DELIVERY OF VETERANS' BENEFITS AND SERVICES BY THE PITTSBURGH REGIONAL OFFICE AND RELATED ISSUES

FIELD HEARING

BEFORE THE

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

ONE HUNDRED THIRD CONGRESS

FIRST SESSION

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DELIVERY OF VETERANS' BENEFITS AND SERVICES BY THE PITTSBURGH REGIONAL OFFICE AND RELATED ISSUES

MONDAY, JUNE 28, 1993

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The subcommittee met, pursuant to notice, at 8:30 a.m., University of Pittsburgh Law School, Pittsburgh, PA, Hon. Lane Evans (chairman of the subcommittee) presiding.

Present: Representatives Evans, Ridge, Klink, and Coyne.

OPENING STATEMENT OF CHAIRMAN EVANS

Mr. EVANS. Good morning. This proceeding is an official hearing of the House Veterans' Affairs Subcommittee on Oversight and Investigations. Many hearings conducted by Congress are held to consider proposals for new legislation or new programs. That is not our purpose today. Instead today, we want to review and examine existing programs; programs which provide important benefits to veterans. We want to learn how well these programs are being managed, and if the delivery of benefits to veterans can be improved.

Many people believe government can do more and still spend less. On more than one occasion this subcommittee has uncovered faulty management and wasteful spending. Like many here today, I believe we can do better. However, I also know that we cannot do everything with nothing.

If we, as the most powerful Nation on the face of the earth, are to provide a reasonable package of benefits to those who have answered our country's call, then we must also be willing to pay for those benefits and their delivery. There is no such thing as a free lunch.

Today, our attention is focused on the Pittsburgh Regional Office of the Veterans Benefits Administration, or VBA. The VBA exists for one purpose; to effectively administer benefits which have been earned by our Nation's veterans. Those benefits, I emphasize, have been earned.

The VA administers many veterans programs. These include compensation for service-connected disabilities, veterans educational benefits, vocational rehabilitation, the VA home loan guarantee program and pensions for wartime veterans. VA, of course,

also operates one of the Nation's largest health care programs, provides burial benefits, and operates a major insurance program.

As the benefit programs administered by the Pittsburgh Regional Office of the VBA are the focus of today's hearing, the subcommittee will not be examining the VA health care system, burial benefits, or insurance programs this morning.

The Pittsburgh Regional Office plays a critical role in the delivery of many benefits to veterans living in Western Pennsylvania and parts of West Virginia. How well is the Pittsburgh Regional Office doing its job? Can it do better? Are VA benefits being delivered courteously, promptly, and with a minimum number of errors? What problems do veterans have when dealing with the VA? What problems hamper Regional Office employees? How can these problems be reduced, if not eliminated?

The purpose of the hearing today is not simply to find fault, place blame or point fingers. That would not be productive or helpful. Those actions, alone, won't produce improvements. Rather, the purpose of this hearing is to identify and understand today's problems and the opportunities which exist for improving services to our Nation's veterans.

Many people have helped this subcommittee prepare for this hearing. The University of Pittsburgh and its representatives are especially appreciated.

The chair understands that several of the participants in today's hearings have other obligations. Therefore, the chair requests the cooperation of each participant so that this hearing can be conducted in a timely manner.

The written statement submitted by each witness will be included in its entirety in the record of this hearing, without objection. Witnesses are again requested and reminded to limit their oral statements to five minutes and to summarize from their written statement, as needed.

It is now a great pleasure to recognize the distinguished ranking minority member of this subcommittee, Congressman Tom Ridge, a combat veteran of Vietnam, who always aids this committee in its deliberations and is the reason that we are here today. Congressman Ridge, we very much appreciate your leadership, support and assistance and look forward to your remarks.

OPENING STATEMENT OF HON. THOMAS J. RIDGE

Mr. RIDGE. Mr. Chairman, first of all on a personal note, let me thank you. You are the chairman of the Oversight Subcommittee, and your thoughtfulness and generosity in response to my request to have this hearing is very much appreciated, on a personal note. I certainly appreciate you arranging your schedule so that you could be with us in Pittsburgh today. Your staff has been very helpful as well, and I am grateful to them.

