP). During TAP briefings, VBA personnel explain the disability compensation process and provide assistance to servicemembers interested in filing a claim. The Disabled Transition Assistance Program (DTAP) is specifically designed to assist servicemembers facing separation because of disability incurred during service. In addition to TAP and DTAP briefings, VA conducts informational sessions for demobilized National Guard and Reserve members at the unit's community location.

Another major seamless transition project resulting from DoD and VA collaboration is the Disability Evaluation System (DES) for the 27,000 servicemembers who enter the medical evaluation board process on an annual basis. The goals are to improve consistency of outcomes, establish an increased sense of equity by DES participants, increase transparency, reduce the time servicemembers are in the process, and ease their transition to civilian life. This joint effort reduced the time from separation to receipt of initial VA disability payment to an average of 25 days. By end of March 2010, the pilot will be at 27 installations, accounting for 46 percent of all DES participants. Plans are underway for full deployment of the pilot process, pending authorization of the VA/DoD Senior Oversight Committee.

### **Conclusion**

VBA is committed to providing efficient and timely service to our nation's Veterans. We will continue to evaluate the BDD and Quick Start programs to identify improvements that can be accomplished with the current technology platform and to capture requirements for new technology capabilities to further enhance benefits delivery under these important programs and improve Veterans' experience. This concludes my testimony. I would be pleased to address any questions you may have.

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### **Statement of American Federation of Government Employees, AFL-CIO and AFGE National Veterans Affairs Council**

Thank you for the opportunity to present the views of members of the American Federation of Government Employees (AFGE) and the AFGE National Veterans Affairs Council (AFGE NVAC) who process claims under the Benefits Delivery at Discharge (BDD) and Quick Start Programs.

#### ***Recommendation: Eliminate Redundancy***

One of the most significant problems plaguing the BDD and Quick Start Program is the redundancy created by two separate programs that essentially perform the same task. The only real difference between the two programs is application deadlines, i.e. between 60 and 180 days prior to separation for BDD, and 60 days or less for Quick Start.

The operation of two similar program results in the unnecessary duplication of resources, including supervisory and support personnel. This arrangement also creates

inequities: Since the Quick Start team works exclusively on claims filed within 60 days prior to separation; they are necessarily completing more recent claims than those being processed in BDD.

It would be more efficient and equitable to place both programs under the BDD umbrella and eliminate the arbitrary restriction that BDD claims cannot be filed within 60 days prior to separation. In addition, all claims processed from active military service under the pre-discharge processes should be processed via a Paperless Claims Processing System. As the VA is transitioning into the paperless environment, to continue processing claims outside of the paperless system, as Quick Start does, will only result in further delays in the transition.

***Recommendation: Improve Training***

Our VBA members express great frustration at the lack of adequate training generally, and specifically for these programs. Current training requirements for VBA employees processing BDD and Quick Start claims is minimal, consisting exclusively of emails that list references to review. Employees are denied the opportunity for interaction or discussion about many of the complicated tasks required to process these pre-discharge claims.

***Recommendation: Stop consolidation of paperless pre-discharge claims***

With regard to claims handled through Supplemental Paperless Claims Processing, AFGE and AFGE NVAC recommend that all claims be maintained in the VARO of jurisdiction. Consolidation of paperless pre-discharge claims to centralized locations is a disservice to veterans, especially since the paperless claims processing system is now available for use by all offices. Consolidation results in unnecessary delays in processing when the need for additional development or examinations arises, and the claim is no longer located in the state where the veteran resides.

The current practice of isolating paperless claims (following the initial rating action) at the VARO Winston Salem and VARO Salt Lake also results in unnecessary delays in filing supplemental claims. Veterans who participate in the Quick Start program have their claims forwarded to the VARO of jurisdiction. Veterans should not be treated differently due to the time in which they filed their claim during separation.

***Recommendation: Increase the quality and consistency of C&P Exams***

The poor quality of many C&P exams, and thus, the need for re-examination, results in further processing delays. These exam deficiencies particularly impact pre-discharge claims.

***Recommendation: Improve tracking of pre-discharge claims***

Currently, BDD and Quick Start claims are only tracked after discharge, when most of the development is already complete. AFGE and AFGE NVAC concur with GAO's recommendation to track BDD and Quick Start claims during the development process. Tracking during claims development would enable VBA to identify areas of deficiencies.

For example, a common problem with pre-discharge cases is the difficulty of obtaining service treatment records (STRs). The current practice of requesting a copy of the veteran's STR at his or her DTAP briefing works well for those who are part of the regular armed forces. However, some of these veterans have prior periods of service; before the case can be rated, VBA must obtain the STRs for all periods of service. This results in additional delay because VBA must then request STRs from the National Personnel Records Center or Records Management Center.

Tracking during the development process would enable VBA to spot deficiencies, such as how many veterans have prior periods of service and the timeliness delays that are caused by not requesting all STRs up front.

Another problem concerning STRs involves veterans from the National Guard or Reserve. They are not required to submit STRs with their application and the obligation falls on VBA to obtain the STRs from the state adjutant general or from the reserve unit. This often causes delays in the claims process because the employee frequently has to send multiple requests to get these records. Often times records for these veterans are never received.

Therefore, VBA should be tracking how many cases are submitted by National Guard and Reservists and the amount of time required to obtain their STRs, as well as how often the STR is unavailable. Tracking would also enable VBA to identify improper denials resulting from missing STRs.

Thank you.

**MATERIAL SUBMITTED FOR THE RECORD**

Committee on Veterans' Affairs  
Subcommittee on Disability Assistance and Memorial Affairs  
Washington, DC.  
*March 25, 2010*

Daniel Bertoni  
Director, Education, Workforce, and Income Security Issues  
U.S. Government Accountability Office  
441 G Street, NW  
Washington, DC 20548

Dear Mr. Bertoni:

Thank you for testifying at the House Committee on Veterans' Affairs' Subcommittee on Disability Assistance and Memorial Affairs' oversight hearing on the "Examination of the Benefits Delivery at Discharge and Quick Start Programs," held on February 24, 2010. I would greatly appreciate if you would provide answers to the enclosed follow-up hearing questions by Monday, April 26, 2010.

In an effort to reduce printing costs, the Committee on Veterans' Affairs, in cooperation with the Joint Committee on Printing, is implementing some formatting changes for material for all full Committee and subcommittee hearings. Therefore, it would be appreciated if you could provide your answers consecutively on letter size paper, single-spaced. In addition, please restate the question in its entirety before the answer.

Due to the delay in receiving mail, please provide your responses to Ms. Megan Williams by fax at (202) 225-2034. If you have any questions, please call (202) 225-3608.

Sincerely,

John J. Hall  
*Chairman*

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U.S. Government Accountability  
Washington, DC.  
*April 16, 2010*

The Honorable John J. Hall  
Chairman  
Subcommittee on Disability and Memorial Affairs  
Committee on Veterans' Affairs  
House of Representatives

Subject: Responses to Questions for the Record—Hearing Entitled *Examination of the Benefits Delivery at Discharge and Quick Start Programs*

Dear Mr. Chairman:

This letter responds to your March 25, 2010 request that we address questions for the record related to the Subcommittee's February 24, 2010 hearing examining the Benefits Delivery at Discharge and Quick Start Programs. Our responses to the questions, which are in the enclosure, are based on our previous work and knowledge of the subjects raised by the questions.

If you have any questions about the letter or need additional information, please contact me at (202) 512-7215 or [bertonid@gao.gov](mailto:bertonid@gao.gov).

