

DEPARTMENT OF VETERANS AFFAIRS
ADVISORY COMMITTEE ON DISABILITY COMPENSATION

June 20-21, 2017

MINUTES

Members Present:

Joseph Kirk Martin, Jr., Chairman
Hal K. Bird (via telephone)
Doris Browne
George R. Fay
Elder Granger
Warren A. Jones
Timothy J. Lowenberg
Thomas J. Pamperin
Jonathan Roberts
Elizabeth Savoca
Michael Simberkoff

Members Not Present:

None

Staff Present:

Stacy Boyd, DFO
Ioulia Vvedenskaya, Alternate DFO
Carol Borden, Staff Attorney/Deputy Ethics Official, VA Office of General Counsel*
Laurine Carson, Assistant Director, Compensation Service, Veterans Benefits Administration (VBA)
Margarita Devlin, Executive Director, Benefits Assistance Service (BAS), VBA**
Brad Flohr, VBA**
Mary Glenn, VBA*
Brad Houston, Director, Office of Business Process Integration (OBPI), VBA**
Jack Kammerer, Director, Vocational Rehabilitation, VBA*
Stephanie Li, VBA**
Jocelyn Moses, Chief, Compensation Service, Interagency Data Sharing, VBA**
Beth Murphy, Director, Compensation Service, VBA*
Eric Robinson, VBA
Judy Schafer, Veterans Health Administration (VHA)
Nora Stokes, VA Office of the Inspector General (OIG)
Dana Sullivan, VA OIG*

Kayla Williams, Director, Center for Women Veterans, VA Office of the Secretary**

Also Present:

Colonel George Barido, U.S. Army Programs and Policy**

Kent Bauer, U.S. Army Programs and Policy**

Wes Carter, Vietnam Veterans of America (VVA)

Jonathan Davis, VVA*

Christopher Goldsmith, VVA*

Brad Hazell, Veterans of Foreign Wars (VFW)

Paul Johnston, Veteran*

Tracie Johnston, Veteran Spouse*

Jenny Kim, Jefferson Consulting*

Jerry Manar, Veteran

Anita Nigam, Wounded Warrior Project (WWP)

Josh Park, MITRE**

Colonel Dennis Ratliff, U.S. Army Programs and Policy

Diane Rauber, NOVA

Michael Snook, WWP

*June 20 only

**June 21 only

The Advisory Committee on Disability Compensation (ACDC) met in public session on June 20-21, 2017, in Room 870, U.S. Department of Veterans Affairs, 1800 G Street, N.W., Washington, D.C. 20006.

Tuesday, June 20, 2017

Opening Remarks

Chairman Martin called the Committee to order at 8:29 a.m. He asked Committee members, Department of Veterans Affairs (VA) staff, and public observers to introduce themselves. He reminded attendees that the meeting was part of the public record.

VA issued its response to ACDC's 2016 Biennial Report. Chairman Martin attended a meeting of VA's Advisory Committee on Former Prisoners of War on May 17 in New Orleans. Dr. Jerry Hersh, one of three full-time physicians working on the VA Schedule for Rating Disabilities (VASRD), announced his resignation in April. Dr. Vvedenskaya reported a solicitation was issued to fill the resulting vacancy.

ACDC currently has 11 members. Its charter authorizes up to 18. A solicitation for new members was published in the Federal Register in February. Staff received about a dozen applications. Dr. Vvedenskaya and Ms. Boyd are preparing an elimination package which they will submit to the director of the Compensation Service. The director will report to the Under Secretary for Benefits, and the two will make recommendations to the Secretary, who will select three or four candidates. The process may take up to a year and a half.

Chairman Martin reminded attendees that any opinions expressed at the meeting were solely those of the individuals providing them, and did not necessarily reflect the position of ACDC, VA, or the federal government. He read a letter from Jim Sampsel, who briefed the Committee at its March meeting on Agent Orange-related issues, and whose remarks were published in the media. Mr. Sampsel expressed regret over raising the issue of hypertension, and recognized the debate on related legal, scientific, and factual issues. He apologized for any negative effects his presentation may have had on the Committee or its mission. Several members praised Mr. Sampsel for his long-time dedication to Veterans' issues. The Chairman said the Committee welcomed frank and open discussion.

Review of VA Responses to 2016 Biennial Report

Issue 1: The systematic review and update of the VASRD

Recommendation 1-1: VA should thoroughly review the current strategy for updating the VASRD through publishing of final rules and amend that plan to assure that final regulations are published at the earliest practicable date.

VA Response: Concur. VBA has published proposed regulations for six body systems, and intends to publish proposed regulations for the remaining systems by the end of fiscal year (FY) 2017, and final rulemaking for all systems by the end of FY2018. Dr. Simberkoff said it did not seem possible to have final rules complete by the end of FY2018. Mr. Fay suggested mentioning that in an interim report. Mr. Pamperin noted it was pretty easy to go from a proposed to a final rule if comments were minimal. Dr. Vvedenskaya said there tended to be about 15-20 issues raised in the comments for each body system, but cautioned that some comments were highly technical and could take considerable time to address. Mr. Fay and Mr. Lowenberg proposed that VBA representatives explain to the Committee how they were going to meet their goals for publishing proposed and final rules.

Recommendation 1-2: VA should establish specific timelines for the development and concurrence of revisions to the VASRD that include every step of the process from initial research to initial draft, to concurrence at each level in VBA and VA. If necessary, VA should consider modifying performance standards for all individuals involved in the process to make meeting these timelines a critical element. VA, in its management of this project, should extend the timelines through publishing of final rules and provide expected timelines for entities outside of its control. Monitoring of progress with the plan should, at the minimum, be part of the Secretary's quarterly briefing.

VA Response: Concur, in part. VA is reviewing its developing standard operating procedures to aid in the facilitation of rulemaking. VBA has designated two employees to monitor and expedite the concurrence process for each VASRD regulation. However, VA does not support rigid process timelines because regulations are prepared to address specific issues, and differ widely in terms of complexity and the level of controversy they engender. Dr. Simberkoff pointed out no one was disputing the complexity of some body systems; ACDC was just saying the rulemaking process should not last indefinitely. Mr. Pamperin agreed on the need to manage the process for complex and controversial issues. Dr. Granger proposed the Committee raise this issue with some of the scheduled presenters. Mr. Lowenberg said VA's response raised questions of specificity.