Let's also say thanks to Lou Tronzo and the University of Pittsburgh and its Law School, for all the assistance they have given us. My brother went to law school here. I suspect that he argued in this moot courtroom. It's beautiful. As we look down at an impressive and pretty intimidating facility, no wonder he's doing so well. If you get through an argument in this magnificent room, court rooms don't intimidate at all.

America has always felt a debt of gratitude toward those who serve and protect the principles of this country, its liberties, its freedoms, and the opportunities that we enjoy. This country, since its birth, has recognized that veterans should be compensated for service-connected disability or death. America's commitment to its veterans has grown stronger with each war this country has fought. It's our responsibility in the Veterans' Affairs Committee, to make sure that that support never waivers.

It's one thing to make a commitment; it certainly is another to make sure the commitment is being carried out. If the system is broken or in need of repair we have no choice but to fix it, if we are to be consistent with our commitment to veterans. Otherwise, we are not living up to the promise we made to the young men and women when they put on the uniform of this country and went off to far away places to represent the interest of the United States of America.

The Regional Office in Pittsburgh is the 19th largest nationally. It's pretty astonishing. They have jurisdiction over nearly 600,000 veterans. They have the responsibility of ensuring that each and every one of these veterans are receiving the highest level of care, not to mention the benefits and services that they rightly deserve.

We are here today because in my 11 years as a Member of Congress, most of that time I have been on the Veterans' Affairs Committee, I have personally overseen quite a few of the cases that have come before my office. I feel a particular commitment to this, and that underscores my commitment to veterans, particularly to some of the more difficult or troubling cases that we have seen in Western Pennsylvania.

In the past couple of years there have been some concerns of mine based upon what I have observed in these files in terms of sensitivity to certain medical conditions, the timeliness of the response, and that's what really precipitated my request for this hearing.

Let it be said from the outset, that I believe strongly giving credit where credit is due. Most of the claims and most of the claimants that work through and need the VA Regional Office need timely responses back. I think we need to point that out. If I am 80 percent happy with the office that means we have still plenty of room for improvement.

When a man or woman puts on a uniform for the country the government doesn't say to them we want you 80 or 90 percent of the time, we want you 100 percent of the time. They don't say we want your commitment 80 or 90 percent of the time, they want it 100 percent of the time.

The reason we are here today is to see what we can do to make sure that this Regional Office has the resources, the staff, or whatever else it needs to be 100 percent effective 100 percent of the time, to 100 percent of the veterans in the veterans' claims that go across their desks. We are talking about the claims process, we are not just talking about statistics.

I know internally there's concern about end products and people add up numbers at the end of lines. But it is my understanding it takes an average of 220 days for a decision to be reached on an original compensation claim, 127 days on an original pension claim,

120 days on a reopened claim. During the first quarter of this fiscal year alone, almost 60 percent of the Board of Veterans' Appeals (BVA) decisions, were remanded back to the Regional Office.

That says to me, that this office needs some help. I don't know what that help is and in what form it comes in, but I want to help. Lane wants to help. Congress wants to help them do their job as effectively as possible.

We want to know why an audit of the Regional Office done last year by the IG showed that claims were not processed in a timely manner, and many of the delays could have been avoided or reduced. I want to know that. Is it a question of staffing, resources? I want to know. I am going to tell you, I handled a claim for a man who was a Vietnam veteran who had filed for permanent disability for PTSD. He was a combat veteran, decorated, wounded, had the stressors. It took me nine years to get him a permanent disability. He had not only VA physicians and psychologists saying it was a severe case of post-traumatic stress, but we had 12 physicians, psychiatrists, psychologists, who said the man has a severe case of PTSD.

What in God's name does a veteran have to do to get a permanent disability, when he's got 12 physicians, psychologist and psychiatrists saying it's a severe case and he needs permanent disability.

That may not be a problem within the VA Regional Office. That may be a problem systemically within the VA because they are not recognizing as they should, PTSD claims.

Another veteran—I know these files because I review them—had surgery on one knee. Clearly, clearly service-connected. The internal doctor within the VA and an external orthopedic surgeon say because of the strain and because of how he had to adjust physically, because of that situation of the one knee he now has problems with the other side, his other leg, his other knee, directly related to the first surgery.