Sincerely yours,

Daniel Bertoni  
*Director, Education, Workforce, and Income Security Issues*

Enclosure

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**Response to Questions from the House Committee on Veterans' Affairs  
Subcommittee on Disability Assistance and Memorial Affairs  
Oversight Hearing the "Examination of Benefits Delivery at Discharge and  
Quick Start Programs"**

February 24, 2010

**1. In your testimony, you recommended that DoD expand mandatory Transition Assistance Program (TAP) briefings beyond the Marine Corps to all military service branches.**

In our 2008 report, we recommended that to ensure that potentially eligible participants are aware of the BDD program, DoD should establish a plan with specific time frames for meeting its goal of 85 percent participation in TAP. Increased participation in the VA benefits session in TAP may allow more members to self-identify their eligibility for these programs. Although DoD reported to us in September 2009 that it is preparing to develop a plan and specific time frames in the coming months, the longer the agencies lack a plan or a way to accurately measure progress toward meeting the TAP participation goal, the less information they will have on the extent to which VA benefits briefings are reaching all transitioning servicemembers may benefit from VA's pre-discharge programs.

**In your opinion, what are the pros and cons of this proposed expansion of TAP?**

In our 2008 report<sup>1</sup>, we note that according to DoD and VA personnel, servicemembers most commonly learn about the program through VA benefits briefings conducted as part of TAP sessions. We found that without such briefings, some members may not recognize they are entitled to receive VA benefits, and may file claims through BDD or Quick Start programs. However, because briefings are not mandatory for all service branches, whether commanders and supervisors encourage servicemembers to attend briefings varies by base. Moreover, some DoD officials told us that servicemembers may not recognize the importance of the VA benefits briefings if participation is not required, because members have a host of discharge requirements and limited time to complete them.

While VA and DoD have explored the expansion of TAP, they have not made participation in TAP sessions mandatory for servicemembers. We reported in a 2005 report<sup>2</sup> that command supervisors may feel that mission needs are too pressing to allow some servicemembers to participate in TAP. In addition, DoD officials have indicated that because TAP sessions involve components from three federal agencies—DoD, VA, and DOL—the coordination of a mandated program could be challenging.

**Could VA's disability claims process be improved by establishing the BDD or Quick Start programs as automatic components of the discharge process for all servicemembers, whether they are claiming a service connected disability or not?**

Filing a VA disability claim through the BDD program can be faster than filing a claim as a veteran under the traditional claim process, because medical records are more readily accessible and key forms needed to process the claim can be signed immediately. Moreover, establishing that the claim is related to the member's military service may be easier, since the member is still on active duty status. On the other hand, expanding the number of claims processed through the BDD and Quick Start programs to include all servicemembers who are discharged regardless of whether they have a service connected disability will likely result in processing ineligible claims, which in turn may negate some of the programs' efficiencies. Any decrease in the overall speed of claims processing may result in less timely receipt of VA disability compensation for all servicemembers participating in the programs. This is especially true since, over the last several years, VA has experienced an increase in disability compensation claims, which in turn has contributed to a growing number of pending claims.

**2. A Veteran Service Organization (VSO) representative testified that the BDD and Quick Start programs could be improved by allowing servicemembers to start the pre-discharge process earlier, perhaps**

<sup>1</sup>GAO, *Veterans' Disability Benefits: Better Accountability and Access Would Improve the Benefits Delivery at Discharge Program*, GAO-08-901 (Washington, D.C.: Sept. 9, 2008).

<sup>2</sup>GAO, *Military and Veterans' Benefits: Enhanced Services Could Improve Transition Assistance for Reserves and National Guard*, GAO-05-544 (Washington, D.C.: May 20, 2005).

**as early as six months before discharge. What impact would such a move have on further improving the BDD and Quick Start programs? Do you think that an earlier start date for the pre-discharge process might permit disabled veterans to begin receiving benefit compensation within a month after discharge rather than 180 days after discharge, on average, as is the case now?**

Under the BDD program's current structure, servicemembers may initiate a claim as early as 180 days (6 months) prior to discharge or as late as 60 days (2 months) prior to discharge. According to VA, these time frames allow for sufficient time prior to discharge for local VA personnel at BDD intake sites located on or near the base to assist members with their disability applications, including scheduling their exam(s). While a claim may be developed prior to discharge, VA cannot authorize the award until the member is discharged. To the extent that 180 days provides sufficient time to process BDD claims and VA is legislatively restricted regarding when it can authorize and award payments until discharge, it is unclear how allowing a member to file a claim earlier than the 180 days currently allowed would improve the BDD program or expedite receipt of benefits.

Quick Start claims are available for servicemembers—such as National Guard and Reservists—who are not able to meet BDD program requirements, such as remaining on base long enough to complete exams within the 60–180 day time window. Unlike BDD claims, Quick Start claims generally require additional development after discharge, which can delay award decisions and receipt of payment. Our prior work did not explore the feasibility or efficacy of initiating the process earlier for servicemembers—such as National Guard and Reservists—who, because they are deactivated quickly after returning to their home base, generally have difficulty meeting BDD program requirements.

- 3. In your testimony, you note that most VA and DoD Memos of Understanding (MOU) require a VA physician to administer the joint physical exam required by the BDD and Quick Start programs. As a result, you observe that many servicemembers stationed on bases with no access to VA physicians cannot secure the joint exam needed for the BDD program. How should this problem be fixed, and what can Congress do to assist the resolution of this issue?**

Most VA and DoD BDD MOUs require a VA physician to administer the joint physical exam offered under the BDD program. However, a physical exam prior to discharge is not a requirement for participation in the Quick Start program. In our 2008 report, we recommended that to ensure that servicemembers have full access to a cooperative exam process that is convenient, efficient, and consistent for servicemembers, the Chairs of the Joint Executive Council should direct the Benefits Executive Council to identify and disseminate information on promising practices that address challenges local officials commonly face. VA and DoD have taken some steps to implement this recommendation, including collaborating to identify best practices for dealing with the cooperative exam process as it relates to the challenges local personnel commonly face.

In addition, DoD and VA are piloting a joint disability evaluation process involving a single physical exam for servicemembers who may need to be discharged due to a disabling condition. The pilot is currently taking place at 27 military facilities, many of which are also BDD facilities, and DoD and VA are considering whether to expand the pilot DoD-wide. The pilot may present an additional opportunity to improve collaboration and communication between DoD and VA. However, it could also present challenges, for example, by increasing local VA offices' exam caseloads. GAO has a review underway of the disability evaluation system pilot.

- 4. Your testimony noted that VA consolidated the claims processing operations for the BDD program into two VA Regional Offices (ROs), in Winston-Salem, NC and Salt Lake City, UT. Quick Start claims are also processed in two locations, the Winston-Salem RO and the San Diego RO. One VSO representative recommended that the processing of these claims could be expedited by permitting all ROs to process BDD and Quick Start claims. Do you agree with this recommendation, or do you recommend another approach?**

In our 2008 report, we noted that in 2006 VA completed its effort to consolidate rating activities for BDD claims in two regional offices—Salt Lake City, Utah, and Winston-Salem, North Carolina—in order to improve the consistency and timeliness of BDD ratings. We noted that VA had not evaluated whether consistency or timeliness had improved compared to prior practices, although VA officials told us they

monitored claims workloads between the rating offices and in one case sent claims from one office to the other so claims could be processed more quickly. Since our report, in August 2009, VA consolidated the processing of Quick Start claims to two locations, Winston-Salem, North Carolina and San Diego, California. Consistent with our prior recommendation related to another initiative<sup>3</sup>, before VA considers making changes to its Quick Start processes, such as adding additional rating sites, it would be prudent for VA to evaluate the impact of consolidation on timeliness as well as on consistency of Quick Start claims processing.

**5. In 2009, a reported 65 percent of separating servicemembers who filed a claim within one year of their discharge did so through one of these programs. Is this an acceptable level of participation? If not, what should be the proper target?**

For several years, VA has had a strategic target that 65 percent of separating servicemembers who filed a claim within one year of discharge would file through the BDD program. According to VA, while the agency has yet to reach that goal, it is striving to do so by 2011. VA recently modified the measurement of BDD participation by including only those members who discharge from BDD locations (in the past, it had included members discharging from any location, including those that did not accept BDD claims). This change reduces the number of servicemembers counted in the denominator without changing the numerator, and therefore makes VA's target of 65 percent easier to reach.