Recommendation 1-3: VA should assure that adequate numbers of qualified clinicians and other non-medical staff are assigned to the project to ensure achievement of the plan goals.

VA Response: Concur. Currently, there are two medical officers and one lead analyst assigned to the VASRD project. VBA will make adjustments to the team as necessary. Mr. Lowenberg proposed the Committee ask presenters what VA was doing to rectify this problem. Members observed that Dr. Gary Reynolds, one of the two medical officers, was only available part of the time. Dr. Granger asked about the staffing model for the project's team of medical officers. Dr. Vvedenskaya said five physicians would be ample. Mr. Fay pointed out that the plan called for eight.

The Committee recessed from 9:51 a.m. to 10:02 a.m. to await the arrival of the first scheduled presenter.

VBA's Top Priorities

Ms. Murphy gave the presentation. On May 1, VBA launched Decision Ready Claims (DRCs) in St. Paul, Minnesota. VA worked with its partners in Veteran service organizations (VSOs) to develop this initiative. As with Fully Developed Claims (FDCs), the DRC program is optional. In its first phase, DRC is only available for claims for increase.

Dr. Simberkoff noted DRC's extensive use of contractors. Ms. Murphy pointed out that the Veteran had the option of going to VHA. Chairman Martin asked about the volume of claims. Ms. Murphy said about one third of the volume was original claims and about two thirds were supplemental. If a claim is ready for decision, VBA intends to give it right to a decision-maker with the goal of issuing a decision within 30 days.

Ms. Nigam asked whether VBA tracked the utility of Disability Benefits Questionnaires (DBQs) in final determination of claims. Ms. Murphy noted a report by the VA OIG, which found that there was good reason to get an internal exam about 97 percent of the time. Mr. Manar asked if Compensation Service analyzed how much time it took from when a Veteran filed a Notice of Intent to File to when s/he submitted an FDC or DRC. Ms. Murphy said the primary message VBA had received over the years was that Veterans did not feel in control, and reiterated that the DRC program was optional.

Dr. Jones asked when DRC would be implemented. Ms. Murphy said VBA's goal was to implement it nationwide by the beginning of September. Mr. Pamperin asked about rating capacity. Ms. Murphy said VBA was training an additional 400 rating specialists by the end of the fiscal year. Chairman Martin asked if a Veteran needed a VSO to use DRC. Ms. Murphy said currently the Veteran did need one.

Ms. Glenn reported that earlier in June the Court of Federal Claims upheld the contracts VBA awarded at the end of September. Pending appeal, contracts awarded are as follows: LHI and MSLA for the North Atlantic, Southeastern, and Continental Districts; LHI and QTC for the Midwestern District; and MSLA and VetFed for the Pacific District. Districts 6 and 7 were not part of the protest; QTC has the contract for District 6, which handles discharge exams, and VES has the contract for District 7, which handles foreign exams. Under the provisions of the contract, vendors have a 90-day ramp-up period.

Ms. Carson mentioned that one of the Secretary's priorities was the Mental Health Initiative. VBA was examining character discharge determinations and how to better streamline processes. Oftentimes a Servicemember could not receive access to care because of an Other than Honorable (OTH) discharge, but the only reason the discharge was OTH was because of a mental health issue. Ms. Carson spoke to her counterparts in the Department of Defense (DoD) in January about challenges in adjudicating claims. DoD is using 38 Code of Federal Regulations (CFR) 3.12 as a checklist in determining whether or not a higher level Secretary bar or an OTH would be required for access to care.

In March the Secretary announced that regardless of discharge, VHA will provide care for those presenting with an emergency mental health condition, applying tentative eligibility in an episode of care, which is defined as a 90-day period that would include stabilizing the mental condition of the Veteran. VBA will adjudicate the character of discharge determination, a gap measure while VA works to change the relevant regulation.

Dr. Jones asked Ms. Murphy to comment on what was being done to achieve VASRD goals. Ms. Murphy said VBA was dedicated to meeting its deadlines. That said, the Secretary was committed to cut the headquarters staff by 10 percent overall, which required Ms. Murphy to make difficult choices. Mr. Fay said the Committee was skeptical that VA could fulfill its goals for VASRD in time and wanted someone to explain how that was possible. Ms. Murphy assured him that VBA was working closely with other offices in VA. Ms. Carson added that the rules were drafted, and several were in concurrence.

Vocational Rehabilitation and Individual Unemployability (IU)

Mr. Kammerer gave the presentation. In 2012 Congress authorized automatic entitlement for wounded, ill, and injured in Vocational Rehabilitation and Employment (VR&E). VR&E employs approximately 1,000 counselors; there are currently 135 counselors on 71 military installations dedicated to the wounded, ill, and injured. 79 counselors work on 94 college campuses as part of the Vet Success on Campus program. VR&E maintains a presence at about 350 out-base locations.

Total disability based on individual unemployability (TDIU) is a legal determination made by a rater based on medical evidence. 38 CFR 4.16 is the regulation that serves as the provision for the program. It takes into account years of education, vocational work history, and how the disabilities may have impacted that history. Should a vocational rehabilitation record be available, the rater may consider it.

VR&E currently serves about 135,000 participants. Generally when the claims backlog goes down, VR&E's workload goes up. Eligibility for the VR&E program tends to be based on a 10 percent disability rating for a serious employment handicap or a 20 percent rating for a regular employment handicap. An employment handicap is a significant impairment tied in substantial part to a Service-connected disability. VR&E is dedicated to helping Veterans overcome those barriers and return to work, whereas TDIU is based on the presumption that a Veteran is unable to work.

Compensation Service and VR&E are working on having the right procedures in place as Veterans successfully complete the program and become re-employed. A TDIU

determination can legally be reversed after 13 months. A marginal employment provision allows a Veteran to work up to a certain level without reversing the TDIU determination.

Dr. Jones asked if VR&E had considered underemployment. Mr. Kammerer said the outcome VR&E seeks is suitable employment. How to achieve that goal depends on the Veteran's interests, aptitudes, and availabilities. Women make up 7-9 percent of the overall Veteran population, but about 18-20 percent of VR&E's clients. Almost 60 percent of VR&E's clients are in a four-year degree program. The average Veteran is in the VR&E program for five to six years, but some remain for as much as 20.

