A Treatment Plan for Georgia's Veterans
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My name is Dr. Paul Broun. I'm a physician, a veteran, and a candidate for Congress in Georgia's Ninth District. When I was younger, I served in the Marine Corps Reserves. Later in life I served in the Navy Reserves, getting deployed to Afghanistan in 2012 to treat sick and injured Marines and soldiers. As a military doctor I treated patients in the Navy Health Clinic at Marine Base Quantico and at the Brigade Medical Center at the U.S. Naval Academy. I was ultimately promoted to Commander before being honorably discharged in 2014.

My experience both as a physician and a veteran has shown me how important it is that we take care of our veterans. Doing so is both a national security issue and a moral issue. It's a national security issue because if we don't take care of our current veterans and provide them with what they've been promised, then it will be impossible to recruit good people to be senior Non-Commissioned Officers (NCOs), Senior Officers (SOs), or Flag Officers (Generals and Admirals). It's a moral issue because the veterans who risked their lives to fight for our freedoms were promised certain medical benefits. We have a duty to both hold the government accountable and to provide veterans with a healthcare delivery system that is responsive, professional, courteous, and timely.

Below is a 10-point plan to address many of the problems currently plaguing the Department of Veterans Affairs (VA). These are my proposed solutions to:

- Address the staggering claims backlog.
- Work toward developing a seamless transition from Active Duty into the VA's healthcare system.
- Modernize, streamline, and simplify the VA's health records.
- Assist in eliminating complex bureaucratic barriers that prevent veterans from getting the highest quality medical care and make it difficult to navigate.
- Prioritize care for serious wounds, illnesses, and injuries, while continuing to stress the necessity of optimal care for all veterans.

The Veteran Population

To understand the problems facing veterans and how to solve them through legislation, it's important to understand the makeup of the veteran population. Below is a statistical overview of today's veteran population.

- There are approximately 22.5 million veterans of the U.S. Armed Forces alive today, with 8.3 being female. One of every 10 adults is a veteran.
- There are 40 million people that are dependents of veterans. Altogether, there are approximately 62 million Americans that are eligible for some type of VA services. In addition, veterans and their families make up almost 40 percent of the adults in the U.S.

- As of Fiscal Year 2011 about 8.57 million veterans are enrolled in the Department of Veterans Affairs (VA) Health Care system. Approximately 3.47 million veterans receive VA Disability Compensation as of June 30th 2012.
- According to the Veterans Administration, in a document entitled "America's Wars," the VA provides the exact numbers of those who have served and a breakdown of each conflict.
- In 2011, the median age of male Veterans was 64 years of age. The median age of female Veterans was 49 years of age. The median age of veterans by period of service is as follows:
    - Gulf War Era: 40 years of age
    - Vietnam War Era: 63 years of age
    - Korean War Era: 79 years of age
    - World War II: 87 years of age
- 60% of the Nation's veterans live in urban areas and 6 states account for about 36% of the total veteran population. Those states are: California, Florida, Texas, Pennsylvania, New York, and Ohio.
- In 2013, 44% of all military recruits came from the Southern region of the U.S. despite it having only 36% of the country's 18-24-year-old civilian population.
- As of the end of September 2015, there were nearly 22 million veterans living in the United States, according to Department of Veterans Affairs estimates. But the population in each state is different. Some states' veterans are older, some are younger. Some states have higher concentrations of women. Some have more World War II veterans while others are dominated by Gulf War era veterans.
- The total number of military personnel is over 3.6 million strong, including DOD Active Duty military personnel (1,370,329); DHS's Active Duty Coast Guard members (40,420); DOD Ready Reserve and DHS Coast Guard Reserve members (1,102,419); members of the Retired Reserve (214,938) and Standby Reserve (14,408); and DOD appropriated and non-appropriated fund civilian personnel (874,054). DOD's Active Duty and DHS's Coast Guard Active Duty members comprise the largest portion of the military force (39.0%), followed by Ready Reserve members (30.5%) and DOD civilian personnel (24.2%).
- Most veterans living today served during times of war. The Vietnam Era veteran, about 7.4 million veterans, is currently the largest segment of the veteran population. The projected percent of Veterans Population by Period of Service is expected to, by 2019, change to Gulf War Era veterans rising to 40% while Vietnam Era veterans fall to 32%.