Beyond this change, VA may also have begun to include claims filed under the Quick Start program in the BDD participation rate numerator. In its 2009 Performance and Accountability Report, VA reported that the BDD participation rate now includes those whose "date of claim" is before discharge, which presumably would include servicemembers who use the Quick Start program. Because Quick Start claims can be filed from any location, this adjustment could result in some servicemembers being counted in the numerator (for filing Quick Start Claims) and not in the denominator (for filing from non-BDD locations). Further, if the BDD participation rate does include Quick Start claims, then it may make sense to have a target that is higher than 65 percent participation, since the current target was set before Quick Start existed.

In our prior work, we were unable to obtain data from DoD on the number of servicemembers discharged from BDD versus non-BDD locations and therefore did not assess the appropriateness of the adjusted 65 percent target. Regardless of the target rate, we continue to believe that—because servicemembers generally learn about BDD through TAP—it is important that VA and DoD make progress toward developing a plan and an accurate measure for achieving their TAP participation goal.

Committee on Veterans' Affairs  
Subcommittee on Disability Assistance and Memorial Affairs  
Washington, DC  
*March 25, 2010*

The Honorable Noel Koch  
Deputy Under Secretary of Defense  
Office of Wounded Warrior Care and Transition Policy  
U.S. Department of Defense  
1400 Defense Pentagon  
Washington, DC 20301

Dear Mr. Koch:

Thank you for testifying at the House Committee on Veterans' Affairs' Subcommittee on Disability Assistance and Memorial Affairs' oversight hearing on the "Examination of the Benefits Delivery at Discharge and Quick Start Programs," held on February 24, 2010. I would greatly appreciate if you would provide answers to the enclosed follow-up hearing questions by Monday, April 26, 2010.

In an effort to reduce printing costs, the Committee on Veterans' Affairs, in cooperation with the Joint Committee on Printing, is implementing some formatting changes for material for all full Committee and subcommittee hearings. Therefore, it would be appreciated if you could provide your answers consecutively on letter

<sup>3</sup>In our 2008 report, we recommended that VA conduct an evaluation of the paperless claims processing initiative to determine which adjustments, if any, are needed to improve implementation of the program.

size paper, single-spaced. In addition, please restate the question in its entirety before the answer.

Due to the delay in receiving mail, please provide your responses to Ms. Megan Williams by fax at (202) 225-2034. If you have any questions, please call (202) 225-3608.

Sincerely,

John J. Hall  
Chairman

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**Questions From the House Committee on Veterans' Affairs  
Subcommittee on Disability Assistance and Memorial Affairs  
Oversight Hearing the "Examination of the Benefits Delivery at Discharge  
and Quick Start Programs"  
February 24, 2010**

**Question 1:** Your testimony pointed out that servicemembers learn of the BDD and Quick Start programs during Transition Assistance Program (TAP) briefings. However, a 2008 report issued by the U.S. Government Accountability Office (GAO) entitled *Veterans' Disability Benefits: Better Accountability and Access Would Improve the Benefits Delivery at Discharge Program*, revealed that only the Marines have made these briefings mandatory. The Subcommittee has learned that while Department of Defense (DoD) policy requires commanders to allow servicemembers to attend TAP sessions upon the member's request, in some cases servicemembers have not been released from their duties to attend the briefings. Why aren't TAP briefings mandatory for all branches, and what additional resources, if any, does DoD need to make TAP briefings mandatory for all of the service branches?

**Answer:** The Department would have to defer to the Departments of Labor and Veterans Affairs regarding modifying mandatory servicemember participation in TAP. DoD does not have the authority to make those sessions mandatory.

The Joint Executive Committee (JEC) requested the TAP Steering Committee, an inter-agency body (representatives from Departments of Defense, Labor, Veterans Affairs, Homeland Security, the Military Departments, and the Office of Personnel Management) responsible for monitoring all aspects of TAP, to develop a plan for mandatory TAP briefings. This plan will be presented at the June JEC meeting.

**Question 2:** At what point does the pre-discharge process begin once a servicemember approaches the date of their discharge? Are servicemembers transferred out of theatre to have their physicals, get TAP briefings, and complete other decommissioning procedures?

**Answer:** Servicemembers can file a BDD claim no more than 180-days but not less than 60 days prior to separation, retirement, or in the case of a National Guardsman/Reservist, release from active duty. It is VA policy that the Servicemember filing under BDD must: (1) have a known separation date; (2) complete a single joint examination; (3) turn in a complete copy of their medical record at the time they submit their BDD claim.

Quick Start program claims can be filed no more than 59-days before but not less than 1 day prior to separation, retirement, or in the case of a National Guardsman/Reservist, release from active duty. The same requirements for BDD are applicable to Quick Start claims.

In regard to location, no, DoD does not transfer servicemembers out of theatre to complete physical exams, get TAP briefings, or complete other decommissioning requirements.

These pre-discharge program requirements were established by the Department of Veterans Affairs.

**Question 3:** A veteran service organization (VSO) representative testified that the BDD and Quick Start programs could be improved by allowing servicemembers to start the pre-discharge process earlier, perhaps as early as 6 months before discharge. What are the pros and cons of starting the pre-discharge process earlier in DoD's opinion?

**Answer:** The following pros and cons reflect the opinions, not DoD policy.

Pros of starting the pre-discharge process earlier:

1. Servicemembers would have more time to assimilate the enormous volume of information on the benefits, services, and resources they may be entitled to receive.
2. A higher percentage of servicemembers re-enlist the earlier they start the transition process compared to those starting the transition process much later (findings from an Informal Navy survey conducted in the 1990s).
3. Allows servicemembers to submit applications for VA compensation claims in a timely manner before separating or retiring.
4. Servicemembers would have more time to compare and weigh their options for staying in the military vs. actually separating or retiring.
5. Stressors normally associated with the entire transition process and experience may be reduced if servicemembers start the process earlier.
6. More spouses may become actively involved in the transition process if the servicemember began the pre-discharge process earlier.
7. Professional staffs should be able to manage clients better, devote more time to those who need the most attention, and provide more individualized assistance in counseling and coaching servicemembers.

Cons of starting the pre-discharge process earlier:

1. Will require the Services to increase resources. Servicemembers who begin the process earlier tend to go back multiple times for individualized counseling/coaching, compared to the number of repeat visitors to transition offices when servicemembers have little time remaining on Active Duty. (This may be problematic for operations)
2. Demobilizing National Guard and Reservists would begin the process in theatre. This would require additional facilities, equipment, personnel, etc. to be permanently placed in theatre to assist in the early transition process.
3. Conducting pre-discharge counseling in theater may not be conducive for Servicemembers receiving and assimilating the information and assistance.
4. For National Guard and Reservists, providing the transition process earlier at home station would mean increasing the number of non-training days a member would be called on Active Duty to receive the necessary counseling and coaching. This could also be a problem for employers.
5. For deployed National Guard/Reservists, they would not be able to complete the joint DoD/VA physical examination while in theater to take advantage of an earlier submission date. For that reason, DoD would have to defer to the Department of Veterans Affairs (VA) regarding changes in policy that would allow earlier acceptance of pre-discharge claims and earlier administration of the joint DoD/VA physical examination under VA's program.

**Question 4:** In your opinion, are there other ways for improving the pre-discharge process to facilitate increased usage of the BDD and Quick Start program for transitioning disabled servicemembers?

**Answer:** Yes, there are other ways to improve the pre-discharge process. The Department is undertaking several initiatives to improve usage of BDD and Quick Start, for example Recovery Care Coordinators will be trained to inform transitioning disabled Servicemembers who they need to contact for assistance in applying for BDD/Quick Start. Also, we are modifying the pre-separation counseling checklist for Active Duty and the transitioning checklist for the Reserve Components so BDD/Quick Start items will be addressed by transitioning counselors. Lastly, we have added the pre-discharge link to the official DoD TurboTAP Web site and are doing strategic messaging on our social networking sites (i.e., *Facebook* and *Twitter*) to encourage early participation where services are available.