VR&E automated its application process in 2016, after which applications increased by 27 percent. The number of counselors it employs has remained consistent at around 1,000 since 2013. Consequently the average caseload has risen from 129 per counselor to 141.

Over 14,000 Veterans completed the VR&E program successfully in the past year, a success rate of about 50 percent. A 2015 Government Accountability Office (GAO) study recommended that VA consider whether age could be a factor in determining IU, and whether VR&E should be involved in the process. 38 CFR 4.19 prohibits VA from considering age. VA compiled a preliminary review of data; a report is forthcoming.

Dr. Savoca asked what information VA was looking for. Ms. Carson said it was interested in whether VA was paying the Veteran and how long the Veteran worked before receiving VA benefits. Chairman Martin asked if September 2017 was a realistic completion date for the March 2016 VBA study. Ms. Murphy assured him it was.

The Committee recessed from 12:09 p.m. to 1:05 p.m. for lunch.

Afternoon Session

Review of VA Responses to 2016 Biennial Report, Continued

Recommendation 1-4: VA should intensely manage the process for the economic validation contract of the VASRD study to ensure the study asks the right questions and delivers its results in a timely fashion.

VA Response: Concur. In FY2017, a request for quotation (RFQ) was developed that addresses specific earnings loss information for eight diagnostic codes, and development of an earnings loss methodology. Dr. Vvedenskaya reported that the RFQ was released first to small businesses owned by disabled Veterans, as required by law. VBA will review the proposals it has received. If they are insufficient, the RFQ will be re-released to the general public. Mr. Lowenberg asked if there would be an independent advisory group to evaluate the methodology. Dr. Vvedenskaya said there was no formal group, but Dr. Brian Marx from the Center for Post-Traumatic Stress Disorder (PTSD) was lending his expertise. Ms. Carson added that there was an economist at the Office of Policy and Planning providing advice. Dr. Jones proposed a sources-sought. Dr. Vvedenskaya said that this was the first step in a cyclical review of VASRD, and promised to keep the Committee posted.

Recommendation 1-5: The Committee recommends that VA deploy the Lean Six Sigma business management process to support data capture and analytics, and to create sustainability during and between review periods.

VA Response: Concur in principle. While VBA does not plan to deploy Lean Six Sigma to its VASRD initiative, it revised the timeline for VASRD completion to include implementation of necessary changes in its manual provisions and computer application systems. It developed a SharePoint site to house all VASRD information and standard operating procedures for VA's VASRD concurrence process. Ms. Carson said she led her group through human-centered design, a process similar to Lean Six Sigma; she told the Committee she revised the project management plan using the human-centered design methodologies, which led to a redistribution of work assignments for the staff and the assembling of implementation teams for each body system. Mr. Fay said he was satisfied with Ms. Carson's answer, and requested that similar responses be provided to ACDC recommendations going forward; the one VA supplied did not offer sufficient detail in his opinion. Ms. Carson promised to take Mr. Fay's comments back to leadership. Mr. Lowenberg invited Ms. Carson and other subject matter experts to meet with ACDC during the course of the year. Ms. Carson agreed and added that she tried to attend as many ACDC meetings as possible.

Issue 2: Total Disability Based on Individual Unemployability (TDIU)

Recommendation 2-1: The Committee recommends that a study be conducted to determine whether age should be considered as a factor when a Veteran initially applies for TDIU.

VA Response: Concur. In March 2016, VBA initiated a cost-neutral internal study of the TDIU benefit. The target completion date is September 2017. Dr. Savoca noted that although there is a statutory ban on considering age, it is a noticeable factor. Chairman Martin reminded attendees that GAO, not ACDC, was the source of the question about age.

Recommendation 2-2: The Committee urges the Department to conduct an evidence based analysis of the resource requirements needed to implement a requirement for a mandatory vocational assessment. The Committee recommends that a vocational assessment be conducted for all new applicants for TDIU.

VA Response: Non-concur. VBA must first complete its study and analysis of the demographic and disability information on those currently in the TDIU program. It currently does not have the data or findings necessary to support the Committee's recommendation. Dr. Savoca observed that it sounded like VBA did not have the resources to implement the Committee's recommendation. Mr. Lowenberg said it would be helpful to review the final report at the Committee's September meeting.

Recommendation 2-3: The Department should, as part of its modernization of the VASRD, conduct an analysis to identify those specific disabilities and circumstances most frequently associated with the award of TDIU.

VA Response: Concur. The internal TDIU study will identify the specific disabilities and circumstances that result in Veterans receiving TDIU benefits.

Issue 3: National Work Queue (NWQ)

Recommendation 3-1: The Committee recommends continued investment as planned for continuous improvement and maintenance of the Veterans Benefits Management System (VBMS).

VA Response: Concur. VBA continues to prioritize investment in the improvement and maintenance of VBMS. Chairman Martin said there were excellent data on the claims processing and reduction in delays. Mr. Manar added that VSOs felt left behind in terms of

the tools necessary to operate within NWQ. Mr. Davis reported that the director of VVA testified to Congress about NWQ and offered specific guidance to VA to allow VSOs to use NWQ and VBMS more effectively, but to date VA had not given its response. Chairman Martin promised that the Committee would examine this issue further.

Opportunity for Public Comments

Wes Carter spoke on behalf of VVA, the C-123 Veterans Association, and the Colorado Veterans Advisory Committee. He objected to Mr. Sampsel's presentation on Agent Orange at ACDC's March meeting, which he felt had dismissed legitimate concerns over Agent Orange exposure as hype and hysteria. The presentation failed to mention that several institutions, including the Centers for Disease Control and Prevention (CDC), had concluded that Agent Orange exposure was harmful. The CDC had informed VA that someone exposed to Agent Orange was 200 times more likely to have cancer.

Mr. Carter also objected to being mentioned and having his medical situation discussed in Mr. Sampsel's presentation. Mr. Sampsel had noted Mr. Carter's 100 percent disability rating, and commented that he guessed that was not enough. Mr. Carter responded that it should not be enough and that he deserved acknowledgment that his cancer was due to Agent Orange exposure.