A Statistical Look at the Problem

"To care for him who shall have borne the battle and for his widow, and his orphan" - Abraham Lincoln in his Second Inaugural Address.

It is unacceptable that we have not fully accomplished President's Lincoln vision for our Nation's veterans. To understand the scope of this problem, below is a statistical overview of the mental and physical health troubles that veterans are facing.

- This statistic comes from the VA's 2012 Suicide Data Report, which analyzed death certificates from 21 states, from 1999 to 2011. The report calculated a percentage of suicides identified with veterans out of all suicides in death certificates from the 21 states during the project period, which turned out to be 22 percent. (By point of reference, about 13 percent of U.S. adults are veterans, according to a 2012 Gallup poll.) Then the report applied that percentage against the number of suicides in the U.S. in a given year (approximately 38,000). Divided by number of days in a year, the report came up with 22 veteran suicides a day. To account for uncertainties, researchers gave a range of 18 to 22 veteran suicides a day, which is consistent with previous VA estimates using CDC data. **Importantly, the report does not include some states with the largest veteran population (including California, Texas, Georgia, Arizona and North Carolina), so it is unclear how this would affect the suicide rate.**
- According to Department of Defense data, since the U.S. went to war in Afghanistan in 2001 and Iraq in 2003, about 2.5 million members of the Army, Navy, Marines, Air Force, Coast Guard and related Reserve and National Guard units have been deployed in the Afghanistan and Iraq wars. Of those, more than a third were deployed more than once. As of last year nearly 37,000 Americans had been deployed more than five times, among them 10,000 members of guard or Reserve units. Records also show that 400,000 service members have done three or more deployments. Of these 400,000 service members, **nearly 20% of the returning forces are likely to suffer from PTSD and Major Depression** and these numbers continue to climb.
- In a 2014 report from the Congressional Budget Office, entitled "Veterans' Disability Compensation: Trends and Policy Options" PTSD is the 5th most common service-related disability for service members receiving benefits. An additional 400,000 returning service members from the Iraq and Afghanistan Wars may have experienced Traumatic Brain Injuries during their deployments. **We must improve the level of care and timeliness of psychiatric care that's provided to our veterans and caregivers.**
- According to the Department of Defense and the Defense and Veteran's Brain Injury Center, they estimate that 22% of all combat casualties from these conflicts are brain injuries, compared to 12% of Vietnam related combat casualties. 60% to 80% of soldiers who have other blast injuries may also have Traumatic Brain Injuries. The primary causes of TBI in Veterans of Iraq and Afghanistan are blasts, blast plus motor vehicle accidents (MVA's), MVA's alone, and gunshot wounds. In addition, many veterans have multiple medical problems. The co-morbidity of PTSD, history of mild TBI, chronic pain, and substance abuse is common and may complicate recovery from any single diagnosis. Patients with TBI often meet criteria for PTSD on screening instruments for TBI and vice versa. Many OEF/OIF Veterans have experienced a mild traumatic brain injury and also have PTSD related to their combat experience.
- In the cover letter of the 2011 Performance and Accountability Report dated November 15th 2011, of then Secretary of Veterans Affairs Eric Shinseki stated that the VA was "On the path to ending Veteran homelessness by 2015." In order to get an idea of the scope and depth of the cost of this program, FY 2013 provides insight. In a report from the Rand Corporation entitled "Health Care Spending and Efficiency in the U.S. Department of Veterans Affairs" it reads: "Reducing homelessness among veterans is a key priority for the VA, with an estimated $4.4 billion of health care spending incurred by homeless veterans and $1.4 billion in other direct initiatives that are spread across the above budget

categories and include case management for veterans receiving Section 8 housing, residential rehabilitation programs, and support for community-based services to homeless veterans." According to data collected during the 2014 Point-in-Time Count, 49,933 veterans experienced homelessness on a single night in January 2014. That estimate represents a 14 percent decline compared to the Department of Housing and Urban Development's 2013 estimate, but what these studies don't show are the number of veterans during this time period that are deceased or incarcerated and might otherwise counted among the homeless.