**Question 5:** GAO noted in its testimony, that most VA and DoD Memos of Understanding (MOU) require a VA physician to administer the joint physical exam required by the BDD and Quick Start programs. GAO thus observed that many servicemembers stationed on bases with no access to VA physicians cannot secure the joint exam needed for the BDD program. How should this problem be fixed, and what can Congress do to assist the resolution of this issue?

**Answer:** If the military installation is not located near a Department of Veterans Affairs (VA) hospital, VA can contract out the joint DoD/VA examination to meet the required examination protocol. At those military locations where the necessary resources are available (sufficient medical personnel/type of specialty equipment), DoD providers can also be trained to conduct the joint DoD/VA examination. The Department is closely monitoring these situations, and making the adjustments when needed.

The Department appreciates Congressional support, and we will continue to work with Congress to provide legislative requests through the formal legislative request channels.

**Question 6:** How many military bases are there, and what percentage of these bases enables servicemembers to access joint DoD/VA exams?

**Answer:** The joint DoD/VA exam is provided at 131 military installations, which is 16 percent of the 820 U.S. military installations.

**Question 7:** The Quick Start program was created to ensure that our soldiers serving in active duty from Guard and Reserve units can also take advantage of the benefits of the pre-discharge program. Are we offering Quick Start examinations at Guard bases, such as the NY National Guard's Camp Smith? If so, how many Guard bases have the resources to perform these Quick Start exams? What resources do you need to ensure that Quick Start exams can be offered at all bases that Guard Members and Reservists return after their active duty service?

**Answer:** Yes, the Department offers examinations at 53 military installations where demobilization/deactivation of National Guard and Reserves takes place and there is a VA presence. NY National Guard Camp Smith is not currently one of those installations.

The Department defers to VA on additional resources required for expanding the Quick Start program as VA is the administrator of the program.

**Question 8:** How much time is needed, on average, to administer a joint DoD/VA exam?

**Answer:** The Department of Veterans Affairs reports from October 1, 2009 through March 31, 2010, took an average of 33.2 days to administer the joint DoD/VA exam.

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Committee on Veterans' Affairs  
Subcommittee on Disability Assistance and Memorial Affairs  
Washington, DC  
March 25, 2010

Thomas Tarantino  
Legislative Associate  
Iraq and Afghanistan Veterans of America  
292 Madison Avenue, 10th Floor  
New York, NY 10017

Dear Mr. Tarantino:

Thank you for testifying at the House Committee on Veterans' Affairs' Subcommittee on Disability Assistance and Memorial Affairs' oversight hearing on the "Examination of the Benefits Delivery at Discharge and Quick Start Programs," held on February 24, 2010. I would greatly appreciate if you would provide answers to the enclosed follow-up hearing questions by Monday, April 26, 2010.

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Due to the delay in receiving mail, please provide your responses to Ms. Megan Williams by fax at (202) 225-2034. If you have any questions, please call (202) 225-3608.

Sincerely,

John J. Hall  
Chairman

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**TO:** House Veterans Affairs Committee (DAMA)  
**RE:** Follow-Up Questions from IAVA's Testimony on February 24, 2010  
**PREPARED BY:** Tom Tarantino, Legislative Associate

**1. How would it help VA if the Transition Assistance Program (TAP) briefings and BDD or Quick Start exams were mandatory for all de-commissioning servicemembers? Do you believe VA has the resources needed for this expansion?**

Over the past year, VA has engaged in an ever-increasing effort to reach out to veterans in hopes of enrolling them into the VA Health Care system. Mandatory TAP briefings would provide a captive audience to reach out to new veterans and explain how the VA can be used as a resource. Most servicemembers do not have a clear idea as to what the VA does, or what services it provides. Mandatory briefings at or near the point of discharge should be a key component to achieving a seamless transition from DoD to VA Care. These briefings should be uniform across all services and within a time frame that use of BDD and Quick Start programs are feasible.

The VA has regional offices all over the Nation that cover every military base where out-processing is conducted, yet, there is no established procedure for having VA representatives liaising with DoD out-processing services. The VA should have a team in every VISN whose sole function is to be a new veterans first contact with the VA while processing out of the military. They should be experts in VA services and have the ability to either enroll them into VA health care, or direct them to a service officer for assistance with VBA claims. A new veteran shouldn't have to search to find the benefits that they have earned.

**2. What can Congress do to assist VA and DoD in expanding TAP briefings and BDD or Quick Start exams to all discharging servicemembers?**

Congress needs to enact legislation that requires TAP briefings for all exiting servicemembers. While each service will have service specific components to the briefing, the timeline and the VA benefits portion should be uniform and explicit in statute. These briefings should be conducted by a VA expert and mandated in such a time frame where utilization of BDD and Quick Start programs are both convenient and realistic.

**3. The Memo of Understanding (MOU) between VA and DoD largely permits only VA physicians to conduct single exams. Is this a problem and if so, should more training be provided to DoD physicians so that they can conduct these exams more often?**

While it would be ideal for expedience and convenience to have both DoD and VA physicians conduct the exit physical evaluations, it isn't realistic. VA physicians are the only ones consistently qualified to conduct Compensation and Pension examinations and apply the VA schedule of rating. As the ultimate disability rating is under VA regulations, the examination should remain a VA function.

**4. You testified that even when comprehensive physical exams are administered, there is not enough time or resources to complete them effectively. What might Congress do to resolve this issue?**

As mentioned in my answer to question 2, TAP briefings must be mandatory with uniform benefits briefings. These briefings should be conducted within a time frame where utilization of BDD is realistic and covenant. In these briefings servicemembers should be able to begin the BDD or quick start process. This way, all parties have sufficient time to conduct the exams and evaluate the results.

**5. GAO reported that VA has established only one measure for gauging the effectiveness of the BDD and Quick Start programs. However, it seems that VA has several means for measuring general disability claims. Do you agree additional quality measurements could assist VA in fully implementing BDD?**

Yes. However, the VA does not have a particularly good method for measuring quality in any of its disability claims. With a 17 percent error rate in the regular

claims process, it's clear that this is an area that the VA must improve on as a whole. The STAR program is largely a quality assurance method, which is procedural in nature and does very little to ensure that the decisions themselves were correct. The VA needs to reassess its entire quality control program before extending the current broken evaluation system to BDD and Quick Start.

**6. Some Veteran Service Organizations (VSOs) express frustration by VA's lack of efforts in collaborating with them in increasing utilization of BDD and Quick Start programs. Please expand upon the challenges faces by your organization in this regard? What can Congress do to increase the cooperation between VA and VSOs with respect to the BDD and Quick Start Programs?**

IAVA helps veterans by raising awareness, advocating for reforms and assisting veterans and their families to find the best services available. However, we do not provide traditional services and do not employ service officers. As such, we have not seen too many organizational challenges in this regard. We do believe that VSO Service Officers are invaluable resources for veterans navigating the VA system. Service officers should be a component to TAP programs and be included in local BDD and Quick Start Programs. Local service offices can act as a knowledgeable interface between the veteran, the DoD and the VA during the process.

**7. Are you aware of any unique challenges by members of the National Guard and Reservists in gaining information about the Quick Start program and filing claims through this program?**

Members of the National Guard and Reserve components are being mobilized at unprecedented rates. As a result, more members of the Select Reserve are eligible for a wider range of VA benefits than ever before. Yet, members of the Select Reserve do not have the same access to information and benefits, as do their Active Duty peers. To help bridge this gap IAVA recommends that VA offer training to selected AGR members of the National Guard and Reserve so that each unit has a benefits and resources councilor organic to the unit.