Mr. Carter was disturbed that Mr. Sampsel validated the claims of a consultant VA had paid \$600,000 to oppose him at an Institute of Medicine hearing. This consultant had previously referred to Mr. Carter and similarly situated Veterans as trash haulers and freeloaders, and had taken a contemporary photograph of a C-123 airplane and passed it off as a 1971 picture which he represented as evidence for why VA should keep its hospital doors locked to C-123 Veterans.

Dr. Roberts cited a colleague who had been exposed to Agent Orange in Vietnam and died of cancer after the VA denied his claim. Mr. Carter added that a group of Veterans' organizations had written a letter protesting VA's reliance on the consultant, and that ProPublica and Stars and Stripes had written articles criticizing Mr. Sampsel's conclusions. Mr. Goldsmith asked if statements found to be untrue should be stricken from the record. Dr. Vvedenskaya said that ACDC's meetings were open to the public and that any comments made became part of the public record.

Dr. Jones argued that it was contrary to ACDC's charter to refer to individual Veterans by name at Committee meetings; if a presenter violated that policy, the Committee should make it clear that such remarks were inappropriate. Dr. Granger agreed that personal health information was private and should not be shared in a public forum without the individual's consent. Chairman Martin thanked Mr. Carter for his comments and his service.

Paul Johnston, a Veteran of the 144th Supply Company, reminded the Committee that his unit had been exposed to depleted uranium (DU) during the first Gulf War. He mentioned that a report documenting this exposure was shortly thereafter stricken from the record. He had obtained his records from DoD, which had been largely redacted and altered, but still mentioned radiation exposure. Despite this, he and his compatriots were not being treated for radiation exposure at the VA; many of them were sick, and some were dying. He asked the Committee to ensure that DU exposure be included in the VASRD.

Mr. Lowenberg asked who had redacted Mr. Johnston's records. Mr. Johnston said they had been redacted by DoD. Tracie Johnston, Mr. Johnston's wife, showed the Committee records they had saved of a pulmonary function test, a chest X-ray, and a bronchial scope. She pointed out that she had previously shown the Committee a Form DD-2872T documenting Mr. Johnston's exposure, which has resulted in chronic sinusitis and severe reactive airway disease.

Brad Hazell VFW addressed concerns about using contractors instead of VHA for DRCs. He reported that at the last quarterly VSO meeting, Willie Clark, the Deputy Under Secretary for Field Operations, said VHA exams would eventually go away. When it was first exploring the DRC pilot, VA promised to give VSOs three months to obtain C&P exams, and to instruct VHA facilities to fill out DBQs when requested by Veterans, but that had not happened. If word were to get out to VHA to fill out the DBQs, it would help the program.

Mr. Carter asked ACDC to ask the VA to involve its National Center for Ethics in Health Care overall, and for VA to have a rule that if a Veteran comes to a VA employee with an ethical concern, that that employee own the concern until it is referred to the appropriate party.

Christopher Goldsmith of VVA addressed potential expansion of access to care for individuals with OTH discharges. He said many of those people had been diagnosed with PTSD, traumatic brain injury, and other in-Service illnesses and injuries. He pointed to a recent GAO report that found that 62 percent of Veterans with bad paper discharges exited the Service with a mental health diagnosis relating to their alleged misconduct. One issue with the Secretary's new initiative was its failure to intervene until the point of suicide.

Mr. Lowenberg asked to what extent VSOs were helping Veterans with OTH discharges. Mr. Goldsmith replied that American Legion was currently the only VSO performing discharge updates. The Veterans Pro Bono Consortium was partnering with AT&T and other donors to provide enough funding and training to get 200 lawyers across the country to assist Veterans. Chairman Martin asked how many Veterans had OTH discharges. Mr. Goldsmith said there were approximately 500,000, mostly from the Vietnam era on.

The Committee recessed from 3:01 p.m. to 3:20 p.m. to await the arrival of the next scheduled presenter.

Ethics Training

Ms. Borden provided the training. Topics discussed included the definition of a special government employee, how and why to get ethics advice, when ethics rules apply, financial disclosure, categories of ethics laws, conflicts of interest, persons whose financial interests are imputed to members, the importance of appearances, prohibited compensation, side switching, standards of conduct, misuse of position, gifts, charitable fundraising, the Hatch Act, and other laws and regulations.

The Committee recessed for the day at 4:04 p.m.

Wednesday, June 21, 2017Opening Remarks

Chairman Martin reconvened the meeting at 8:32 a.m. He reminded attendees that ACDC was required to submit biennial reports to the Secretary, but could also provide interim reports at its discretion. Potential topics included more specific detail on VASRD updates, bolstered VA physician staffing for the VASRD program, character of discharge determination, the forthcoming internal IU study, VSO access to VBMS, and the transition of VA medical service records to match DoD.

Women Veteran Issues

Ms. Williams gave the presentation. In 1994, Public Law 103-446 required VA to create the Center for Women Veterans (CWV). Mandated functions include advising on policies, programs, and laws related to women Veterans; disseminating information; and advising the independent Advisory Committee on Women Veterans.

In 1967 the Women's Armed Services Integration Act was modified, lifting the two percent restriction and opening senior ranks to women. Today women make up 15 percent of Active Duty and 18 percent of the Guard and Reserves. In FY2016 women comprised 9.6 percent of all Veterans. Among Veterans, women are younger, more ethnically diverse, and more likely to have served in the Gulf War Era or peacetime.

RAND Corporation has created a holistic model of interrelated life domains: health, housing stability, social functioning, and financial status. Women who choose military service are more likely to have had certain adverse childhood experiences. While serving, women are disproportionately exposed to sexual harassment and assault; they may also have combat and/or environmental exposure(s). 57 percent of women Veteran VHA patients had Service-connected disability ratings in FY2012.

As of January 2015, women made up approximately nine percent of the homeless Veteran population. Women Veterans are two to four times as likely as their non-Veteran counterparts to experience homelessness. Characteristics associated with homelessness among women include sexual assault during military service, being unemployed, being disabled, having worse overall health, and screening positive for an anxiety disorder or PTSD. Protective factors were being a college graduate or married. Between January 2010 and January 2016, the number of homeless Veterans was cut nearly in half.

Women Veterans have slightly mixed financial status compared to men Veterans, but stronger financial status than women non-Veterans. A higher percentage of women Veterans work in management and professional occupations and in the public sector compared to either group.

