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Interim Report
of
Department of Veterans Affairs
Advisory Committee
on
Operation Iraqi Freedom and Operation Enduring Freedom
Veterans and Families

June 2008

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Mission

In April 2007, Secretary Nicholson determined the Department of Veterans Affairs (VA) could benefit from the establishment of an independent advisory committee, which could assess the current situation of Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) veterans and families.

The membership of the Committee was designed to ensure veterans, family members, caregivers and survivors were given a direct voice along with veteran service organization representatives, employment specialists and other veteran advocates and specialists. The Committee membership can be found at Appendix A.

Former Secretary Nicholson signed the Committee Charter on April 20, 2007 providing the Committee members with the scope of their charge. The Secretary requested the Committee examine the full spectrum of available benefits and services and make recommendations on how to tailor those benefits and services to the needs of OIF/OEF veterans and their families.

The Committee was directed to assess both the effectiveness of existing programs and the demand for new initiatives that include the following priorities:

- Treatment for severe disabilities, to include poly trauma.
- Issues of particular concern to National Guard and Reserve (NG/R) members.
- Treatment for mental health problems, to include post-traumatic stress disorder (PTSD).
- VA research targeted at problems associated with OIF/OEF service.
- Issues of particular concern to female OIF/OEF veterans.
- Issues affecting families to include dependents and survivors.
- Educational assistance and job training.
- Transitional benefits and services.

The full text of the Committee Charter can be found at Appendix B.

The Committee has been in operation for eight months. However, based on what it has seen already, there is a clear need to establish and maintain open communication between the Committee and VA as well as other interested parties. The Committee has decided to present an interim report at this time.

Interim Report

This report is designed to provide the Secretary and others with an overview of Committee activities to date, a sense of what the Committee considers the most important issues facing OIF/OEF veterans and families, a list of preliminary observations and recommendations and areas that have been identified for future consideration by the Committee.

The Committee held its first meeting in May 2007. At its first meeting, the Committee received an orientation on VA through briefings from the Veterans Benefits Administration (VBA), the Veterans Health Administration (VHA) and the National Cemetery Administration. The Secretary, Deputy Secretary, Assistant Secretary for Policy and Planning and the General Counsel also met with and addressed the Committee. To accomplish its mission, the Committee decided to form two geographically based subcommittees: East Panel and West Panel.

To date, the Committee has held four full committee meetings, four subcommittee meetings, and five Town Hall meetings. The Committee has traveled across the country and met directly with veterans, active duty service persons, National Guard and Reserve members, survivors, family members, military officials, senior VA leaders and administrators, veteran advocates, program officials, clinicians, researchers, and politicians. The Committee has visited VA and Department of Defense (DoD) medical facilities, military installations, VA Regional Offices, Vet Centers, VA National Cemeteries, National Guard Headquarters, and program offices. These activities and communications directly informed the recommendations contained in this Interim Report.

The Committee recognizes that many of the recommendations and findings contained in this Interim Report may require changes in legislation. In these cases, the Committee recommends VA support such legislation and if possible, include these recommendations in its legislative plan. Other recommendations may exceed the purview of VA, and in these cases the Committee recommends VA partner with appropriate organizations to achieve the desired outcomes.

The Committee welcomes the opportunity to discuss any of the contents of this report with the cognizant VA personnel and/or provide additional information as requested.

The Committee agreed that the structure for the report should revolve around seven major themes that have consistently been identified:

1. Education and Employment
2. Transition
3. Family and/or Caregivers, Survivors, and Women Issues
4. Communication and Outreach
5. National Guard and Reserves
6. Medical Issues
7. Blast Injury/ Traumatic Brain Injury

1. Education and Employment

Issue 1A: Improve educational benefits processing and increase outreach to eligible beneficiaries.

VA educational benefits processing delays can impede a veteran's successful participation and completion of educational programs. The Committee heard repeated anecdotal evidence that some veterans are forced to leave college/vocational training due to the lack of timely educational benefit payments. The average days to process an original MGIB education claim was 32.4 days and 13.2 days for a supplemental claim in FY 2007 (source: FY 2007 VA Performance and Accountability Report). This data is based on averages but does not reflect the age range for claims processed or the number of pending claims. The VA programs should be designed and administered to avoid the potential situation that a veteran is forced to leave college/training as the result of untimely claim processing.

Recommendations/Findings:

Priority 1:

IA.1 The VA should collect data to determine the extent to which veterans are negatively impacted by processing delays as well as the root cause of the delays.

- *IA.1a Enhance claim processes to ensure timely payment of education benefit claims to educational institutions and veterans. Payments should be consistent with the fiscal schedules of the institutions attended (may require legislation).*
- *IA.1b Consider lump sum payments by semester/trimester, etc. (may require legislation).*
- *IA.1c Identify any issues with forms, instructions and other veterans communication that may be impacting timely processing and implement an action plan to eliminate/remediate.*

Priority 2:

IA.2 The VA should provide vocational rehabilitation ancillary services, such as tutoring and adaptive computer software, to vocational rehabilitation eligible veterans utilizing GI Bill education benefits (may require legislation).

Priority 3:

IA.3 Veterans require additional outreach and assistance to increase the rate of usage of educational benefit programs. VA should analyze usage and develop outreach programs to maximize veteran and survivor usage of existing education benefit programs.

- *IA.3a The educational assistance for survivors includes certificate programs, apprenticeships and on the job training in addition to degree programs. The diversity of qualifying educational programs should be communicated.*
- *IA.3b Consider additional methods of outreach to veterans leaving active service. The outreach should include information on the full range of VA educational and vocational services and benefits; information designed to assist the*

veterans in connecting with educational institutions and/or potential employers; and information on how to best utilize Montgomery GI Bill Active Duty (MGIB) education benefits.

Priority 4:

IA.4 VA should canvas colleges, state programs, and other organizations, to develop, maintain, and publicize an online catalogue of available education assistance resources.

IA.4a Include available scholarship programs that are unique to veterans or survivors and specific educational institutions.

IA.4b Provide information on eligibility and availability of state specific benefits for education/training.

Priority 5:

IA.5 Many veterans may not be familiar with admissions requirements for various educational institutions. VA should provide assistance with admissions requirements, similar to the resume writing assistance provided through the Vocational Rehabilitation and Employment Program (VR&E). This is particularly useful for veterans who entered military service following High School as a means to further their education.

IA.5a The VA should serve as a resource with the college/technical school admissions process. This would be similar to the role of a guidance counselor and would include assistance with matching educational goals with institutions of higher/advanced learning, college search, assistance with applications, information on the SAT, etc.

IA.5b VA should consider job placement assistance following completion of the veteran's formal education, similar to the placement assistance afforded to participants in the VR&E program.

Issue 1B: Update federal veteran's preference law and enhance veterans' employment opportunities and outcomes.

Discussion:

Federal veteran's preference law concerning employment is both ineffective and outdated. Current federal hiring practices do not provide the same advantages as they have in the past.

The Government and the VA are not poised to take advantage of the rich resource that OIF/OEF veterans provide in meeting their human resource needs. OIF/OEF veterans have a strong work ethic, are well trained and prepared to assume public service positions with the federal government. A system should be in place to match veterans with federal and private sector employment opportunities.

Many OIF/OEF veterans are unaware of existing state and federal programs available to aid and guide their employment needs. Programs such as the Department of Labor's (DoL) Veterans' Employment and Training Service (VETS), are dedicated to providing

veterans and transitioning service members with the resources and services to succeed in the 21st century workforce. State and federal programs like VETS assist veterans by maximizing their employment opportunities, protecting their employment rights, and meeting labor-market demands with qualified veterans today. In addition to program awareness, the utilization of private resources to assist veterans in workshops, such as resume writing and mock interviews, could increase their opportunities for employment.

Disabled veterans may not be motivated to find employment and enter the work force for fear of losing access to certain benefits they currently receive. Disabled veterans also may not understand the relationship between VA benefits and employment.

Recommendation/Findings:

Priority 1:

1B.1 A study of federal veteran's hiring should be conducted/updated and senior VA oversight should be applied.