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Committee on Veterans' Affairs  
Subcommittee on Disability Assistance and Memorial Affairs  
Washington, DC.  
*March 25, 2010*

Gerald T. Manar  
Deputy Director of National Veterans Service  
Veterans of Foreign Wars of the United States  
200 Maryland Avenue, SE  
Washington, DC 20002

Dear Mr. Manar:

Thank you for testifying at the House Committee on Veterans' Affairs' Subcommittee on Disability Assistance and Memorial Affairs' oversight hearing on the "Examination of the Benefits Delivery at Discharge and Quick Start Programs," held on February 24, 2010. I would greatly appreciate if you would provide answers to the enclosed follow-up hearing questions by Monday, April 26, 2010.

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Due to the delay in receiving mail, please provide your responses to Ms. Megan Williams by fax at (202) 225-2034. If you have any questions, please call (202) 225-3608.

Sincerely,

John J. Hall  
*Chairman*

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**Questions from the House Committee on Veterans' Affairs  
Subcommittee on Disability Assistance and Memorial Affairs  
Oversight Hearing the "Examination of the Benefits Delivery at Discharge  
and Quick Start Programs"  
February 24, 2010**

This is in response to the questions submitted by the House Committee on Veterans' Affairs in conjunction with the oversight hearing on the "Examination of the Benefits Delivery at Discharge and Quick Start Programs" held on February 24, 2010.

1. How would it help VA if the Transition Assistance Program (TAP) briefings and BDD or Quick Start exams were mandatory for all decommissioning servicemembers? Do you believe VA has the resources needed for this expansion?

**Response:** "How would it help VA" is not, in our view, the appropriate question. Rather, we believe that the question to ask is "how would it help *discharging servicemembers* if the TAP briefings were mandatory and BDD and Quick Start examinations required?"

Clearly, making TAP briefings mandatory for all discharging servicemembers, including deactivating National Guard and Reserve personnel would impose an additional and substantial burden on VA. Although VBA has received substantial increases in FTE over the past few years, the focus has been on training them to develop, process and finalize pending claims. Outreach, while very important, only attracts more claims; it doesn't resolve any. Should Congress decide to make TAP briefings mandatory, additional FTE would be required for both the outreach efforts AND claims processing.

We do not believe that VBA currently has the resources to increase outreach nor the staff to process the additional claims generated from outreach efforts. FTE provided by Congress in the last few years has been allocated to processing claims. Claims receipts increased by 14 percent in FY 2009 and, reportedly, by another 10 percent FYTD. Clearly, they need to focus on the current work at this time.

However, VBA estimates that pending inventories will peak in FY 2012 and begin to fall in the years that follow. Rather than decrease FTE as anticipated in FY 2014 and beyond, VBA could reallocate staff to improving outreach to departing servicemembers. While this is not the ideal approach, it is, in our view, the most practical.<sup>1</sup>

2. What can Congress do to assist VA and DoD in expanding TAP briefings and BDD or Quick Start exams to all discharging servicemembers.

**Response:** There are several issues here:

- What can Congress do to expand TAP briefings? The simplest thing is to pass legislation requiring every discharging servicemember, including Guard and reserve personnel, to participate in mandatory TAP briefings. These briefings are designed to provide discharging servicemembers essential information on a wide variety of subjects which help ease transition from active duty to civilian life.

Since VA does not, in our opinion, currently have the resources to provide staff to conduct additional TAP briefings, it would be necessary to either plus-up the Veterans Benefits Administration (VBA) FTE or utilize alternative methods, such as computerized training modules or videoconferencing, to provide this information.

- Should Congress require a discharge physical examination for all discharging servicemembers? At one time discharging servicemembers were required to undergo a complete physical examination at discharge. This examination provided a coda to military service by providing a snapshot at the point of discharge of the servicemembers physical and mental condition. It also complemented the entrance examination and provided VA with information that documented changes, whether acute or chronic, new or old, at discharge. We believe it is an extremely useful tool which should be required of all.
- A literal reading of the question suggests the possibility of requiring BDD and Quick Start claims from all servicemembers at discharge. We believe this to be overly broad and, frankly, unnecessary. Discharging members must be

<sup>1</sup>Presentation by Acting Under Secretary for Benefits to the Advisory Committee on Disability Compensation, April 20, 2010.

thoroughly briefed on the various programs that may be available to them as they transition from active duty. However, not everyone leaves service with a chronic condition potentially entitling them to benefits. Such a requirement would be overly burdensome on VA and its associates and wasteful of scarce government resources. We would not endorse such a proposal.

3. The Memo of Understanding (MOU) between VA and DoD largely permits only VA physicians to conduct the single exams. Is this a problem and if so, should more training be provided to DoD physicians so that they can conduct these exams more often?

**Response:** We have insufficient information to respond substantively to this question. We do know that VA uses some QTC contracted physicians to conduct BDD and Quick Start exams.

4. You testified that even when comprehensive physical exams are administered, there is not enough time or resources to complete them effectively. What might Congress do to resolve this issue?

**Response:** We regularly receive reports from veterans that the examinations provided them were quick and, in the veterans lay opinion, not thorough. These reports come from both discharging servicemembers undergoing BDD/Quick Start exams and veterans undergoing exams at VA facilities. Of particular concern are psychiatric examinations which, by their very nature, rely heavily on a review of medical records, extensive interviews and testing, all of which take time. Examinations which experts in the field indicate should normally take 60–90 minutes are completed in 15–20 minutes. Unfortunately, simply reviewing examination reports does not provide any indication of the amount of time afforded servicemembers or veterans since the report invariably *appears* to be complete.

We believe that a study of scheduling practices at military installations where BDD/Quick Start examinations are given would quickly indicate what the average examination time allotted is, together with outliers, by body system. We urge a study of scheduling of psychiatric examinations for compensation purposes, both original and claims for increase. Further, the study could include post examination surveys of those examined to better understand what went on during the examination. This should provide objective data so as to better inform VA and this Committee.

5. GAO reported that VA has established only one measure for gauging the effectiveness of the BDD and Quick Start programs. However, it seems that VA has several means for measuring general disability claims. Do you agree additional quality measurements could assist VA in fully implementing the BDD and Quick Start programs.

**Response:** Yes.

6. Some Veteran Service Organizations express frustration by VA's lack of efforts in collaborating with them in increasing utilization of BDD and Quick Start programs. Please expand upon the challenges faced by your organization in this regard? What can Congress do to increase the cooperation between VA and VSO's with respect to the BDD and Quick Start programs?

**Response:** Our testimony reflected our experiences with VA and DoD with regards to the BDD and Quick Start programs. The rank and file workers, even many VA supervisors on military bases, recognize that VSO's can provide valuable assistance in educating and assisting discharging servicemembers. Once we are on a military base, VA staff and base officials quickly see the positive impact we have on the claims intake portion of the BDD/Quick Start programs.

Where we have difficulty is getting on a military base in the first place. VA must negotiate for space and access with local DoD officials, individuals who are often distracted by the realities of housing and training servicemembers who are either preparing for deployment or returning from overseas. Their focus is on the war and the warriors who fight for our nation. It is our opinion that many within DoD do not adequately recognize that ensuring a quality transition from military service to civilian life is just as essential as recruiting, training and leading men and women in the defense of our nation. As a consequence, they look on VA, and by extension, VSO's, with suspicion, thinking that our very presence will somehow distract them and their troops from their primary mission.

As a consequence, VA often finds it difficult to obtain adequate space on a military base for its own workers. Since VA fails to include service organizations in its BDD/Quick Start expansion plans, it is no surprise that space for service officers

is not usually included in their planning. Once a VSO offers to place a service officer on a base to help, it must negotiate with both base officials and the VA.

Please allow me to offer the following as an example of the problems we experience with military personnel when seeking entry to a base to help servicemembers. Several years ago we became concerned that Army personnel going through the DES program at Walter Reed were not adequately represented and, as a result, were receiving decisions which significantly under evaluated the chronic problems for which they had to leave service. We decided to place a highly qualified service officer at Walter Reed to assist interested Army personnel. We met with a dozen civilian and military officials at the base seeking a minimum amount of space in which to work. We were rebuffed at every turn. Even a meeting between high level VA officials, senior VSO executives representing the major VSO's and DoD personnel at Walter Reed failed to produce positive results. As a consequence, soldiers at Walter Reed do not have the opportunity to consult a VFW service officer during the DES process.