Women Veterans are less likely to be married than men Veterans. Among Women's Health Initiative participants, women Veterans are less likely to have married or given birth than women non-Veterans. Women Veterans make up over 30 percent of fellows and platoon members at The Mission Continues. Women Veterans often feel invisible and

unrecognized. Maintaining social support of military peers after serving is associated with better physical health among women Veterans with and without PTSD.

Mr. Pamperin asked if women Veterans were less likely to be married because they tended to be younger. Ms. Williams said it was difficult to tease out, as older women Veterans were also less likely to be married. Dr. Granger asked about the percentage of female membership in VSOs. Mr. Hazell promised to provide those data. Mr. Lowenberg noted women were less likely to identify as Veterans. Ms. Williams said that was particularly true for older women Veterans. Dr. Savoca asked about the employment rates for women Veterans. Ms. Williams said there was no statistically significant difference between men and women Veterans and men and women civilians in terms of unemployment.

The number of women Veterans using VHA health care has more than doubled since 2000. VA offers comprehensive health services to women Veterans including primary, specialty, hospice/palliative, mental health, infertility, gynecology, and maternity care services, including 14 days of newborn care. Each VA health facility has a Women Veteran Program Manager, Designated Women's Health Provider, Military Sexual Trauma (MST) Coordinator, and Maternity Care Coordinator. VA provides all MST-related care free of charge. VA operates a Women Veterans Call Center (WVCC); as of February 2017, WVCC had received over 47,000 incoming calls and made over 395,000 successful outbound calls.

Post-9/11 GI Bill education benefits have been accessed by 247,000 women so far. Women were 20.6 percent of Veterans in VR&E in FY2015. Nearly 66,000 women Veterans were guaranteed loans totaling \$16 billion in FY2016; over the last five years, over 270,000 women Veterans received VA-backed home loans. Women are nine percent of all Veterans receiving disability compensation. Nearly 24 percent of registered eBenefits users are women and can access women-specific information through a dedicated women's page.

Dr. Jones asked if there were any data on the percentage of suicides among Veterans that were female. Ms. Williams said the rate had been climbing for both male and female Veterans, particularly those that did not use VA.

There is currently an advertising campaign working towards cultural transformation within VA to ensure that all women Veterans are recognized and treated with the dignity and respect they deserve. The campaign seeks to partner at the local level to address barriers that may prevent women Veterans from accessing VA care and benefits, encourage the development of more affordable housing, and remind prospective employers that Veterans exiting homelessness often have a wealth of knowledge and experience.

One of CWV's collaborative partners is Academy Women, which offers a number of programs for women Cadets, Servicemembers, and Veterans, including eMentor. Another partner is Lean In Women Veterans, a Veteran-to-Veteran virtual program that allows any woman Veteran to participate. A face-to-face pilot circle was created in partnership with an existing LeanIn.Org chapter in Seattle, Washington.

In collaboration with nonprofit partner Veteran Artist Program, VA exhibited 10 posters featuring art by women Veterans in 10 VA Medical Centers nationwide in March. CWV has revamped its website. Mr. Lowenberg asked when the website was launched and how

many readers it attracted. Ms. Williams said it was launched before she came onboard, but that it had doubled its monthly hits during her time at CWV.

A National Women Veterans Summit is scheduled for August 25-26, 2017 in Houston, Texas. It will be the first national-level women Veterans summit since 2011. There will be plenary sessions on VA care and benefits, partner organizations, and a special Voice of the Veteran panel. Breakout sessions will be focused on employment, mental health, entrepreneurship, MST, reproductive health, culture change, minority Veterans, policy and health research, community engagement, and more.

Dr. Roberts asked if there were any studies as to why the suicide rate was climbing among women Veterans. Ms. Williams said one factor was that women Veterans were more likely to choose lethal means of suicide than their civilian counterparts. Ms. Nigam asked if VA was anticipating programmatic changes now that DoD was fully integrating women into combat. Ms. Williams said she was monitoring the system but had not identified what VA might need to change or why. Dr. Browne asked about women Veteran entrepreneurs. Ms. Williams said there were a number of programs specifically targeting them. Dr. Jones asked if there was a strategy for rural female Veterans. Ms. Williams said CWV had partnered with the Office of Rural Health. Mr. Hazell said VFW sponsored a program called She Serves, which has helped it increase its female membership fivefold. Mr. Snook said WWP had 128,662 alumni, of whom 36,249 were women.

The Committee recessed from 9:55 a.m. to 10:14 a.m. to await the arrival of the next scheduled presenter.

BAS Update Homeless/Women Veteran Issues

Ms. Devlin gave the update. BAS employs Homeless Veteran Outreach Coordinators and Justice Involved Veteran Coordinators at the Regional Offices, and is working on expediting claims for benefits for homeless Veterans. On the disability claim application there is a question about homelessness so BAS can identify homeless Veterans. NWQ returns claims to the station of jurisdiction for decision-making so the Homeless Veteran Outreach Coordinator can ensure expeditious treatment and make other connections as needed. The Justice Involved Veteran Coordinators work with the VHA justice coordinators and others.

Dr. Jones asked what sort of involvement homeless Veterans have had with the justice system. Ms. Devlin said there were no limits regarding the type of offense. Chairman Martin observed that Guard and Reserve personnel were often demobilized at an Active Duty center, so there may not always be a good handoff to their home unit. Dr. Roberts asked if there were any programs for Veterans being released from incarceration. Ms. Devlin said VA had programs but they were not specifically targeted to justice involved Veterans. Dr. Jones pointed out that incarcerated Veterans were often ineligible for state-provided services. Ms. Devlin agreed, adding that she liked the idea of looking proactively for services prior to release. She pointed out that even if the Veteran was not eligible for federal or state programs, there were a lot of community-based organizations that wanted to help.

The Transition Assistance Program (TAP) is a collaborative effort by DoD, VA, and the Department of Labor (DOL), with the Small Business Administration and the Department of Education providing support. After the Servicemember has gone through training to

transition out, the commander must determine whether s/he has met certain career readiness standards, among them having a place to live. If there are warning signs with respect to homelessness, the commander must provide a warm handover to an organization that can assist that individual.