Priority 2:

1B.2 The VA should propose a revision of the current veteran's preference law to enhance veterans' access to federal jobs (may require legislation).

Priority 3:

1B.3 The VA should establish an outreach program to maximize utilization and integration of existing federal and state employment programs.

- *1B.3a Private resources should be integrated as an additive capability. VA should seek partnerships with Executive Retiree Associations and professional trade associations such as the Long Haul Truckers Association, the Home Builders Association, and the Direct Employers Association.*
- *1B.3b VA should consider establishing an office of community and corporate outreach with a focus on maximizing opportunities for veterans, to continuously identify local and private sector initiatives and enhance the private sectors awareness of the benefits of hiring veterans.*
- *1B.3c VA should partner with a human resource organization, such as the Society for Human Resource Management (SHRM) to develop a user friendly data base that is easily accessible and can be used by potential employers.*

Priority 4:

1B.4 The VA should develop and support new legislative proposals for financial incentives to encourage businesses to hire veterans.

- *1B.4a Explore potential possible tax incentives with the Department of Treasury. Similar to the federal tax credit for hiring an individual who participated in a vocational rehabilitation program (may require legislation).*
- *1B.4b Develop outreach program for businesses to enhance awareness of existing programs such as the VR&E Special Employer Incentive Program where the employer can be reimbursed 50 percent of the veteran's salary for up to six months.*

Priority 5:

1B.5 Enhance the tool "Related Civilian Occupations for Military Skills" on the VA website to be more user friendly and reflect both government and civilian occupations. Include geographical and salary information on job availability.

2. Transition

Issue 2A: Ensure a smooth, effective, and seamless transition to VA benefits and services for separating service members. This process should be available for all veterans, not solely OIF/OEF veterans.

Discussion:

Transitioning service members can be divided into three groups: those who are patients receiving ongoing medical care; those separating with disabilities but not receiving ongoing care; and those separating as part of the normal estimated time of separation (ETS)/retirement/demobilization process. These service members face similar but not identical issues and VA should tailor its contribution to the transition process to the needs of each group of veterans.

Updating current Transition Assistance Program (TAP) content and presentation is critical to engage separating service members and adequately inform them about how the VA can assist in making their transition process as seamless as possible. Up-to-date technology, such as Podcasts, CDs, and Web-based information should be considered as an outreach tool and supplemental information guide for the OEF/OIF veteran generation. Veterans and their family members can have the information available at all times and can use it when their need arises.

Current VA outreach efforts with NG/R veterans are insufficient. Given the unique circumstances of these two groups, the VA should make a concentrated effort to offer them continued support. NG/R veterans do not go through the same demobilization process and training as the active duty service members. As a result, many do not receive all available information and in some cases receive information which may be inconsistent with that received while on active duty.

Although attending school, many veterans may still be unaware or uninformed concerning other benefits for which they are eligible. Veteran representatives on campus could help bring more complete information to the veteran, heightening their awareness of benefits and what the VA can offer them.

Recommendation/Findings:

Priority 1:

2A.1 VA should update and improve the VA participation in TAP content and presentation. Content should be available on the internet and other contemporary media.

- *2A.1a The VA web site needs to have an e-TAP section*
- *2A.1b Distribute CDs/DVDs to separating and demobilizing service members with all relevant TAP information relating to VA Benefits/Services.*
- *2A.1c Include a Podcast of a TAP briefing specific to VA benefits and services on the VA web site.*
- *2A.1d Create a Veteran's TAP (VTAP) program hosted at the local level for follow-up information.*
- *2A.1e VA should establish an OIF/OEF Registry to assist in outreach and health and benefits tracking.*

Priority 2:

2A.2 The VA should maintain contact with returned NG/R members and units, and families of injured members.

- *2A.2a The VA should expend exceptional efforts to reach these service members including outreach and information programs tailored and marketed to the NG/R population.*
- *2A.2b Specific to the National Guard (NG), the VA should partner with the nation-wide NG associations and state NG Bureaus to use these resources to provide a clear message to guard members that have been deployed of their available benefits/services.*
- *2A.2c The VA should actively participate in the national conferences for National Guard Association of the United States (NGAUS), Enlisted Association of the National Guard of the United States (EANGUS) and National Guard Officers Associations to provide information on available VA benefits and services and to heighten awareness.*
- *2A.2d Similar outreach and participation should be targeted at Reserve Associations.*
- *2A.2e VA transition coordinators need to interface with Guard and Reserve units in their respective areas of operation.*

Priority 3:

2A.3 VA should enhance outreach to veterans on college campuses to heighten awareness of VA benefits and services.

- *2A.3a Consider and evaluate a veteran representative on campus concept.*
- *2A.3b Engage the National Association of Veterans Programs Administrators (NAVPA) in identifying opportunities to utilize their members on college campuses to provide information to veterans attending their institutions.*

3. Family and/or Caregivers, Survivors, and Women Veterans

Issue 3A: Increase support to families and caregivers.

General Definition:
Caregiver is defined as the primary individual responsible to provide day-to-day inpatient or outpatient care for the severely disabled veteran. This individual may or may not be a family member.

Discussion:
VA must recognize that the veteran and the veteran's family cannot be institutionally viewed as two separate and distinct entities and must be viewed as an integral unit. This finding is supported by the Dole-Shalala Commission Report. VA programs often do not provide for adequate information, counseling, and financial support to families and caregivers. Caring for a veteran who is facing a serious medical condition is a full time job and caregivers face many challenges that should be addressed by the VA. The responsibility of caring for a veteran affects other major areas of a caregiver's life, including, but not limited to: jobs, friends, family, finances, and mental, emotional, and physical health.

The committee recognizes the recent announcement of a "caregiver assistance pilot program" to expand and improve health care education and provide needed training and resources for caregivers who assist disabled and aging veterans in their homes. This pilot program is an example of VA's recognition of the need to provide support and assistance to caregivers.

Caring for a severely disabled veteran requires continuous attention and can create financial hardship. Possible decreases in income, in addition to monetary requirements needed for caring for the veteran, can create immediate and serious financial difficulties for caregivers. Current Department of Defense (DoD) Non-Medical Attending orders provide DoD-sponsored transportation for the caregiver and service member, appropriate travel orders and reimbursement for all travel expenses, among other benefits. A similar system should be considered by the VA to address similar veteran and caregiver needs after discharge from active duty.

Families and caregivers can often be overwhelmed by the added responsibilities and requirements of caring for a severely disabled service member or veteran. VA should reach out to these families to provide support in the appropriate manner. A VA "push" system would preclude assigning the burden of learning and navigating the many systems to the families and caregivers when they are already faced with dramatic and traumatic changes in their daily lives. Continued personalized contact and information from the VA is needed for caregivers to understand the full scope of their benefits, as well as the benefits available for the veteran. Follow up and continued assistance from the Recovery Care Coordinators (RCC) is critical for caregivers to stay informed throughout the recovery process.

Caregivers are a vital component of the service member or veterans' recovery and rehabilitation. VA should recognize caregivers as a resource and an asset and put in place programs to assist them in their service. It is clear that severely disabled veterans have a better quality of life living at home rather than in an institution, and that caregivers are the greatest resource in assuring this increased quality of life.

Recommendation/Findings:

Priority 1:

3A.1 The VA should provide counseling services to caregivers and family members whose mental health may be adversely affected while providing care to the severely disabled veteran.

3A.1a VA should seek authority to include counseling services for caregivers and families, over a prolonged period of time (may require legislation).

Priority 2:

3A.2 Caregivers should be provided with financial counseling and fiscal support while caring for the severely disabled veteran.

3A.2a Direct support from the VA should include reimbursements for lodging, per diem, and transportation when the caregiver is at the veteran's bedside at a VA facility (may require legislation).

3A.2b Caregiver reimbursement and training programs that already exists for spinal cord injury (SCI) patients in San Diego should be duplicated throughout the VA system and expanded to include traumatic brain injury (TBI) and very severely injured (VSI) patients. (Definition of VSI is a level one polytrauma patient.)

Priority 3:

3A.3 VA should enhance efforts to ensure caregivers are appropriately informed of all benefits and entitlements for themselves and the severely disabled veteran in their care.