Interestingly, when we decided to shift our efforts to the Bethesda Naval Hospital, we were able to gain access and office space with minimal effort. As a consequence, our service officer has started helping Navy and Marine personnel with BDD and Quick Start claims.

What we would like to see is DoD and VA actively include at least the major VSO's in planning when BDD/Quick Start expansion is considered. VA should ask us if we are able to provide service officers at those military bases to which they are expanding. While we may not be able to place a service officer at every base where VA has a presence because of budget reasons, we would certainly appreciate the opportunity to participate.

7. Are you aware of any unique challenges encountered by members of the National Guard and Reservists in gaining information about the Quick Start program and filing claims through this program?

**Response:** We know that National Guard and Reservists returning from deployment are quickly returned to their communities and released from active duty. Therefore they are often unable to participate in TAP briefings and do not have the opportunity to participate in the BDD program because of the short time remaining on active duty.

Much of VA's outreach to servicemembers is focused on over 100 military installations. With Guard units scattered across the United States and Puerto Rico, it is a challenge for VA to find the resources to provide TAP style briefings and claims assistance to them.

Many VSO's conduct outreach to Guard and Reserve centers. Some of these visits are coordinated with VA. At other times we visit at the request of the Guard or Reserves. However, we are not aware of any program by VA to ensure that all returning Guard and Reserve personnel receive a timely TAP briefing along with assistance in completing claims.

There is no doubt that this is problematic for VA. Outreach is performed by VA regional office staff, sometimes hundreds of miles distant from a Guard or Reserve center. Further, the service to be provided is two-fold: first, brief them on what benefits and services are available to them; then assist individuals with completing compensation claims. The first can be done in a matter of hours. Helping individuals file claims, if done right, will take much longer.

At BDD sites, VFW service officers usually spend about an hour with each servicemember, helping them fill out the claim, pouring over service treatment records and ensuring that all chronic conditions related to service are claimed. It is much more difficult to provide this service to Guard and Reserve personnel because of the number of personnel filing all at once and their distance from VA and VSO personnel.

We believe that VA could construct a plan for conducting systematic outreach and claims assistance to Guard and Reserve personnel who have been recently deactivated. VA should work with the VSO's who work in their regional offices in order to coordinate activities. In this way it would be possible for a number of VA and VSO personnel to appear at a Guard or Reserve center and provide information and services to appropriate personnel. Once such a plan is developed, it could be tested in a number of states in order to determine the efficacy of the plan. Data could be gathered and a report provided your Committee.



Committee on Veterans' Affairs  
Subcommittee on Disability Assistance and Memorial Affairs  
Washington, DC.  
*March 25, 2010*

Raymond C. Kelley  
National Legislative Director  
AMVETS  
4647 Forbes Boulevard  
Lanham MD, 20706

Dear Mr. Kelley:

Thank you for testifying at the House Committee on Veterans' Affairs' Subcommittee on Disability Assistance and Memorial Affairs' oversight hearing on the "Examination of the Benefits Delivery at Discharge and Quick Start Programs," held on February 24, 2010. I would greatly appreciate if you would provide answers to the enclosed follow-up hearing questions by Monday, April 26, 2010.

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Due to the delay in receiving mail, please provide your responses to Ms. Megan Williams by fax at (202) 225-2034. If you have any questions, please call (202) 225-3608.

Sincerely,

John J. Hall  
*Chairman*

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**Questions from the House Committee on Veteran's Affairs  
Subcommittee on Disability Assistance and Memorial Affairs  
Oversight Hearing on "Examination of the Benefits Delivery at Discharge  
and Quick Start Programs"  
February 24, 2010**

1. **How would it help VA if the Transition Assistance Program (TAP) briefings and BDD or Quick Start exams were mandatory for all decommissioning servicemembers? Do you believe VA has the resources needed for this expansion?**

It would help transitioning servicemembers if VA TAP briefings were mandatory. AMVETS doesn't believe this will cause a resource issue, because VA is present at most TAP briefings but servicemembers don't participate. Not all transitioning servicemembers leave service with a disability; therefore, AMVETS does not believe that BDD or Quick Start exams need to be mandatory. However, we would like to see the Disability Evaluation System (DES) program expand and become mandatory for all transitioning servicemembers.

2. **What can Congress do to assist VA and DoD in expanding TAP briefings and BDD or Quick Start exams to all discharged servicemembers?**

Congress should mandate that all transitioning servicemembers must attend VA TAP briefings.

3. **The Memorandum of Understanding (MOU) between VA and DoD largely permits only VA physicians to conduct the single exam. Is this a problem and if so, should more training be provided to DoD physicians so they can conduct these exams more often.**

The MOU between DoD and VA is a general agreement that allows local DoD facilities to enter into MOUs with local VA facilities. These local MOUs dictate who is responsible for what aspects of the single exams. The issues that arise are often ones of logistics. For instance: the MOU states VA will conduct the physicals and DoD will provide examination rooms. This seems benign enough; however, DoD may not understand what equipment will be needed for VA to conduct a thorough exam. A clearer explanation of what needs and expectations are for each location so there

is not a lack of resources. In cases where DoD will be conducting the exams, it is important that they provide a medical evaluation that is complete and in a format that is usable by VA. AMVETS suggests that VA design medical condition templates for DoD and civilian doctors to use to ensure all pertinent information is included so VA will not have to conduct a second exam because critical information is not included.

**4. You testified that even when comprehensive physical exams are administered, there is not enough time or resources to complete them effectively. What might Congress do to resolve this issue?**

Again, AMVETS attributes this to vague MOUs between local DoD and VA facilities. AMVETS believes this is a problem that can be easily solved by the two agencies. If upon their recommendations it is believed that more funding for these programs is needed then Congress should appropriate sufficient funding.

**5. GAO reported that VA has established only one measure for measure for gauging the effectiveness of the BDD and Quick Start programs. However, it seems that VA has several means for measuring general disability claims. Do you agree additional quality measurements could assist VA in fully implementing the BDD and Quick Start programs?**

Yes, there needs to be a more emphasis on quality. AMVETS is working with other VSOs to construct a metric to more evenly evaluate effectiveness.

**6. Some Veterans Service Organizations (VSOs) express frustration by VA's lack of efforts in collaborating with them in increasing utilization of BDD and Quick Start programs. Please expand upon the challenges faced by your organization in this regard? What can Congress do to increase the cooperation between VA and VSOs with respect to the BDD and Quick Start programs?**

This is more of a problem between DoD and the VSOs. For our service officers to assist servicemembers with a Quick Start of BDD claim they need access to them on military installations. This requires cooperation between the Commanders on each of the bases and the VSOs.

**7. Are you aware of any unique challenges encountered by members of the National Guard and reservists in gaining information about the Quick Start program and filing claims through this program?**

Time is the largest factor in all Guard and reserve transition issues. Most demobilizations take less than one week. It is impossible to conduct a complete physical for hundreds to thousands of returning servicemembers. The simple solution is to provide a VA briefing prior to Guard and reserve member's exit exam. This will provide them with the knowledge to tell the medical professional the evaluation every condition that started or got worse while on active duty. As long as the information is in their medical records and the veteran files for disability within one year they will have a very quick claims process.

Committee on Veterans' Affairs  
Subcommittee on Disability Assistance and Memorial Affairs  
Washington, DC.  
*March 25, 2010*

John L. Wilson  
Assistant National Legislative Director  
Disabled American Veteran  
807 Maine Avenue, NW  
Washington, DC 20024

Dear Mr. Wilson:

Thank you for testifying at the House Committee on Veterans' Affairs' Subcommittee on Disability Assistance and Memorial Affairs' oversight hearing on the "Examination of the Benefits Delivery at Discharge and Quick Start Programs," held on February 24, 2010. I would greatly appreciate if you would provide answers to the enclosed follow-up hearing questions by Monday, April 26, 2010.