Several programs help with homelessness either directly or indirectly, including Cash 4 Keys. Mr. Pamperin said Cash 4 Keys only gave the Veteran enough money to pay a security deposit, the first month's rent, and the utility hookup. Ms. Devlin agreed that it was not a lot of money. VA also has a strong foreclosure avoidance program. Guaranteed properties that were foreclosed on are offered at a discounted grade to organizations that house homeless Veterans. BAS has expanded the disability claims exam process to more communities so there are more access points. The disability claims form is being updated to better identify those Veterans who are homeless or at risk.

In FY2016 BAS performed over 9,000 hours of outreach to almost 50,000 Veterans and community members. Loan Guaranty helped over 97,000 Veterans and Servicemembers avoid foreclosure. Compensation and Pension completed over 26,000 claims.

Ms. Nigam asked about compensated work therapy and whether there were plans to expand that program. Ms. Devlin said compensated work therapy was a VHA program, but that BAS would include all available resources in its network and referrals. Dr. Roberts asked if the VA had sponsored career fairs in an effort to reach out to Veterans. Ms. Devlin said BAS worked with other organizations, such as Hiring our Heroes, DOL, and DoD, in putting on career fairs, but it typically did not initiate fairs by itself. Dr. Jones noted a dearth of affordable housing in certain parts of the country, and asked if there were any data showing changes in availability. Ms. Devlin promised to look into the issue.

BAS maintains an active presence on social media reaching out to women Veterans. Many women Veterans serve on community Veterans' engagement boards across the country. TAP was revamped about five years ago after the passage of the Veterans Opportunity to Work Act to include information on how to enroll in VHA health care. There is a piece specific to female Veterans. Every Regional Office has a Woman Veteran Coordinator. BAS conducts benefit briefings to various organizations serving women Veterans, and collaborates with the Office of the Secretary's Women Veterans Office.

BAS did not find any discrepancies when it examined data on women Veterans versus male Veterans. The annual benefits report now includes data on gender. Claims by women Veterans are pretty even across age brackets. The grant rate is slightly higher for women Veterans than for their male counterparts.

Mr. Pamperin asked if VBA had performed an analysis of the quality of rating decisions on gynecological issues. Ms. Devlin promised to find out. Mr. Manar asked if there were any data on the average compensation payment differences between women and men Veterans. Ms. Devlin said she could probably get those data, but pointed out there were a lot of factors affecting payout.

Dr. Vvedenskaya asked that ACDC members have priority in asking questions of presenters, and that guests identify their name and the organization they represent when they speak to avoid any confusion as to who was on the Committee.

Opportunity for Public Comments

There were no oral or written public comments submitted at that time.

Review of VA Responses to 2016 Biennial Report, Continued

Recommendation 3-2: The Committee recommends continued focus on adequate staffing to further improve the delivery of benefits to Veterans.

VA Response: Concur. VBA's leadership team meets on a bi-weekly basis to discuss the overarching hiring plan against mission priorities. Dr. Savoca said it would be helpful to know if VBA was meeting its staffing goals. Chairman Martin noted that the last time NWQ presented to the Committee, it reported adequate staffing levels. Mr. Fay observed that Tom Murphy, the Under Secretary for Benefits, had gone into great detail about VBA's staffing plan at ACDC's March meeting. Dr. Granger said Mr. Murphy had brought some of industry's best practices to the VBA.

Recommendation 3-3: The Committee recognizes the notable favorable results of NWQ as part of a comprehensive transformation process begun in 2009. The Committee strongly recommends that VBA conduct a formal After-Action Review to capture lessons learned for use on all future major VA initiatives.

VA Response: Concur. VBA will conduct an After-Action Review to capture lessons learned related to development, deployment, and maintenance of NWQ. Mr. Lowenberg suggested adding After-Action Review results to ACDC's list of future meeting issues. Mr. Pamperin emphasized that lessons learned were a key element in effective program management.

Issue 4: VBA Live Manual

Recommendation 4-1: The Committee recommends continued maintenance and contemporaneous revision of the VBA Live Manual.

VA Response: Concur. VBA will continue maintenance and revision of the Live Manual. The Lean Six Sigma methodology provides a documented, data-driven, and sustainable approach to managing Live Manual content and ensuring a quality product for stakeholders. Mr. Bird and Dr. Granger proposed that the Lean Six Sigma methodology could also be applicable to VASRD. Chairman Martin said the Live Manual would be a handy tool for the raters in making revisions.

Issue 5: Guard and Reserve Separation Health Assessment Exams

Recommendation 5-1: The Committee recommends that the VA Secretary and senior leadership, through the Joint Executive Council (JEC), continue to stress the importance of full implementation of Separation Health Assessment (SHA) exams in all service components.

VA Response: Concur. Full implementation of the SHA program is a JEC co-chair priority articulated in the JEC Priority Guidance Memo and the VA/DoD Joint Strategic Plan. The JEC co-chairs have requested progress briefings and provided guidance to the SHA team multiple times. Mr. Lowenberg, Dr. Granger, and Dr. Jones suggested a panel presentation. Chairman Martin promised to put it on the agenda at a future meeting.

Recommendation 5-2: The Committee recommends an introduction to claims awareness and support, which should include VSO introduction and/or participation at the time of separation, and TAP monitoring to facilitate setting up a VA eBenefits online account, with an introduction to the VA claim process. The Committee feels it should be emphasized to the separating Servicemember that VA benefits are earned benefits.

VA Response: Concur. VA provides awareness and support to Transitioning Servicemembers concerning claims during VA Benefits I and II briefings. Servicemembers are required to obtain VA eBenefits log-on credentials when they enter the military. VA feels that TAP sufficiently addresses the recommendation in 5-2. Mr. Pamperin, Dr. Granger, and Chairman Martin suggested the Committee receive another briefing on eBenefits. Mr. Manar suggested the Committee also receive a briefing on My HealthVet.

Recommendation 5-3: The Committee suggests that the JEC recommend to DoD that they track and provide metrics on Separation Health Assessment examination implementation to VA with emphasis on the National Guard and Reserve.

VA Response: Concur. VA and DoD agreed upon requirements in June 2016, to support the development of automated system functionality to improve elements of the SHA process, including tracking capabilities. Dr. Granger said that information was already available.