- According to the RAND Corporation's report entitled "Invisible Wounds of War" from 2008: "Studies of veterans indicate that psychiatric symptoms and substance use were stronger predictors of homelessness than combat exposure or any other military factor."

10-Point Plan

We can talk about the problem all day and night. But without real plans, real solutions, and real action nothing will improve for veterans and their families. As a Congressman, I will do so much more than sign off on letters, hold hearings, and grandstand on behalf of veterans. I will actually introduce and actively fight for legislation that helps them.

Below is a 10-point plan that will guide my legislative efforts.

1. Vision and Morale Compass Check

I would authorize the President to conduct an initial real-time National VA Town Hall meeting via teleconferencing, a Call-to-listen number, a home computer, or a work station log in. During this Town Hall, the President would share his vision and priorities for future success while embracing and thanking current VA workers for their efforts and I will fully dedicate myself on behalf of our veterans to make the VA responsive, professional, and fully committed to achieving the optimal healthcare that our veterans deserve.

The **President should also challenge each and every VA employee** and members of the Department of Defense (DOD) to reduce the claims backlog, fraud, waste, and abuse, and to refocus their efforts on providing the highest standard of care for our Nation's veterans. The President should also **challenge VA personnel to make recommendations for how to become more efficient** and where services can be strengthened.

This will send a clear message that **it is a privilege to serve our Nation's Veterans** and that **every effort must be made to make a positive impact** in the lives of millions of Americans. This initial and direct effort to boost morale and reengage employees will enable success for the rest of this plan.

2. Top-to-Bottom Review of the Department of Veterans Affairs

To fix anything, we have to know where we are and where we need to be.

We have to

- Promote pride in a career of dedication to our service men and women. This includes incentivizing and rewarding VA staff members with a proven record of providing the highest quality of care to veterans.
- Engage VA personnel and leadership in identifying where the financial and material waste is and where we have lost focus.
- Prioritize areas that have the greatest needs and eliminate the backlog of claims through a review of the QTC Process[1].

Additionally, a review process needs to be established so that a veteran, a veteran's attorney-in-fact, or a representative through a nationally recognized Veterans Service Organization (VSO) can both:

- Correct and resolve any errors in the veteran's claim for disability.
- Contest the findings of the QTC before those findings are submitted to the Veterans Administration's ratings board, thus reducing the disability claims backlog.

The VA/Department of Defense (DOD) Joint Executive Council should publish system-wide VA goals and set bench marks and subsequent milestones to achieve success. The explicit intent should be to **become one of the most efficient agencies within the U.S. Government**. This includes ensuring that VA hospitals and employees working in them have the tools needed to process and maintain quality care for veterans.

The review should also include a look at all VA regulations to determine any areas in which some regulations are competing with or otherwise clashing with others. Misguided regulations like these result in unnecessary, duplicative efforts that ultimately waste taxpayer money. They need to be routed out and either eliminated or modified.

Additionally, my office would designate a liaison for the veterans of Georgia's Ninth District so that we could further serve their needs, advocate on their behalf, and help them navigate the current bureaucratic maze.

3. <u>Increase Communication and Collaboration between DOD and VA</u>

The DOD and VA shouldn't compete against each other. When possible, the VA should avoid questioning the initial DOD medical determination of discharge competency or disability. This clash arguably underlies much of the excessive VA claims backlog.

The VA/DOD Joint Executive Council was designed to serve as a bridge between the two agencies. Therefore, it is responsible for addressing the challenges that veterans face during the 12-month period of transitioning from being service members. The **VA/DOD Joint Executive Council must ensure that the Transition Assistance Program (TAP) works for every veteran with no exceptions**. The VA/DOD Joint Executive Council must provide consistent and effective policymaking, oversight, and accountability for veterans in transition.