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Sincerely,

John J. Hall  
Chairman

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***Post-Hearing Questions For John Wilson, Assistant National  
Legislative Director of the Disabled American Veterans  
Following the February 24, 2010 Hearing of the United States House of  
Representatives, House Veterans' Affairs, Subcommittee on Disability  
Assistance and Memorial Affairs***

1. How would it help VA if the Transition Assistance Program (TAP) briefings and BDD or Quick Start exams were mandatory for all decommissioning servicemembers? Do you believe VA has the resources needed for this expansion?

**Response:** Mandatory TAP, Disability Transition Assistance Programs (DTAP) briefings and Benefits Delivery at Discharge (BDD) and Quick Start medical examinations would ensure all separating military personnel would be better informed as to the variety of benefits for which they qualify. Additionally, all medical evidence necessary to determine service connection for claimed disabilities would be readily available, which would expedite the claims adjudication process and facilitate placing any disability compensation that is due in the "hands" of the member shortly after transitioning into veterans status.

Regarding the question of resources, if all decommissioning servicemembers were required to complete TAP/DTAP and BDD/Quick Start programs, the Department of Veterans Affairs (VA) would likely need additional resources to ensure the timely delivery of these services.

2. What can Congress do to assist VA and Department of Defense (DoD) in expanding TAP briefings and BDD or Quick Start exams to all discharging servicemembers?

**Response:** We recommend Congress provide sufficient funding, staffing and oversight for TAP/DTAP to ensure these services are available to support all routine discharges per year from each branch of service.

We further recommend Congress provide sufficient funding to ensure that members of the National Guard and Reserve forces who are activated for 12 months or longer be afforded a period of active duty of five days, within 90 days of separation, in order to attend TAP and DTAP workshops. Additionally, Congress should require completion of a separation physical exam and attending TAP/DTAP as mandatory conditions for all separating military personnel to receive the **DD Form 214, Certificate of Release or Discharge from Active Duty**.

3. The Memo of Understanding (MOU) between VA and DoD largely permits only VA physicians to conduct the single exams. Is this a problem and if so, should more training be provided to DoD physicians so they can conduct the exams more often?

**Response:** The DoD's role in providing separation physical exams was modified because of previous instances where DoD improperly applied disability standards specified in the VA Schedule for Rating Disabilities and also because transitioning personnel who file disability claims with the VA were subject to duplicative physical exams in order to meet requirements of both the DoD and VA. A study in 1994 of the Navy and Marine Corps' mandated separation exams found that while they met the services' needs for a separation physical, 75 percent of the exams' findings were insufficient for the purpose of disability ratings. Often the diagnosis or findings were not in line with the requirements of the VA rating schedule.

Maximizing the use of available physician resources whether from DoD, VA or others provides the greatest flexibility to ensure that transitioning personnel obtain this critical medical exam. To maximize their use, duplicative exams can be eliminated by DoD and VA establishing the use of medical examination templates, as is currently being done in certain VA pilots, to ensure that all examinations are ade-

quate for rating purposes regardless of source. It seems prudent to further clarify MOU procedures accordingly.

4. You testified that even when comprehensive physical exams are administered, there is not enough time or resources to complete them effectively. What might Congress do to resolve this issue?

**Response:** DAV recommends Congress provide the DoD and VA the necessary resources to ensure *all* transitioning military personnel applying for disability compensation receive separation physicals, whether active duty, mobilized Reserve or Guard forces. We further recommend Congress provide sufficient funding to ensure that members of the National Guard and Reserve forces who are activated for 12 months or longer be afforded a period of active duty of five days, within 90 days of separation, in order to attend TAP and DTAP workshops.

5. GAO reported that VA has established only one measure for gauging the effectiveness of the BDD and Quick Start programs. However, it seems that VA has several means for measuring general disability claims. Do you agree additional quality measurements could assist VA in fully implementing the BDD and Quick Start programs?

**Response:** The inclusion of additional quality measures could provide the VA with information that would further enhance the effectiveness of this important program. For example, monitoring all actions taken from the date VA receives a claim, as opposed to the current practice of monitoring all actions taken from the date of receipt of the DD Form 214, may provide both DoD and VA with important information that resolves other process problems that are not presently apparent.

The VA/DoD Joint Executive Council has only a general focus on this area. Its objective as found in its Strategic Plan for FY 2009 to 2011 is "to improve participation in the BDD program nationwide and ensure servicemembers are afforded the single cooperative examinations where available." The plan to streamline benefits application processes, eliminate duplicative requirements and correct various business practices that complicate the process will prove more useful however when there are measurable outcomes. Congressional oversight of the success of this strategic plan is also recommended.

6. Some Veteran Service Organizations (VSOs) express frustration by VA's lack of efforts in collaborating with them in increasing utilization of BDD and Quick Start programs. Please expand upon the challenges faced by your organization in this regard. What can Congress do to increase the cooperation between VA and VSOs with respect to the BDD and Quick Start programs?

**Response:** VSOs at a number of military installations were given access to provide free assistance to military personnel in various stages of preparation for separation from military services. In 1998, for example, VSOs at the national, state and county level were acknowledged as playing an important role with VAROs in VBA pre-discharge claims development, examinations and rating decisions (VA Circular 20-98-2, Change 1 dated January 25, 1999). VSOs were encouraged to participate with VAROs and to be made an integral part of the planning and execution of these programs. VSOs were authorized to conduct TAP and DTAP briefings, consult with personnel on VA benefits, and conduct reviews of service treatment records in order to advise claimants and to assist them in preparing benefit applications. In Appendix A, section 10 of this same circular VSOs were identified as partners and "full integration of the veterans' service organizations is important for the support of the pre-discharge examination and claims adjudication process."

Today, VSOs' access to military installations varies, with some simply not allowing VSOs access. Congressional action directing VSOs' access to conduct TAP and DTAP briefings, consult with personnel on VA benefits, and conduct reviews of service treatment records in order to advise claimants and to assist them in preparing benefit applications is critical. If VSOs are incorporated as full partners in this area, we could provide transitioning military personnel a critical adjunct to existing programs and could offer constructive comments to DoD and VA on delivery of services to ensure best practices are adopted and less constructive initiatives discarded.

7. Are you aware of any unique challenges encountered by members of the National Guard and Reservists in gaining information about the Quick Start program and filing claims through this program?

**Response:** A unique challenge that National Guard and Reserve personnel often face is their rapid demobilization from active duty status which may preclude their being fully informed about benefits potentially available to them. Additionally, since

separation physical exams are not mandatory, this may later impact their eligibility for disability compensation for service-connected conditions.

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Committee on Veterans' Affairs  
Subcommittee on Disability Assistance and Memorial Affairs  
Washington, DC.  
*March 25, 2010*

Diana Rubens  
Associate Deputy Under Secretary for Field Operations  
Veterans Benefits Administration  
U.S. Department of Veterans Affairs  
810 Vermont Ave., NW  
Washington, DC 20420

Dear Ms. Rubens:

Thank you for testifying at the House Committee on Veterans' Affairs' Subcommittee on Disability Assistance and Memorial Affairs' oversight hearing on the "Examination of the Benefits Delivery at Discharge and Quick Start Programs," held on February 24, 2010. I would greatly appreciate if you would provide answers to the enclosed follow-up hearing questions by Monday, April 26, 2010.

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Due to the delay in receiving mail, please provide your responses to Ms. Megan Williams by fax at (202) 225-2034. If you have any questions, please call (202) 225-3608.