Issue 6: The VA Appeals Process

Recommendation 6-1: The Committee recognizes the need for developing a Simplified Appeals Process. Experience suggests the number of pending appeals will rise substantially, with projections showing over two million by 2027. The completion time of three to six years is excessive.

VA Response: Concur. VA agrees that the current VA appeals process is broken and is providing Veterans a frustrating experience. Comprehensive legislative reform is required to modernize the VA appeals process and provide Veterans a decision on their appeal that is timely, simple, transparent, and fair. VA provided Congress with draft language, resulting from detailed discussions between VA, VSOs, and other key stakeholders. Chairman Martin observed that there were several avenues leading to legislative reform.

Recommendation 6-2: The Committee feels the development of a Fully Developed Appeals Process has merit and should be pursued.

VA Response: Non-concur. VA supported a Fully Developed Appeal (FDA) pilot program in the past, but the growing appeals challenge requires much more widespread reform that will address all future appeals, not just the voluntary participants that might elect an FDA pilot. Chairman Martin observed that VA seemed to believe legislative reform was necessary. Mr. Fay recommended that the Committee request a further detailed briefing on the issue. Mr. Manar remarked that VSOs had spent considerable time working on appeals and claims modernization or reform, and suggested that David McLenachen, the individual in charge, brief the Committee. Chairman Martin pointed out that Mr. McLenachen had briefed the Committee before.

Recommendation 6-3: VA should seek sufficient staffing now at both the Regional Office level and at the Board of Veterans Appeals (BVA) to ensure that the Department is able to handle the complexity of clearing out the existing inventory, conducting multiple appeals tracks concurrently and significantly increasing the capacity of the BVA to render final decisions. The Committee believes that staffing requests should be based on an

assessment of what is needed to assure success of the program and avoid incremental staffing requests due to insufficient staffing at the outset.

VA Response: Concur in principle. Under the current appeal process, it is not possible to clear out the existing appeals inventory with increased staffing alone. Comprehensive legislative reform is required to modernize the VA appeals process and provide Veterans a decision on their appeal that is timely, simple, transparent, and fair. Drs. Savoca and Simberkoff observed that VA's solution depended on legislative reform. Mr. Carter suggested hiring retired administrative law judges to ease the case load. Dr. Vvedenskaya said it sounded like another update on the appeals process was due. Dr. Browne noted that while VA said it concurred in principle, it did not appear to be following the Committee's recommendation. Several members felt the Committee should be more specific about what it expected when it invited speakers.

Recommendation 6-4: The VA should develop a comprehensive communication and marketing plan that focuses on Veterans, oversight committees, stakeholders, and the public at large. The plan should explain why the changes in the appeals process are both necessary and beneficial. The plan should extend through all phases of implementation.

VA Response: Concur. VA has developed an 18-month appeal modernization implementation plan that includes communication with stakeholders and Veterans. Mr. Flohr reported that the House passed appeals modernization legislation at the end of May.

Issue 7: Advisory Committee Cross-Linking

Recommendation 7-1: The ACDC endorses the recommendation of the Advisory Committee Management Office (ACMO) to establish and encourage cross-committee collaboration on issues of parallel interest.

VA Response: Concur.

Recommendation 7-2: The Committee recommends resuming regular meetings of all VA advisory committee chairs with Secretary of Veterans Affairs. The Committee also recommends that regular meetings with VA Chief of Staff and the VA Under Secretary for Benefits be established.

VA Response: Concur.

Recommendation 7-3: The ACDC urges the ACMO to detail the guidelines for use of the program, and encourage its use among committee chairs or full committees, as appropriate.

VA Response: Concur. Over the past three years, ACMO has created and incorporated into its community of practice three General Services Administration Committee Management Secretariat recognized best practice guides.

Chairman Martin encouraged Committee members to examine VA's responses to Recommendations 7-1 through 7-3 and ask questions if they had any.

Opportunity for Public Comments

Mr. Carter told the Committee he retired from active duty in 1994, but his appeal was only certified a couple months previously. He shared with the Committee a 2012 memo from VA's subject matter expert in which he describes Mr. Carter's spinal cord injuries, argues that there is no credible basis for his claim of Agent Orange exposure, and speculates that

Mr. Carter is not satisfied with his 100 disability rating. Mr. Carter argued that the expert's use of his name was an ethical violation; he explicitly noted he did not mention the expert's name in turn. Mr. Carter took the matter to the National Center for Ethics in Health Care, which claimed the issue was out of its jurisdiction, a claim with which Mr. Carter disagreed.

The committee recessed from 11:55 a.m. to 1:00 p.m. for lunch.

Afternoon Session

VASRD Earnings Loss Study-Diabetes and Mental Health

Ms. Carson gave the presentation. She introduced Ms. Li, who was in the process of taking the lead on the VASRD project. Compensation Service is trying to streamline its processes to create efficiency.

There is a full time project manager working on VASRD who helps to track all of the implementation work groups and make sure they align with the regulation. Ms. Li's function is to remove the stovepipes, and create a sense of harmony among the various systems, so VA can meet its deadline of implementing final rules for each system by the end of FY2018.

Mr. Fay expressed concern that the VASRD update currently had only two physicians on staff. Ms. Li said those two had their own support networks, and at this point, it would take too much time to hire a new physician and train that person to understand the regulatory process and technical writing requirements. She expressed confidence in the knowledge and experience of Drs. Vvedenskaya and Reynolds, and their ability to meet the FY2018 goal. Ms. Carson pointed out that the contract management staff just hired four doctors, and a VHA doctor had come over on a detail. She acknowledged that originally the plan had called for eight doctors working on the VASRD update, but insisted she could not find the basis for that number anywhere. Dr. Roberts pointed out that if it took too much time to get a new hire up to speed, it would also take too much time to train the contractors. Ms. Li noted that the contractors were mostly not working on regulations.

Dr. Simberkoff said the VASRD update needed more doctors with the expertise of Drs. Vvedenskaya and Reynolds. Ms. Li said she would not turn down additional resources if she could get them. Ms. Carson said she put out a posting for an additional medical officer. She agreed that the medical expertise was essential, but so were project management and regulation support. Mr. Bird asked what the right number of doctors would be. Dr. Vvedenskaya recommended four or five. Mr. Fay said that if five physicians were needed, VA should recruit six. Ms. Carson pointed out that Compensation Service did not have that level of flexibility. Dr. Vvedenskaya insisted that Ms. Carson was doing everything she could to make sure VASRD had the resources it needed.