[1] QTC is the largest private provider of government-outsourced occupational health and disability examination services in the nation.

There must also be cooperation in reviewing any and all competing and prohibitive interagency regulations. Additionally, the DOD and VA must integrate all related programs to address the needs of wounded, ill, and injured service members. The abrupt decoupling of "care" for service members departing active duty and filing a claim has created a needless void. This puts our veterans in jeopardy once back in their communities as they patiently try to manage disabilities from their service while waiting for the care they were promised.

Addressing this issue also addresses an underlying national security issue. For example, military retirees are subject to recall up to the age of sixty-years. **To assure a sound recall status in cases of national emergency, it is imperative that the retiree is fit to fight as well as the discharged service member or veteran who is placed in Individual Ready Reserve (IRR)** for a period of years.

The **bottom line is we must bridge the gap between DOD discharge and VA hand-off**. It's that simple.

4. <u>Address Budget Overruns</u>

To address budget overruns, we need to mandate that all approving officials within the VA will sign off on them if they exceed the current Consumer Price Index (CPI).

Current VA rules call for leadership to sign off on budget overruns of more than 5%. We should replace this method with the current CPI used by the federal government to trigger Cost of Living Allowance adjustments (COLA) for federally retired employees, Medicare, and Social Security recipients.

This approach will **force consistent consideration of budget constraints**. It will also create pressure to **minimize waste and maximize the effect of every federal tax dollar allocated to support veteran initiatives**. This is vital for putting us on a track towards regaining fiscal responsibility.

5. <u>Reduce the Daunting Disability Claims Backlog</u>

Currently, active duty personnel who submit disability claims before their discharge date are guaranteed that their case will be addressed within a 180-day period.

In reality, this often takes the form of the VA contacting the individual via mail to start the formal process at or near the 180-day deadline. It also often means waiting for private outsourced medical niches to see the veteran and "RE-evaluate" the malady months later.

Embedding VA personnel within the DOD system at out-processing centers to screen the files of discharging service members will streamline and ensure the process to establish service connection from one agency to the other, thereby drastically reducing the errors in processing claims. Veterans should be able to review all documents generated by QTC in real time and have access to these records in the VA's "My Healthy Vet" database. Additionally, veterans or their legal representative should be able to correct errors in their records before they are sent to the VA Administration's rating board, where final decisions of disability ratings are made.

This will expedite the classification of potential disability claims and assign a priority code of need, ensuring quicker processing and making a "safety net" of financial resources or care available to veterans much sooner.

6. Reduce Duplication of Effort

Duplicating efforts is a guaranteed way to clog any system with inefficiency. In addition, the VA must increase the use of strategic sourcing that focuses on bulk purchases and requires them to commit to using one contract for specific office goods or delivery of services. This will increase supplier competiveness and reduce or eliminate different prices for the same service or product.

The private sector has succeeded in sourcing information technology, infrastructure management, and technical services by watching the bottom-line. We can do no less.

7. Reevaluate VA Employee Resources Based Need

The local VA Regional Offices require additional employees or a reprioritizing of resource effort. An 18 – 20 month claims backlog already exists for veterans with new service-connected claims despite data that suggests otherwise. Talking to real veterans and their families throughout Georgia over the last few years tells a tragic story of unacceptable backlogs. Even simple tasks like adding a dependent can take over a year in many cases.

A **review of the VA's personnel selection, promotion, retention, and training must be conducted** by the VA/DOD Joint Executive Council in cooperation with the office of The Secretary of Veterans Affairs to ensure that the goals, benchmarks, and accountability are being met. The **results and findings should be openly published on a quarterly basis** so that veterans, legal representatives, VSOs, and shareholders can track the progress being made.