Sincerely,

John J. Hall  
*Chairman*

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**Questions for the Record**  
**House Committee on Veterans' Affairs**  
**Subcommittee on Disability Assistance and Memorial Affairs**  
**Hearing on Examination of the U.S. Department of Veterans Affairs**  
**Benefits Delivery at Discharge and Quick Start Programs**  
**February 24, 2010**

**Question 1:** What percentage of VA's current inventory of disability claims includes first-time claims from Servicemembers returning from Iraq and Afghanistan?

**Response:** As of March 31, 2010, the 15,932 initial claims submitted by Servicemembers returning from Iraq and Afghanistan represent 3.2 percent of VA's inventory of 493,732 disability compensation claims.

**Question 2:** Would it help VA if the Transition Assistance Program (TAP) briefings and BDD or Quick Start exams were mandatory for all decommissioning servicemembers, and if so, how? If VA favors this expansion, does VA have the resources needed to achieve this objective? What can Congress do to assist you in expanding TAP briefings and BDD or Quick Start exams to all discharging servicemembers?

**Response:** Mandatory TAP briefings would significantly help support VA's mission. TAP briefings provide VA the opportunity to promote the BDD and Quick Start programs and provide information about Veterans' benefits and services. If all separating Servicemembers were required to attend TAP briefings, VA would need additional resources to reach all Servicemembers, particularly those separating from remote locations. VA is working to develop innovative ways of delivering TAP briefings for Servicemembers in situations and locations where briefings are difficult to conduct, including those separating from naval vessels while on deployment, remote locations, Guard and Reserve units returning from theater, and Servicemembers serving in small detachments such as embassy guard personnel and recruiters.



VA supports mandatory separation physicals for all separating, deactivating reserve component personnel and all retirees. Examinations adequate for use in the claims process are conducted to VA standards for Veterans who participate in BDD, Quick Start, the Joint DoD/VA Disability Evaluation System Pilot, and for those Veterans who file a claim within a year of separation from service. This represents approximately one half of all initial claims VA receives. The remainder of the claims are received from Veterans many years post service. Mandatory separation physicals need not be as extensive as an examination for a compensation claim, but they would serve critical needs that are currently not being met. Those needs include the following: 1. The examination results, if automated, would aid in predicting future claim activity and would materially aid in VA's efforts to project future requirements in a manner similar to Social Security; and 2. The examination results would provide a critical baseline of the state of a Servicemember's health at time of separation that could document his/her state of hearing and vision, and determine whether isolated reports of treatment for routine medical events, such as strains, have resolved or continue to have residuals that justify an award of service connection.

**Question 3:** Despite the Memo of Understanding (MOU) between the VA and DoD, many units are still failing to execute a single physical exam that will meet both the VA and DoD's standards. How can we help local units to get a single examination process established? Can this problem be solved simply through education and training, or should the policy be fundamentally changed?

**Response:** The existing MOUs regarding single examinations do not mandate separation physicals for all separating Servicemembers. Rather, they are an agreement as to the standard to which examinations will be conducted (and by whom) when they are needed for a specific purpose such as a disability claim or a retirement physical. The policy should be fundamentally changed. Mandatory separation physicals for all Servicemembers leaving a period of active duty should be instituted for those individuals who do not file a claim for disability benefits prior to separation. It must be recognized that this core baseline reading is a foundational piece to any future disability decision rendered on a Veteran who chooses to file a disability claim many years after service.

**Question 4:** How does the effectiveness of these programs suffer through having MOUs with DoD that largely permit only VA physicians to conduct the single exams? If this is a problem, should more training be provided to DoD physicians so that they can conduct these exams more often?

**Response:** The memorandum of agreement between VA and DoD does not specify that the examination must be conducted by a VA physician, only that the examination be conducted in accordance with VA examination protocols. In this period of conflict, it is not surprising that DoD, with its own clinical staffing challenges, believes that its primary focus must be on forward-deployed health and health maintenance of the force. Locally, individual VA regional offices, VA medical centers and military treatment facilities (MTFs) will sign a memorandum of understanding, defining each agency's responsibilities. Responsibility for completing the exam (or aspects of the exam) is based largely on the availability of each agency's resources at or near the location.

If DoD physicians are available at MTFs, training in many cases is provided through VHA's examiner testing protocol to enable DoD clinicians to conduct examinations in accordance with VA's examination protocols.

**Question 5:** The Government Accountability Office (GAO) testified that VA has established only one measure for gauging the effectiveness of the BDD and Quick Start programs. However, it seems that VA has several means for measuring general disability claims including: (a) how much time a veteran has to wait for a final decision, (b) average days to complete all work to reach a final decision, and (c) percentage of claims with no processing errors. I understand that if VA performed these surveys, such as tracking total time to develop a claim, the results may suggest that VA has more work to do to achieve its goals. However, can't these additional performance measurements assist VA in fully implementing the BDD and Quick Start programs?

**Response:** The effectiveness of the BDD and Quick Start programs is generally gauged utilizing the same measurements applied to all other disability claims. These measurements include "average days to complete" (average days to complete all work) and "average days pending" (average age of the currently pending workload). VA conducts the same quality assurance reviews for the sites that process BDD and Quick Start claims as are used for other regional offices.

BDD claims present unique issues with regard to measuring “average days to process” and “average days pending” in that there are significant differences when compared to normal Veterans claims processing. If VA were to measure from the date the Servicemember filed his/her claim, both of these measures would be meaningless since they would be controlled by: (a) when the Servicemember filed his/her claim in relation to his/her expected separation date; and (b) the fact that VA cannot influence this time since VA has no legal authority to finalize the decision and make payment until the member separates. Thus, we believe that the true measure of the success and effectiveness of the pre-discharge programs is the time delay between separation and notification of entitlement.

**Question 6:** Veterans Service Organizations (VSOs) suggest they can play a critical role in improving the implementation of BDD and Quick Start programs. What can we do to increase your cooperation with VSO’s in this regard? What challenges might you face in forging this cooperation?

**Response:** At the Transition Assistance Program briefings, VA advises Servicemembers about the opportunity to be represented by a VSO. There is no inherent legal or VA-imposed process limitation in the ability of service organizations to represent Servicemembers in the VA claims process while they are still on active duty. In fact, partnerships exist with various organizations, including state Departments of Veterans’ Affairs, at some BDD sites. We are aware, however, that service organizations sometimes have difficulty obtaining office space on military installations due to the widespread space scarcity on most installations following consolidation of facilities through the BRAC activities.

**Question 7:** What unique challenges does VA encounter with educating members of the National Guard and Reservists about the BDD and Quick Start programs, and processing the Quick Start claims? How many Quick Start claims do you process each year? How many do you complete annually?

**Response:** Normally, deployed members of the reserve components cannot participate in the BDD program because of the extremely brief period of time that they have on active duty following return from theater. VA often receives limited notice of the demobilization events and has limited time to interact with the Servicemembers.

When VA reaches Servicemembers at the demobilization events, there is insufficient time to conduct medical examinations and gather evidence while on active duty. VA accepts Quick Start claims at demobilization events, but locating and obtaining service treatment records from individual units can be time consuming. Frequently there is a delay, sometimes significant, in associating in-theater treatment records with their medical jacket. VA completed 16,162 Quick Start claims during FY08, and 22,021 Quick Start claims during FY09. This fiscal year 11,712 Quick Start claims have been completed through the end of March. We do not have a report that identifies which of those claims was from reserve component Servicemembers.

**Question 8:** What can this Committee do to assist VA in addressing any technical or training issues related to the BDD and Quick Start programs? Will the 4,000 additional disability raters requested in the Administration’s FY11 budget make any impact in the ability to expand the BDD and Quick Start programs?

**Response:** VA requests the House Committee on Veterans’ Affairs maintain its current level of support to ensure the continuing success of the BDD and Quick Start programs. The additional staffing in VA’s 2011 budget submission are primarily focused on addressing the increasing demand for services as represented by the unprecedented claim rate, including claims received through the BDD and Quick Start programs. VA continues to seek opportunities to reach out and assist separating Servicemembers while they are on active duty and is committed to supporting the smooth transition from military to civilian life.