3A.3a Ensure the RCC informs the caregivers of all available benefits' and provides assistance and follow up throughout the transition process.

3A.3b Caregivers should be provided ongoing contact and support from the RCC upon returning home with the veteran.

3A.3c The RCC should act as an ombudsman for the caregiver in navigating benefits and entitlements.

Issue 3B: Improve management and delivery of survivor benefits.

Surviving family members have unique challenges when faced with the death of the service member. Current VA policy does not adequately provide for the transition to life without the veteran and long term success of family members. Survivors face the same readjustment issues as families and caregivers of seriously injured veterans and require the same level of commitment.

The Committee believes that the VA structure, management, and delivery of survivor benefits are largely fragmented and uncoordinated. Currently, there is no central authority/office that exists solely to oversee survivor's issues. Beneficiaries include spouses, children, and parents and may not be geographically co-located, causing inconsistent delivery of benefits and confusion. Establishing a case management system for survivors can help organize and effectively monitor survivor benefit distribution, and increase survivor awareness of potential eligibility.

When the survivors of a veteran are eligible for both Survivor Benefit Plan (SBP) and Dependency & Indemnity Compensation (DIC), the survivors' SBP payments are offset, or reduced, by the amount of their DIC payment. These two programs have distinctly different purposes that do not overlap, and it is therefore inappropriate to offset them. Eliminating the SBP/DIC offset would acknowledge the difference in the purpose between these two benefits and allow survivors of those whose death was as a result of military service to receive additional compensation. The offset of SBP by DIC payments should be discontinued.

Currently, the VA cannot distinguish OIF/OEF survivors from other survivors. Establishing a coding system to detect different survivor groups may be necessary and useful for outreach purposes, allowing the VA to conduct an outreach campaign with specific OIF/OEF-related information to these beneficiaries.

Recommendation/Findings:

Priority 1:

3B.1 Establish a "Center for OIF/OEF Survivors" office within the VA.

- *3B.1a Duties should include policy development, coordination, implementation, and oversight.*
- *3B.1b The establishment of a "Center for OIF/OEF Survivors" will ensure case management responsibility will be a critical function of that office with each survivor enrolled in VA programs.*

Priority 2:

3B.2 Establish a Case Management system for survivors and dependents.

- *3B.2a Model after the case management programs for injured service members.*
- *3B.2b The continued relationship with the VA is instrumental in helping survivors understanding of and timely delivery of benefits.*
- *3B.2c Leverage resources and services at local, state and national levels.*

Priority 3:

3B.3 Eliminate SBP/DIC offset (requires legislation).

- *3B.3a The quality of life of surviving family members should not be further adversely impacted by being penalized with the offset.*
- *3B.3b Concur with Veteran's Disability Benefits Commission Report and the Dole/Shalala Report.*

Priority 4:

3B.4 Establish a registry for OIF/OEF survivors to assist with outreach efforts.

3B.4a Implement war time identification coding for survivors in VA systems (e.g. OIF/OEF). This will provide for better tracking and reporting as well as provide a mechanism to send OIF/OEF related specific materials to survivors.

Priority 5

3B.5 Survivors who are also veterans require specialized attention from the VA.

Issue 3C: Improve care for women veterans.

In some cases, segregated treatment capabilities are necessary to ensure effective VA health care delivery to women veterans. Women veterans surviving Military Sexual Trauma (MST) may not feel comfortable being treated by male doctors, or surrounded by male patients. Designated, female only areas for MST survivors may be needed for their mental and emotional recovery, and the VA needs to enhance efforts to provide separate women's care when indicated.

OIF/OEF women veterans are often parents (frequently single parents) with unique challenges and special needs regarding access to care. Single parents may be unable to attend appointments because of lack of or costly child care options. An increase in child care availability may decrease missed appointment problems among OIF/OEF veterans.

Women veterans who have re-employment issues and child care responsibilities may have an increased risk for homelessness. Securing employment while caring for dependent children may cause conflicts when day care and other child care options are not available or financially unobtainable. Currently, there are minimal provisions in place to provide medical care for women veterans with dependent children.

Recommendations/Findings:

Priority 1:

3C.1 The VA should provide women veterans segregated treatment and care for MST treatment when indicated.

3C.1a This capability should be available for both inpatient and outpatient treatment.

3C.1b Adequate numbers of female staff members should be trained and available to provide these services.

Priority 2:

3C.2 The VA should provide child care service options to enable veterans with dependent children to attend appointments (may require legislation).

3C.2a VA should consider expanding hours of operation so that veterans caring for children have more options available for appointments (e.g. nights and weekends).

Priority 3:

3C.3 Homeless shelter programs should ensure capabilities exist for women veterans with dependent children.

3C.3a Homeless women veterans and their dependent children should be segregated for safety.

3C.3b We support the recommendation in the 2006 Advisory Committee on Women Veterans that Veteran's Health Administration (VHA) consider that all Homeless Grant and Per Diem (HGPD) Request for Proposals (RFPs) that would accommodate homeless women veterans include a scoring/rating component that addresses gender-related needs and issues of minor children.

4. Communication and Outreach

The focus of VA communication and outreach should be a mass marketing campaign to veterans, their families and survivors using all available multimedia resources, to include emerging technologies, public education and conventional sources. Outreach must focus on an aggressive, proactive pursuit by the VA to identify and reach out to veterans, families and survivors who can benefit from the various VA programs in a holistic manner – "no veteran, survivor, or family member left behind." Communication and Outreach must promote broad knowledge of all available benefits provided by the VA.

Issue 4A: Update web site appearance and capabilities.

OIF/OEF veterans represent a new generation that communicates in a number of ways that differ significantly from their predecessors. The current VA web site is cumbersome and not designed to maximize information technologies familiar to and expected by the OIF/OEF generation. The web site is a powerful tool that can provide immediate insight to VA benefits and services. The OIF/OEF cohort of veterans is interested in the use of technology to maintain their benefits information, and may rely primarily on web information. It is important for VA to offer personalized features on the web site that allow the veterans to create profiles which will provide specific information on benefits and services for which they are eligible. Private sector examples of customer service in cyberspace such as banking institution and retail outlets should be the model. In government, the Social Security Administration has developed several online tools which allow users to complete online claims and services.

The use of electronic mail and text messaging is standard and common practice among OIF/OEF veterans. It provides for immediate exchange of information at a low cost. By providing OIF/OEF veterans with an email account, VA would be able to electronically access target populations, and potentially provide secure lines of communication in real time. The creation or expansion of a web portal could also provide personalized capabilities to its visitors and allows users to gain centralized information across the various VA business lines. Web technologies could provide the primary communication

to OIF/OEF veterans as benefit changes and new health care information becomes available.

Recommendations/Findings:

Priority 1:

4A.1 Conduct focus groups on VA web site usability, accessibility and format with OIF/OEF veterans, their families and survivors. Make technology user friendly through recommendations from focus groups.

- *4A.1a Organize the web site by category of user instead of internal business structure (i.e. VHA, VBA).*
- *4A.1b Provide clickable links e.g., Seamless Transition (Returning Service members icon), Veteran's Service Organizations (VSOs), other governmental agencies, etc.*
- *4A.1c Setup a feedback mechanism that relates to the web site, such as a web survey that can be auto-generated to users at random. Conduct periodic reviews of feedback to identify future enhancements.*
- *4A.1d Future web site design or improvements must be tested to accommodate all disabilities and limitations.*
- *4A.1e Creation of one single 800 national hotline utilizing customer services best practices external to the VA. This recommendation excludes the suicide hotline (this would mirror the 211 Texas information network).*
- *4A.1f Enhance search capabilities, currently returned information is voluminous and can overwhelm the user.*

Priority 2:

4A.2 Create a web portal that allows the user to customize their information based on a personal profile. Sign in capabilities on the homepage should be provided for veterans, their families and survivors to access all needed VA information regarding health care, benefits and memorial services. The portal should be designed to include the following elements:

- *4A.2a Those elements identified in the Dole-Shalala Commissions Report with respect to the e-benefits webpage.*
- *4A.2b Expand My Health eVet to encompass all VA benefits and services.*
- *4A.2c Update the My Health eVet prescription drug section to list prescriptions not only by number, but by name as well to make it easier for the veteran to locate a particular prescription when ordering refills.*
- *4A.2d Establish a user created profile that will enable information dissemination tailored to a veteran's needs. VA could direct information update through this function. Examples available include WebMD (private company) which will send information to a participant as new information becomes available on their health condition or treatment.*
- *4A.2e Create the ability to submit online fillable forms for benefits and healthcare. There is currently only limited capability.*
- *4A.2f Establish e-mail capability for inquiries.*
- *4A.2g Accept e-signatures for benefit submissions, authorizations, etc.*

Priority 3:

4A.3 Establish VA specific e-mail addresses for separating service members, caregivers and survivors.