Chairman Martin asked how the mandated 10 percent reduction in staff would affect the VASRD update. Ms. Carson said she personally would not be making those decisions, but those who would were taking into account the Department as a whole. The VASRD update had been identified as critical work.

Mr. Pamperin expressed the concern that the goal of completing all final rules by the end of FY2018 was unrealistic. Ms. Li agreed that the goal was aggressive, but pointed out that the

Secretary had elevated the VASRD update to his priority list. Dr. Roberts asked if it would help to have physician extenders such as nurse practitioners. Ms. Li said there were differing opinions among the staff, but at this point, all options needed to be on the table. Mr. Bird asked about the opportunity to engage Lean Six Sigma methodology. Ms. Carson said she preferred human-centered design, but that Lean Six Sigma was not off the table.

The Committee recessed from 1:55 p.m. to 2:00 p.m. to await the arrival of the next scheduled presenter.

VBA's Top Priorities (OBPI)

Mr. Houston gave the presentation. Within VBA, OBPI is responsible for centralized intake and document conversion, as well as outbound communication and automation. It runs the program for VBA that converts paper into digital images. It uses two competing contractors to convert more than a million pieces of paper a day into digital images and make them available online for VBA's claims processors. OBPI has converted almost three billion images, enabling VBA to increase staff retention, reduce operating costs, and shift more staff from support into direct decision-making.

Two and a half years ago, OBPI began centralizing all of VBA's inbound claims. Previously Veterans had a confusing array of over 100 addresses to send claims to. Now any evidence relating to Veterans' disability claims goes to a single location, where it is open and digitized the day it is received. It is then routed to the Regional Office, where VBA's Office of Field Operations handles it. The same contract is used to do data extraction, where OBPI employs handwriting character recognition to automatically read the information off a form and convert it to data, and use the information to automatically create claims.

When OBPI began central intake in 2015, VBA's average processing time for handling mail was in excess of 50 days. By the end of May 2017, the average processing time was under four days.

By the first quarter of FY2018, OBPI expects to finish the process of extracting VBA's historical records out of VA's Regional Offices. By the end of FY2019, all the files extracted will be converted into images.

OBPI is working on centralizing outbound communication. It hopes to award a contract this year and have the project up and running in the first quarter of next year. The new system is designed to save time and postage expenses. By the first quarter of 2019, Veterans will have the option of receiving communication electronically.

Mr. Pamperin asked if the legal hurdles had been cleared. Mr. Houston said VBA had published regulations allowing it to communicate by the most efficient methods possible. It was now working on the legal aspects of how best to implement changes.

OBPI has identified a couple areas for improvement of automation: pension claims and claims for increase/routine future exams. The criteria for pension claims are pretty objective: age, service during wartime, income, and medical expenses. VBA is close to taking those data and plugging them into a rules engine. If a Veteran files a claim online, VBA is able to make an adjustment and pay the Veteran within 24 hours 60 percent of the time.

Dr. Granger recommended OBPI share its advances with VHA and its Choice Program. Mr. Houston promised to do so. Mr. Pamperin asked if Veterans could receive Dependency and Indemnity Compensation without going through a formal claims process. Mr. Houston said it was certainly doable, but not on OBPI's short list because of the volume.

The Committee recessed from 2:44 p.m. to 2:59 p.m. to await the next scheduled presenter.

Digitally Sharing Medical Records Between DoD and VA

Ms. Moses gave the presentation. VA has a computer-matching agreement with DoD. It receives a list of individuals serving on Active Duty who also receive VA compensation. There is a data match in regards to Reserve or Guard pay. Separating Servicemembers that apply for VA disability compensation are able to have one examination within a certain timeframe; VA provides that data to DoD to expedite the gathering of treatment records and so that DoD can track who is taking advantage of the program.

There is an evaluation of VA disability ratings as a predictor of medical readiness for the Reserve Component. DoD was tasked with this a while back; it took a long time due to contracting and funding issues, but now DoD and VA are on the same page to see what kind of data elements can be shared in an effort to understand how individuals can receive disability compensation while on drill. DoD and VA are examining data from 2013 through 2016 to determine any trends. The agreement has not been finalized, but Ms. Moses believes it will be beneficial to ensure VA is getting an accurate assessment.

Chairman Martin asked about the adequacy of Guard and Reserve records that reach the VA. Ms. Moses said VA was now receiving all DD214 forms through an electronic portal. A team was making sure VA got all the specific data elements. Chairman Martin added that medical care for Guard and Reserve personnel was largely civilian, so records were not necessarily available at the time of VHA's routine physical exam, and VA was largely dependent on self-reporting.

Update on Guard/Reserve Issues-DD214s

Colonel Barido, Colonel Ratliff, and Mr. Bauer gave the update. They had briefed ACDC on the Separation History & Physical Exam (SHPE) program on December 7, 2016. The Committee had questions on SHPE compliance, and DD214s and SHPE for short-term deployments lasting 30 days or less.

SHPE compliance has improved among Army Reserve Components (RCs). Colonel Barido and his team are researching data latency for Navy and Marine Corps RCs, but the rate of compliance for those Services should be much higher. Air Force RCs are implementing the Reserve Health Readiness Program (RHRP), a decentralized process. There is a draft policy for acceptable completion rates at 75 percent.

The traditional timeline in the DD214 policy is a 90-day threshold. Below 90 days there are several caveats. A DD214 is mandated for any Active Duty period that a Reservist or Guardsman completes. For any contingency operation, regardless of duration, a DD214 is directed by policy.

Chairman Martin offered his own case as an example. He was mobilized for a contingency operation that lasted less than 90 days and did not trigger a DD214. Mr. Bauer promised to ask the Air Force for a more detailed explanation. The Chairman noted that some Guard and Reserve members did not end their service with a period of Active Duty and may not receive TAP and other services associated with separation.

Adjournment

There being no further comments, Chairman Martin adjourned the meeting at 3:45 p.m.

Toby Walter
Neal R. Gross & Company
Preparer of the Minutes

Stacy Boyd, Committee DFO



Joseph Kirk Martin, Jr.
Committee Chairman