8. The Fiduciary System for Incompetent VA Claimants Needs an Overhaul

Current regulations require the VA to hold a claim for 60 days after an award has been made and incompetency "proposed" in order to see if the claimant will disagree with the decision. **If a veteran does not disagree with the findings, then the claim should not be "on hold." This would further reduce processing times and the backlog of claims.** It isn't uncommon that the claimant will pass away before back pay funds are released due to the stalled-out fiduciary process. Additionally, the **veteran's next of kin is not eligible to receive the funds** that were intended for the deceased claimant.

The bottom line is **VA Regional Offices should not have to hold a veteran's file for 60 days** before turning it over to the field examiner in the Fiduciary Unit. The process would speed up tremendously with this step eliminated.

It would be helpful to veterans and their family members to institute a bypass around having to add 90-120 days for back pay funds to be released. For example, the fiduciary offices in Atlanta need an estimated two dozen more field examiners, whether temporary or permanent, to handle the backlog. Additionally, a code should be applied if the veteran is terminally ill so the veteran's benefits can be expedited by the next of kin, legal advocate, or legal guardian.

9. <u>Pension Centers Need More Employee Resources</u>

It takes approximately 14 to 18 months to have medical expenses updated and reimbursed to a veteran claimant. There are currently only three pension centers that process "non-service" connected pensions.[2] A veteran's residential location determines which pension center will handle his claim.

We need to authorize the Secretary of Veterans Affairs to **reorganize systems of payment and leverage technology** to make sure that veterans and their families receive payments in a timely manner.

10. <u>Address Outdated or Obsolete Reference Material</u>

The Veterans Handbook created by the VA is often out of date by the time it's printed and distributed to veterans. This obsolete contact information creates confusion and disenchantment for many veterans. Veterans need to be confident in and able to trust and rely on the system they're using.

We need to authorize The Secretary of Veterans Affairs to **streamline the information available by leveraging technology to meet 21st century challenges**. The Secretary of Veterans Affairs should also be authorized to work with Google and other tech industry titans to develop the use of a two-stage verification security process. Additionally, leadership of the tech industry should be engaged, encouraged, and utilized to **develop a secure application that veterans can use to access databases, including "My Healthy Vet," in real time using multiple platforms, including smartphones and tablets.**

The VA should also provide a **downloadable or otherwise digitally accessible business card with appropriate contact information and hotline numbers that can be used to report fraud and abuse of veterans** in assisted living homes and under fiduciary care.

Finally, we should provide fast track access to veteran information to bolster confidence in the system. The VA should be authorized to provide a mechanism that veterans could use to **download the most recent "Veterans Handbook" in digital form or to request a hard copy** mailed directly to their physical address.

Conclusion

There is no single, silver bullet that will solve every problem facing veterans. Fixing the VA, helping veterans transition from active service, treating mental health struggles among veterans, and addressing countless other problems requires an ongoing process of active discussion and deliberation about what to do. It must involve private citizens, VA workers and leaders, VSO leaders, elected officials, and other stakeholders.

The above **10-point plan is a first step in this process**. It was produced with input from VSO leaders in Georgia's Ninth District, and I plan to continue meeting with them and veterans across Georgia to gather input on what I can do to help them. This includes their feedback on this plan

[2] These are in Philadelphia, Milwaukee, and St. Paul

and their suggestions for how I can tweak it, add to it, and expand it. Additionally, my website features a special "Veterans" tab for veterans across the country to share their experiences and suggestions about what we can do to take better care of our veterans.[3]

Using input from all of these sources, **my goal is to arrive in Washington with a series of veteran related bills prepared and ready to be introduced in my very first week in office.**

I will seek to apply the "Jeff Miller model" in caring for veterans in that I would mandate exceptional performance and hold those that don't meet VA standards accountable. There should also be a greater emphasis on needs within the healthcare delivery systems and veterans should have easy access to healthcare. Finally, we should also reexamine veterans and their family members who have been exposed to all forms of toxins in all branches of our military.

I hope to hear from you on what I can do to further advocate for veterans. Now is the time to actually fight for the legislation and changes veterans need.

I will do exactly that.

[3] See PaulBroun.com/veterans