4A.3a Creates the ability to send electronic appointment reminders, prescription refill reminders, etc.

4A.3b Can provide alerts from the VA in disaster situations can be directed to specific geographical areas. (Example: Hurricane Katrina, where to go for healthcare in New Orleans, etc.).

Issue 4B: Personal Outreach and Assistance

The Committee noted instances of difficulty when OIF/OEF veterans attempted to enter the VA system for the first time, at VHA or Veteran Benefits Administration (VBA) facilities. OIF/OEF veterans may experience increased levels of stress due to being in an unfamiliar environment and a new situation. The hospital environment may induce anxiety due to previous experiences, unclear signage, and confusing building floor plans (design). This can create a barrier between the veteran seeking care and the facility providing the care. By initiating personal contact, the VA is able to create a level of assurance with the veteran.

Recommendations/Findings:

Priority 1:

4B.1 Ensure all OIF/OEF veterans coming into a VHA or VBA facility for the first time receive an initial orientation, facility familiarization and enrollment assistance for health and benefits programs.

Issue 4C: Actively market VA programs to OIF/OEF veterans, uniformed service members and families.

Misconceptions about the VA can discourage OIF/OEF veterans from seeking VA benefits and services. VA healthcare services have been recognized nationally amongst the best in the nation; this assessment needs to be communicated more widely to OIF/OEF veterans. The VA has the nation's largest healthcare system and has been recognized for its superior service and quality of care to veterans. It has also outscored the private sector in patient surveys on quality of care over the past six years. OIF/OEF veterans, their families and survivors need better education on the value and quality of VA programs and services.

An OIF/OEF veteran's personal perception of VA will influence his/her decision to use VA and dictate his/her usage patterns. By employing new marketing strategies, the VA will be able to develop its own brand identity and present it to OIF/OEF veterans. This will provide the veteran and the public with the independent validation supporting the quality of the VA brand and encourage veterans to see VA as a health provider of choice rather than a provider of last resort. Marketing is a tool for outreach by which VA can significantly enhance awareness of existing services and benefits to veterans.

Recommendations/Findings:

Priority 1:

4C.1 Establish a VA marketing and communication team that will focus solely on technology and marketing to OIF/OEF veterans, families and survivors. This team should have the budget to conduct surveys, support the marketing and technology plans and the authority to conduct implementation across VA.

Priority 2:

4C.2 Develop an OIF/OEF comprehensive marketing strategy that uses a phased in multimedia approach.

- *4C.2a Engage a marketing consulting firm to develop a strategy and associated cost analysis.*
- *4C.2b Develop both a long term and a short term strategy that targets all constituent demographic elements.*

Priority 3:

4C.3 Conduct an OIF/OEF focused image campaign.

- *4C.3a Identify spokespersons that can attract the attention of the various demographic groups of OIF/OEF veterans, families and survivors.*
- *4C.3b Leverage the outcome of the recent Employment Histories of Recently Discharged Veterans: study conducted by VA.*
- *4C.3c Provide for a consistent message to be conveyed through multimedia outlets (e.g. television and radio public service announcements (PSAs), print advertisements, billboards, VSO magazines, etc.).*

Priority 4:

4C.4 The Committee endorses the planned National Survey of Veterans (NSV) and recommends it include a separate OIF/OEF survey section.

- *4C.4a Include contact preferences that relate to the web site and communication vehicles and effectiveness of VA outreach.*
- *4C.4b Tailor specific questions that can provide direction to the VA on the Committee recommendations on communication/outreach.*
- *4C.4c Develop survey outcome reports that can provide results specifically categorized by OIF/OEF veterans.*

Priority 5

4C.5 VA should partner with DoD on implementing a comprehensive education program on veterans benefits to all active and NG/R service members and their families. Family readiness and support groups could be a focus of ongoing VA education.

Issue 4D: Emerging Technology

The rapid rate of technological advances along with the changing demographics of veterans, their families, and survivors is driving the need for VA to more rapidly change

and adapt in this area. Specifically, the OIF/OEF constituents have expectations that technology provides quicker and easier links to information. There are significant opportunities to leverage information technology to communicate, educate and provide a gateway to the VA that would streamline access.

The VA received exceptional praise for its electronic medical records program, VistA. The Institutes of Medicine called VA's electronic medical record system one of the best in the nation. The Department of Health and Human Services created electronic health record national standards based on the VA's model for VistA. Given this knowledge base, the technology is available within VA for the creation of a single electronic veteran record. This responds to the goal of VA's Strategic Plan to improve communications and create an environment that fosters the delivery of One VA world-class service to veterans.

Use of emerging technology to convey various messages about services and benefits will allow VA to reach the newest generation of veterans. Various internet products such as Podcasts, blogs and social networks are widely used by veterans in their daily lives. The VA has a unique opportunity to adopt new technologies to better communicate with these veterans. The United States Government web site (USA.gov) offers Podcasts on various topics. This effective and low cost use of technology allows the user to stay abreast of current news as it relates to them. By better leveraging technology, the VA can maximize service to veterans.

Recommendations/Findings:

Priority 1:

4D.1 The VA should transition from a paper to an electronic system of records and files to create a single veteran record and enable veterans to check all their information online.

- *4D.1a Beginning with all OIF/OEF veterans, all VA data should be stored electronically, to include health and benefits information.*
- *4D.1b Veterans and survivors should be able to update addresses, banking information, etc. online. A single on-line action should update all VA records simultaneously. Industry best practices should be used as the standard.*
- *4D.1c View only access should be available on claim status, medical appointments, prescription history and other benefits.*
- *4D.1d E-signatures should be accepted for claim submissions.*

Priority 2:

4D.2 Maximize the various types of technology that are available today to include e-mail, television PSAs, Podcasts, blogs, social networking (i.e. Linkedn, Facebook, Myspace) to connect with veterans and share information.

- *4D.2a Develop a VA social network.*
- *4D.2b Develop Podcasts on topics of interest.*
- *4D.2c Build a knowledge database similar to Wikipedia that will provide all available information regarding the VA to users.*

4D.2d Employ Voice over Internet Protocol (VOIP), call center technology to enhance customer service.

4D.2e Partner with DoD to establish VA links on Defense Knowledge Online (DKO).

5. National Guard/ Reserve (NG/R)

Issue 5A: The NG/R and family members are not uniformly receiving necessary information on VA benefits and health care when demobilizing.

Discussion:

The NG/R represents a unique challenge with respect to identification, transition, outreach, and VA enrollment. The returning NG/R member is often focused on his/her reintegration into civilian life with little focus on the availability of veteran healthcare and benefits afforded by the VA. Provision of information on NG/R benefits and/or services often conflicts with returning service members overriding priority to return home and rejoin loved ones after demobilization.

The Committee was consistently impressed with the service provided by local Vet Centers. The Committee noted that Vet Centers are an effective vehicle for outreach to veterans and the services of the Vet Centers should be communicated to NG/R members so that they may benefits from them as well.

Additionally, the VA cannot simply rely on outreach to individual NG/R soldiers, but must undertake coordination with individual states and Reserve commands. Procuring definitive listings of returning NG units and NG/R service members is a critical first step in reaching the wider veteran population. While arrangements may vary from state to state and Reserve components, exchange of NG/R veteran information should be codified by the establishment of MOUs.

Priority 1:

5A.1 Engage NG/R at both the national and state level to re-assess the infrastructure for transition and include NG/R command level.

5A.1a The Joint Executive Council (JEC) should take the lead in addressing NG/R issues specifically relating to transition, benefits, and outreach.

5A.1b Explore the possibility of having a VA team visit demobilized units three months after return from deployment.

5A.1c Create and leverage relationships with NG/R Associations to communicate to this constituent group.

Priority 2:

5A.2 Address the issue of NG/R Individual Mobilization Augmentees (IMA), who often may not be aware of available benefits upon return home.

5A.2a Evaluate current VA national outreach plan to test for effectiveness of participating and non-participating NG/R veterans in VA programs.

5A.2b Engage the state NG/R component commands in identifying veteran populations for VA outreach.

5A.2c Reexamine the criteria for establishment and locations of Vet Centers to consider expanded coverage specifically targeting areas with large NG/R populations.

5A.2d Facilitate a greater partnership between VA facilities, VSOs, and local NG/R centers by encouraging local steering committees in key geographical centers (e.g. United Veterans Council San Diego).

6. Medical Issues

Issue 6A: VA should better educate veterans and their families on identifying symptoms and pursuing medical treatment for PTSD. The 'stigma' and public perception of PTSD has negatively impacted veterans in both their personal and professional lives.

There are large numbers of OIF/OEF veterans with potential PTSD using VA healthcare services. There are additional veterans who may suffer from PTSD who have not yet sought treatment through VA.

Vet Centers are an underutilized resource with respect to their ability to provide counseling to combat veterans. Although OIF/OEF veterans can develop PTSD in response to combat exposure, the symptoms of PTSD do not always manifest themselves immediately and may emerge over a prolonged period of time. A heightened level of awareness is needed to identify behavior patterns and the need for professional medical assistance. Family members may notice the symptoms even before the veterans, but they may be unaware of available resources to call upon for support.

Some returning service members are experiencing difficulty obtaining employment that involves security background checks after they have sought treatment for PTSD. Some avoid treatment because they fear it will impact their careers, especially those seeking jobs in law enforcement, intelligence, the medical field, etc.

Recommendations/Findings:

Priority 1:

6A.1 VA should disseminate educational materials on common symptoms of PTSD more widely.

6A.1a Identify better communication means that will be more effective in communicating and educating family members and caregivers. The significant role of family members cannot be overstated.

6A.1b Develop a PTSD self assessment tool on the VA web site. The state of Illinois has such a tool in development which should be reviewed as a model.

6A.1c A web-based program should be established for family member use for education on PTSD.

Priority 2:

6A.2 Identify the VA resources where medical and other professional assistance on PTSD can be obtained.

6A.2a Better highlight PTSD treatment assistance locations on the web site.

6A.2b Showcase Vet Centers along with an explanation of their role, staffing, and locations.

Priority 3:

6A.3 The VA should develop a PTSD response program, like the 24/7 Employee Assistance Program (EAP), utilized in Corporate America that is equipped to handle the full range of PTSD issues. The program should have a VA staffed 800 number separate from suicide hotline.

6A.3a Staff with veterans who can help their fellow veterans to provide reassurance in overcoming the "stigma" that may be associated with PTSD.

6A.3b Provide professional medical staff that can counsel the most severe cases and provide guidance on next steps.

6A.3c Conduct follow up phone calls to reinforce next steps, answer questions, and demonstrate VA's care and commitment.

7. Blast Injuries/ Traumatic Brain Injury (TBI)

Issue 7A: VA should identify cutting edge effective treatment and rehabilitation for blast injuries/TBI and better educate providers, veterans and families on identifying symptoms and pursuing medical treatment. An effective standardized, integrated treatment protocol for dealing with the physical injury of TBI as well as psychological sequela should be explored. Earlier intervention and integration of treatment modalities to lessen the long-term negative impact of TBI should be investigated.

Discussion:

The Department of Veterans Affairs in its proposed Schedule for Rating Disabilities states "TBI has been called a signature injury of the conflict in Iraq, and the VA is seeing a statistically larger number of veterans of the Iraq and Afghanistan conflicts with residuals of TBI than has been seen in previous conflicts. In addition, the effects of injuries stemming from blasts resulting from roadside explosions of improvised explosive devices, which have been common sources of injury in these conflicts, appear to be somewhat different from the effects of brain trauma seen from other sources of injury."

DOD and VA have initiated extensive programs to *identify* veterans suffering from blast injuries and TBI but such efforts beg the question of effective *treatment* following identification. It is undisputed that common TBI symptoms: headache, dizziness, inattention, difficulty concentrating, impaired memory, faulty judgment, depression, irritability, emotional outbursts, disturbed sleep, difficulty switching between two tasks, and slowed thinking are debilitating and can be long term.

TBI is a physical injury (sometimes without external appearance or damage) with psychological and cognitive processing implications. Common treatment modalities for TBI that have been identified include: vestibular therapy, occupational therapy, cognitive

therapy including cognitive processing enhancement therapy, physical therapy, sleep therapy, pain therapy. Among other things, the committee will investigate:

- whether current systems of TBI identification comprehensively identifies the affected population
- whether early treatment intervention by DOD could effectively lessen long term effects of TBI and enhance treatment
- whether treatment modalities of TBI can be better integrated with concurrent treatment of other physical injuries
- the steps needed to accurately document the diagnosis and quantify the extent of TBI injury
- explore new treatment modalities
- integration of best practices and treatment modalities for treating the physical injury as well as symptoms

The Committee intends to make blast injuries/TBI a primary focus in 2008. The Committee will collect current data (medical as well as clinical), pursue discussions with veterans, family members and healthcare providers to break down and define elements of this issue. The Committee will review and evaluate policy on admittance criteria and treatment protocols for TBI programs.

Further Investigation

The Committee will continue its exploration of VA benefits and services for OIF/OEF veterans and families in 2008. The Committee has identified specific activities that it plans to conduct over this calendar year. In addition to its focus on TBI, other activities under consideration include:

- Review VA study on completion of VR&E programs.
- Review VA utilization data concerning educational benefits programs and pending legislation on education benefits.
- Clarify Vocational Rehabilitation/Individual Unemployability (IU) conflicts concerning eligibility, specifically for TBI patients.
- Conduct data and statistical analyses of OIF/OEF women veterans suffering from the effects of MST.
- Conduct data and statistical analyses of OIF/OEF homeless veterans.
- Further assessment of the challenges of survivors utilizing the VA system.
- Explore Veterans Affairs Assistance Program (VAAP) models as possible solutions for nationwide severely injured (SI) veterans.
- Investigate possibilities for video streaming as an effective outreach and communication tool.
- Explore possibilities of VA sponsoring live chat sessions with VA customer service representatives.

The Way Ahead

The Committee looks forward to continuing its efforts on behalf of OIF/OEF veterans and families. We take this opportunity to thank Mr. Ron Thomas, the Committee Designated Federal Official, and his staff for the excellent service they have provided to the Committee. During the short time the Committee has been active, we have been given a wealth of opportunities to explore VA and other related federal agency programs and services.

The Committee notes there are OIF/OEF NG/R who have separated from active duty with ongoing health issues and are often unable to work while undergoing treatment in the VA system. They have loss of income and are at risk for foreclosure, bankruptcy, homelessness, etc. We need to better understand the underlying issues in order to tailor benefits to meet the needs of these veterans. We will investigate and identify best practices with respect to NG/R demobilization as it relates to knowledge and use of VA benefits and services. We will examine issues specific to the NG/R including employment, education, and health. We will further identify opportunities to examine programs and laws [i.e. The Uniformed Services Employment and Reemployment Rights Act (USERRA)] as they relate to employment and reemployment of NG/R. Our review will include DoL and other federal agency efforts as well as VA programs.

The Committee also notes the potential impact of PTSD on the successful rehabilitation of affected veterans. We will identify opportunities for VA to provide PTSD education beyond veterans and their families. We will explore the effects of PTSD on employment. Building on the issues identified in the Dole-Shalala Commission report, we will further explore the feasibility of incentives for seeking and completing treatment for PTSD. Exploring challenges faced by survivors in dealing with the VA will continue to be an area of emphasis for the Committee.

Finally, as noted, the Committee intends to make TBI a primary focus in 2008. The Committee will collect existing data, pursue discussions with veterans, family members and healthcare providers to break down and define elements of this issue. In addition, the Committee will review and evaluate policy on admittance criteria for TBI programs.

Summary of Recommendations

1. Education	
Number	Recommendation
1A.1	The VA should collect data to determine the extent to which veterans are negatively impacted by processing delays as well as the root cause of the delays.
1A.1a	*Enhance claim processes to ensure timely payment of education benefit claims to educational institutions and veterans. Payments should be consistent with the fiscal schedules of the institutions attended (may require legislation).*
IA.1b	*Consider lump sum payments by semester/trimester, etc. (may require legislation).*
IA.1c	*Identify any issues with forms, instructions and other veterans communication that may be impacting timely processing and implement an action plan to eliminate/remediate.*
IA.2	The VA should provide vocational rehabilitation ancillary services, such as tutoring and adaptive computer software, to vocational rehabilitation eligible veterans utilizing GI Bill education benefits (may require legislation).
IA.3	Veterans require additional outreach and assistance to increase the rate of usage of educational benefit programs. VA should analyze usage and develop outreach programs to maximize veteran and survivor usage of existing education benefit programs.
IA.3a	*The educational assistance for survivors includes certificate programs, apprenticeships and on the job training in addition to degree programs. The diversity of qualifying educational programs should be communicated.*
IA.3b	*Consider additional methods of outreach to veterans leaving active service. The outreach should include information on the full range of VA educational and vocational services and benefits; information designed to assist the veterans in connecting with educational institutions and/or potential employers; and information on how to best utilize Montgomery GI Bill Active Duty (MGIB) education benefits.*
IA.4	VA should canvas colleges, state programs, and other organizations, to develop, maintain, and publicize an online catalogue of available education assistance resources.
IA.4a	*Include available scholarship programs that are unique to veterans or survivors and specific educational institutions.*
IA.4b	*Provide information on eligibility and availability of state specific benefits for education/training.*
IA.5	Many veterans may not be familiar with admissions requirements for various educational institutions. VA should provide assistance with admissions requirements, similar to the resume writing assistance provided through the Vocational Rehabilitation and Employment Program (VR&E). This is particularly useful for veterans who entered military service following High School as a means to further their education.

IA.5a	*The VA should serve as a resource with the college/technical school admissions process. This would be similar to the role of a guidance counselor and would include assistance with matching educational goals with institutions of higher/advanced learning, college search, assistance with applications, information on the SAT, etc.*
IA.5b	*VA should consider job placement assistance following completion of the veteran's formal education, similar to the placement assistance afforded to participants in the VR&E program.*
1B.1	A study of federal veteran's hiring should be conducted/updated and senior VA oversight should be applied.
1B.2	The VA should propose a revision of the current veteran's preference law to enhance veterans' access to federal jobs (may require legislation).
1B.3	The VA should establish an outreach program to maximize utilization and integration of existing federal and state employment programs.
1B.3a	*Private resources should be integrated as an additive capability. VA should seek partnerships with Executive Retiree Associations and professional trade associations such as the Long Haul Truckers Association, the Home Builders Association, and the Direct Employers Association.*
1B.3b	*VA should consider establishing an office of community and corporate outreach with a focus on maximizing opportunities for veterans, to continuously identify local and private sector initiatives and enhance the private sectors awareness on the benefits of hiring veterans.*
1B.3c	*VA should partner with a human resource organization, such as the Society for Human Resource Management (SHRM) to develop a user friendly data base that is easily accessible and can be used by potential employers.*
1B.4	The VA should develop and support new legislative proposals for financial incentives to encourage businesses to hire veterans.
1B.4a	*Explore potential possible tax incentives with the Department of Treasury. Similar to the federal tax credit for hiring an individual who participated in a vocational rehabilitation program (may require legislation).*
1B.4b	*Develop outreach program for businesses to enhance awareness of existing programs such as the VR&E Special Employer Incentive Program where the employer can be reimbursed 50 percent of the veteran's salary for up to six months.*
1B.5	Enhance the tool "Related Civilian Occupations for Military Skills" on the VA website to be more user friendly and reflect both government and civilian occupations. Include geographical and salary information on job availability.

2. Transition	
Number	Recommendation
2A.1	VA should update and improve the VA participation in TAP content and presentation. Content should be available on the internet and other contemporary media.
2A.1a	*The VA web site needs to have an e-TAP section*
2A.1b	*Distribute CDs/DVDs to separating and demobilizing service members with all relevant TAP information relating to VA Benefits/Services.*
2A.1c	*Include a Podcast of a TAP briefing specific to VA benefits and services on the VA web site.*
2A.1d	*Create a Veteran's TAP (VTAP) program hosted at the local level for follow-up information.*
2A.1e	*VA should establish an OIF/OEF Registry to assist in outreach and health and benefits tracking.*
2A.2	The VA should maintain contact with returned NG/R members and units, and families of injured members.
2A.2a	*The VA should extend exceptional efforts to reach these service members including outreach and information programs tailored and marketed to the NG/R population.*
2A.2b	*Specific to the National Guard (NG), the VA should partner with the nation-wide NG associations and state NG Bureaus to use these resources to provide a clear message to guard members that have been deployed of their available benefits/services.*
2A.2c	*The VA should actively participate in the national conferences for National Guard Association of the United States (NGAUS), Enlisted Association of the National Guard of the United States (EANGUS) and National Guard Officers Associations to provide information on available VA benefits and services and to heighten awareness.*
2A.2d	*Similar outreach and participation should be targeted at Reserve Associations.*
2A.2e	*VA transition coordinators need to interface with Guard and Reserve units in their respective areas of operation.*
2A.3	VA should enhance outreach to veterans on college campuses to heighten awareness of VA benefits and services.
2A.3a	*Consider and evaluate a veteran representative on campus concept.*
2A.3b	*Engage the National Association of Veterans Programs Administrators (NAVPA) in identifying opportunities to utilize their members on college campuses to provide information to veterans attending their institutions.*

3. Family and/or Caregivers, Survivors, and Women Veterans	
Number	Recommendation
3A.1	The VA should provide counseling services to caregivers and family members whose mental health may be adversely affected while providing care to the severely disabled veteran.
3A.1a	*VA should seek authority to include counseling services for caregivers and families, over a prolonged period of time (may require legislation).*
3A.2	Caregivers should be provided with financial counseling and fiscal support while caring for the severely disabled veteran.
3A.2a	*Direct support from the VA should include reimbursements for lodging, per diem, and transportation when the caregiver is at the veteran's bedside at a VA facility (may require legislation).*
3A.2b	*Caregiver reimbursement and training programs that already exists for spinal cord injury (SCI) patients in San Diego should be duplicated throughout the VA system and expanded to include traumatic brain injury (TBI) and very severely injured (VSI) patients. (Definition of VSI is a level one polytrauma patient.)*
3A.3	VA should enhance efforts to ensure caregivers are appropriately informed of all benefits and entitlements for themselves and the severely disabled veteran in their care.
3A.3a	*Ensure the RCC informs the caregivers of all available benefits' and provides assistance and follow up throughout the transition process.*
3A.3b	*Caregivers should be provided ongoing contact and support from the RCC upon returning home with the veteran.*
3A.3c	*The RCC should act as an ombudsman for the caregiver in navigating benefits and entitlements.*
3B.1	Establish a "Center for OIF/OEF Survivors" office within the VA.
3B.2a	*Duties should include policy development, coordination, implementation, and oversight.*
3B.1b	*The establishment of a "Center for OIF/OEF Survivors" will ensure case management responsibility will be a critical function of that office with each survivor enrolled in VA programs.*
3B.2	Establish a Case Management system for survivors and dependents.
3B.2a	*Model after the case management programs for injured service members.*
3B.2b	*The continued relationship with the VA is instrumental in helping survivors understanding of and timely delivery of benefits.*
3B.2c	*Leverage resources and services at local, state and national levels.*
3B.3	Eliminate SBP/DIC offset (may require legislation).
3B.3a	*The quality of life of surviving family members should not be further adversely impacted by being penalized with the offset.*
3B.3b	*Concur with Veteran's Disability Benefits Commission Report and the Dole/Shalala Report.*

3B.4	Establish a registry for OIF/OEF survivors to assist with outreach efforts.
3B.4a	*Implement war time identification coding for survivors in VA systems (e.g. OIF/OEF). This will provide for better tracking and reporting as well as provide a mechanism to send OIF/OEF related specific materials to survivors.*
3B.5	Survivors who are also veterans require specialized attention from the VA.
3C.1	The VA should provide women veterans segregated treatment and care for MST treatment.
3C.1a	*This capability should be available for both inpatient and outpatient treatment.*
3C.1b	*Adequate numbers of female staff members should be trained and available to provide these services.*
3C.2	The VA should provide child care service options to enable veterans with dependent children to attend appointments (may require legislation).
3C.2a	*VA should consider expanding hours of operation so that veterans caring for children have more options available for appointments (e.g. nights and weekends).*
3C.3	Homeless shelter programs should ensure capabilities exist for women veterans with dependent children.
3C.3a	*Homeless women veterans and their dependent children should be segregated for safety.*
3C.3b	*We support the recommendation in the 2006 Advisory Committee on Women Veterans that Veteran's Health Administration (VHA) consider that all Homeless Grant and Per Diem (HGPD) Request for Proposals (RFPs) that would accommodate homeless women veterans include a scoring/rating component that addresses gender-related needs and issues of minor children.*
4. Communication and Outreach	
Number	Recommendation
4A.1	Conduct focus groups on VA web site usability, accessibility and format with OIF/OEF veterans, their families and survivors. Make technology user friendly through recommendations from focus groups.
4A.1a	*Organize the web site by category of user instead of internal business structure (i.e. VHA, VBA).*
4A.1b	*Provide clickable links e.g., Seamless Transition (Returning Service members icon), Veteran's Service Organizations (VSOs), other governmental agencies, etc.*
4A.1c	*Setup a feedback mechanism that relates to the web site, such as a web survey that can be auto-generated to users at random. Conduct periodic reviews of feedback to identify future enhancements.*
4A.1d	*Future web site design or improvements must be tested to accommodate all disabilities and limitations.*
4A.1e	*Creation of one single 800 national hotline utilizing customer services best practices external to the VA. This recommendation excludes the suicide hotline (this would mirror the 211 Texas information network).*
4A.1f	*Enhance search capabilities, currently returned information is voluminous and can overwhelm the user.*

4A.2	Create a web portal that allows the user to customize their information based on a personal profile. Sign in capabilities on the homepage should be provided for veterans, their families and survivors to access all needed VA information regarding health care, benefits and memorial services. The portal should be designed to include the following elements:
4A.2a	*Those elements identified in the Dole-Shalala Commissions Report with respect to the e-benefits webpage.*
4A.2b	*Expand My Health eVet to encompass all VA benefits and services.*
4A.2c	*Update the My Health eVet prescription drug section to list prescriptions not only by number, but by name as well to make it easier for the veteran to locate a particular prescription when ordering refills.*
4A.2d	*Establish a user created profile that will enable information dissemination tailored to a veteran's needs. VA could direct information update through this function. Examples available include WebMD (private company) which will send information to a participant as new information becomes available on their health condition or treatment.*
4A.2e	*Create the ability to submit online fillable forms for benefits and healthcare. There is currently only limited capability.*
4A.2f	*Establish e-mail capability for inquiries.*
4A.2g	*Accept e-signatures for benefit submissions, authorizations, etc.*
4A.3	Establish VA specific e-mail addresses for separating service members, caregivers and survivors.
4A.3a	*Creates the ability to send electronic appointment reminders, prescription refill reminders, etc.*
4A.3b	*Can provide alerts from the VA in disaster situations can be directed to specific geographical areas. (Example: Hurricane Katrina, where to go for healthcare in New Orleans, etc.).*
4B.1	Ensure all OIF/OEF veterans coming into a VHA or VBA facility for the first time receive an initial orientation, facility familiarization and enrollment assistance for health and benefits programs.
4C.1	Establish a VA marketing and communication team that will focus solely on technology and marketing to OIF/OEF veterans, families and survivors. This team should have the budget to conduct surveys, support the marketing and technology plans and the authority to conduct implementation across VA.
4C.2	Develop an OIF/OEF comprehensive marketing strategy that uses a phased in multimedia approach.
4C.2a	*Engage a marketing consulting firm to develop a strategy and associated cost analysis.*
4C.2b	*Develop both a long term and a short term strategy that targets all constituent demographic elements.*
4C.3	Conduct an OIF/OEF focused image campaign.
4C.3a	*Identify spokespersons that can attract the attention of the various demographic groups of OIF/OEF veterans, families and survivors.*
4C.3b	*Leverage the outcome of the recent Employment Histories of Recently Discharged Veterans: study conducted by VA.*

4C.3c	*Provide for a consistent message to be conveyed through multimedia outlets (e.g. television and radio public service announcements (PSAs), print advertisements, billboards, VSO magazines, etc.).*
4C.4	The Committee endorses the planned National Survey of Veterans (NSV) and recommends it include a separate OIF/OEF survey section.
4C.4a	*Include contact preferences that relate to the web site and communication vehicles and effectiveness of VA outreach.*
4C.4b	*Tailor specific questions that can provide direction to the VA on the Committee recommendations on communication/outreach.*
4C.4c	*Develop survey outcome reports that can provide results specifically categorized by OIF/OEF veterans.*
4C.5	VA should partner with DoD on implementing a comprehensive education program on veterans benefits to all active and NG/R service members and their families. Family readiness and support groups could be a focus of ongoing VA education.
4D.1	The VA should transition from a paper to an electronic system of records and files to create a single veteran record and enable veterans to check all their information online.
4D.1a	*Beginning with all OIF/OEF veterans, <u>all</u> VA data should be stored electronically, to include health and benefits information.*
4D.1b	*Veterans and survivors should be able to update addresses, banking information, etc. online. A single on-line action should update all VA records simultaneously. Industry best practices should be used as the standard.*
4D.1c	*View only access should be available on claim status, medical appointments, prescription history and other benefits.*
4D.1d	*E-signatures should be accepted for claim submissions.*
4D.2	Maximize the various types of technology that are available today to include e-mail, television PSAs, Podcasts, blogs, social networking (i.e. Linkedn, Facebook, Myspace) to connect with veterans and share information.
4D.2a	*Develop a VA social network.*
4D.2b	*Develop Podcasts on topics of interest.*
4D.2c	*Build a knowledge database similar to Wikipedia that will provide all available information regarding the VA to users.*
4D.2d	*Employ Voice over Internet Protocol (VOIP), call center technology to enhance customer service.*
4D.2e	*Partner with DoD to establish VA links on Defense Knowledge Online (DKO).*
5. National Guard/Reserves (NG/R)	
Number	Recommendation
5A.1	Engage NG/R at both the national and state level to re-assess the infrastructure for transition and include NG/R command level.
5A.1a	*The Joint Executive Council (JEC) should take the lead in addressing NG/R issues specifically relating to transition, benefits, and outreach.*
5A.1b	*Explore the possibility of having a VA team visit demobilized units three months after return from deployment.*
5A.1c	*Create and leverage relationships with NG/R Associations to communicate to this constituent group.*

5A.2	Address the issue of NG/R Individual Mobilization Augmentees (IMA), who often may not be aware of available benefits upon return home.
5A.2a	*Evaluate current VA national outreach plan to test for effectiveness of participating and non-participating NG/R veterans in VA programs.*
5A.2b	*Engage the state NG/R component commands in identifying veteran populations for VA outreach.*
5A.2c	*Reexamine the criteria for establishment and locations of Vet Centers to consider expanded coverage specifically targeting areas with large NG/R populations.*
5A.2d	*Facilitate a greater partnership between VA facilities, VSOs, and local NG/R centers by encouraging local steering committees in key geographical centers (e.g. United Veterans Council San Diego).*
6. Medical Issues	
Number	Recommendation
6A.1	VA should disseminate educational materials on common symptoms of PTSD more widely.
6A.1a	*Identify better communication means that will be more effective in communicating and educating family members and caregivers. The significant role of family members cannot be overstated.*
6A.1b	*Develop a PTSD self assessment tool on the VA web site. The state of Illinois has such a tool in development which should be reviewed as a model.*
6A.1c	*A web-based program should be established for family member use for education on PTSD.*
6A.2	*Identify the VA resources where medical and other professional assistance on PTSD can be obtained.*
6A.2a	*Better highlight PTSD treatment assistance locations on the web site.*
6A.2b	*Showcase Vet Centers along with an explanation of their role, staffing, and locations.*
6A.3	The VA should develop a PTSD response program, like the 24/7 Employee Assistance Program (EAP), utilized in Corporate America that is equipped to handle the full range of PTSD issues. The program should have a VA staffed 800 number separate from suicide hotline.
6A.3a	*Staff with veterans who can help their fellow veterans to provide reassurance in overcoming the "stigma" that may be associated with PTSD.*
6A.3b	*Provide professional medical staff who can counsel the most severe cases and provide guidance on next steps.*
6A.3c	*Conduct follow up phone calls to reinforce next steps, answer questions, and demonstrate VA's care and commitment.*

Appendix A

Committee Members

Chair
Lieutenant General David W. Barno, USA (retired)

Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) Veterans
Captain Dawn F. Halfaker, USA (Retired)
Captain Lonnie Moore, USA (Retired)
Sergeant Major Jack L. Tilley, USA (Retired)
Colonel Gary I. Wilson USMC, (Retired)

Caregivers
Ms. Elizabeth Biggers
Mrs. Pam Estes
Mrs. Caroline Maney

Survivors
Ms. Kimberly Hazelgrove*

Reservists
Major Michael N. Ayoub, USAR*
Major Delrick C. Whitehorn, USA*

Veteran Service Organization (VSO) Leaders
Colonel Rocky McPherson, USMC (Retired)
Mr. John F. Sommer Jr.

Corporate Leader
Ms. Fran Hackett

Employment Specialist
Mr. Paul F. Livengood

Subject Matter Experts
Mr. Tim S. McClain
Mr. Chris Yoder

* Denotes service as an OIF/OEF veteran

DEPARTMENT OF VETERANS AFFAIRS
CHARTER OF THE
ADVISORY COMMITTEE ON OIF/OEF VETERANS AND FAMILIES

A. OFFICIAL DES IGNATION: Advisory Committee on OIF/OEF Veterans and Families.

B. OBJECT IVES AND SCOPE OF ACTIVITY: The Advisory Committee on OIF/OEF Veterans and Families will advise the Secretary of Veterans Affairs on the full spectrum of health care, benefits delivery and related family support issues that confront servicemembers during their transition from active duty to veterans' status and during their post-service years. The Committee will focus on the concerns of all men and women with active military service in Operation Iraqi Freedom and/or Operation Enduring Freedom, but will pay particular attention to severely disabled veterans and their families.

C. PERIOD OF TIME NECESSARY FOR THE COMMITTEE TO CARRY OUT ITS PURPOSE: There is a continuing need for the Committee. The Secretary will determine when the Committee's work has been completed.

D. OFFICIAL TO WHOM THE COMMITTEE REPORTS: The Committee will report to the Secretary of Veterans Affairs.

E. OFFICE RESPONS IBLE FOR PROVIDING SUPPORT TO THE COMMITTEE: The Office of Policy and Planning is responsible for providing support to the Advisory Committee on OIF/OEF Veterans and Families.

F. DUTIES OF THE COMMITTEE: As the Committee carries out its responsibilities to examine the full spectrum of available benefits and services, it will make recommendations on how to tailor those benefits and services to the needs of OIF/OEF veterans and their families. During its deliberations, the Committee is expected to assess both the effectiveness of existing programs and the demand for new initiatives that address the following priorities:

- Treatment for severe disabilities, to include polytrauma
- Issues of particular concern to National Guard and Reserve members
- Treatment for mental health problems, to include PTSD
- VA research targeted at problems associated with OIF/OEF service
- Issues of particular concern to female OIF/OEF veterans
- Issues affecting families to include dependents and survivors
- Educational assistance and job training
- Transitional benefits and services
- Other significant issues as identified by the Committee

The Committee may review the reports and recommendations of other VA advisory committees or official government entities and other affected groups or organizations that have examined any of the above issues.

The Committee will be comprised of approximately 20 members. The majority of the Committee's membership will be Special Government Employees. The Secretary will appoint individuals who can effectively represent the views of OIF/OEF veterans and their families.

G. ESTIMATED ANNUAL OPERATING COSTS IN DOLLARS AND STAFF-YEARS: The estimated annual operating cost of the Advisory Committee on OIF/OEF Veterans and Families is $1,000,000 which includes the cost of three staff years. Members will receive travel expenses and a per diem allowance in accordance with the Federal Travel Regulation for any travel made in connection with their duties as members of the Committee.

H. ESTIMATED NUMBER AND FREQUENCY OF MEETINGS: The Committee will meet as often as is necessary to provide timely advice to the Secretary. The Designated Federal Officer (DFO), a full time VA employee, will approve the schedule of Committee meetings. The DFO or a designee will be present at all meetings, and each meeting will be conducted in accordance with an agenda approved by the DFO. The DFO is authorized to adjourn any meeting when he or she determines it is in the public interest to do so.

I. COMMITTEE TERMINATION DATE: The Committee will terminate when the Secretary determines that it has fully met its responsibilities and completed all necessary reports.

J. DATE CHARTER IS FILED:

Approved: _____ Date: 4/20/07

R. James Nicholson
Secretary of Veterans Affairs

Acronyms

BCTC - Balboa Career Transition Center
BDD - Benefits Delivery at Discharge
CBHCO - Community Based Health Care Organizations
CBOCs - Community Based Outpatient Clinics
CHAMPVA - The Civilian Health and Medical Program of the Department of Veterans Affairs
DIC - Dependency & Indemnity Compensation
DoD - Department of Defense
DoL - Department of Labor
EANGUS - Enlisted Association of the National Guard of the United States
EAP - Employee Assistance Program
ETS - Estimated Time of Separation
GWOT - Global War on Terror
HGPD - Homeless Grant and Per Diem
IMA - Individual Mobilization Augmentees
IU - Individual Unemployability
JEC - Joint Executive Council
MGIB - Montgomery GI Bill - Active Duty
MOFH - Mike O'Callaghan Federal Hospital
MOU - Memorandum of Understanding
MST - Military Sexual Trauma
MTF - Military Treatment Facilities
NAVPA - National Association of Veterans Programs Administrators
NCA - National Cemetery Administration
NG - National Guard
NGAUS - National Guard Association of the United States
NG/R - National Guard and Reserve
NSV - National Survey of Veterans
OIF/OEF - Operation Iraqi Freedom and Operation Enduring Freedom
PEB - Physical Evaluation Board
PEBLO - Physical Evaluation Board Liaison Officer
PSA - Public Service Announcement
PTSD - Post-Traumatic Stress Disorder
RCC - Recovery Care Coordinators
RFP - Request for Proposal
SBP - Survivor Benefit Plan
SCI - spinal cord injury
SHRM - Society for Human Resource Management
SI - Severely Injured
TAP - Transition Assistance Program
TBI - Traumatic Brain Injury
TSGLI - Traumatic Service Members Group Life Insurance
USERRA - Uniformed Services Employment and Reemployment Rights Act
UVC - United Veterans Council

VA - Department of Veterans Affairs
VAAP - Veterans Affairs Assistance Program
VAMC - VA Medical Center
VBA - Veterans Benefits Administration
VETS - Veterans' Employment and Training Service
VHA - Veteran Health Administration
VOIP - Voice over Internet Protocol
VR&E - Vocational Rehabilitation and Employment
VSI - Very Severely Injured
VSO - Veterans Service Organizations
VTAP - Veteran's TAP, *Suggested to be created*