In my judgment that veteran should be getting some compensation for that claim. You have a doctor inside the VA and you have a doctor—a renowned specialist outside—saying it's directly related. I can't get him any disability. He gets disability because they pulled shrapnel out of his body. He gets disability because he had problems with his feet. But we can't get him another 20 or 30 percent even when their own physicians say he's entitled to it.

That's a problem within the VA, generally. Not recognizing external medical evidence, that's one thing, and we need to fix it. That's why I am here. I get really exercised about these things. These are not frivolous claims. These are men and women who wore the uniform of their country, who have service-connected disabilities recognized by the medical community but not recognized by their own government.

That's why we are here. I am most grateful to you, Mr. Chairman, for taking the time and your good staff working with us to come and talk with these folks and the veterans and veterans' organizations. Having said that and getting a little carried away, you will have to forgive me. I also told you that I review a lot of the claims when they go through, and there's no real problem. They do a pretty good job, and I don't want a pretty good job from the VA.

I want it as good as we can get it. They have to be as responsive as they—let's start the hearing.

Mr. EVANS. The subcommittee is delighted to welcome two very able and distinguished colleagues in the House of Representatives, Congressman Ron Klink and Congressman Bill Coyne, as our first witnesses this morning. If they would come forward at this time to the witness table.

Ron represents Pennsylvania's Fourth District and Bill represents the State's 14th District. We know that you have a busy schedule today, and we appreciate your appearing before us and giving us your time.

Your constituents count on the Pittsburgh Regional Office to provide quality and timely services to veterans, and we place particular importance on your comments. We are pleased that Bill Coyne is before our subcommittee once again. He appeared before our panel last year when we examined a number of important veterans' issues including VA and community services to homeless veterans. Welcome back.

Ron, we also welcome you. This is your first testimony as a new Member before our subcommittee, and we appreciate your taking the interest and time out of your busy schedule. We will recognize you at this point.

Both of your statements will be included in their entirety. Ron, you may proceed when you are ready.

STATEMENTS OF HON. RON KLINK, U.S. HOUSE OF REPRESENTATIVES, FOURTH DISTRICT, PENNSYLVANIA AND HON. WILLIAM J. COYNE, U.S. HOUSE OF REPRESENTATIVES, FOURTEENTH DISTRICT, PENNSYLVANIA

STATEMENT OF HON. RON KLINK

Mr. KLINK. Thank you, Chairman Lane Evans and ranking member, Congressman Tom Ridge. I thank you both for being here, for having staff here, and I also associate myself with the remarks that were made by both of you to start this hearing.

I am particularly glad that you are holding this hearing in the Pittsburgh area, in order to examine the benefits and services available to our local veterans in the Pittsburgh Regional Office of the Veterans Benefit Administration.

Mr. Chairman, as you know, the VA is the only means that we have to honor and to care for the men and women who have so faithfully served and defended this great country. Unfortunately, I have been contacted since going into office just six months ago, by an inordinate number of veteran constituents who feel victimized by this system, and who ultimately slip through the cracks.

I realize the needs and problems of delivering benefits and services to our veterans is complicated, and the VA offices across the country are being forced to work through continuous budget cuts and substandard working conditions; however, the needs of our local veterans are clearly not being properly addressed.

The veterans that have contacted me, for example, feel that they are not given the support that they need in developing their claims. Approximately 88 percent of the first time claims are denied. It is not uncommon for claimants to wait six to eight months for this de-

cision, just to be told then to contact one of the service organizations such as the Veterans of Foreign Wars, the American Legion or Disabled American Veterans, to advocate their appeal.

The veteran then waits another approximate six to eight months for the appeal of that decision. Like ranking member Tom Ridge, we have also had cases where they have been waiting now for up to nine years and, still, no ultimate decision.

When a veteran files his or her claim they are held to a certain time parameter. But the VA, although supposedly held to the same parameter does not always feel the need to comply, thus delaying the processing of that case. The VA needs to begin playing on a level playing field.

This is only one example of the poor treatment that veterans in the Pittsburgh area are receiving. I believe that our veterans deserve the very best that this country can offer. I don't believe that they are currently being given the help or the respect that they deserve.

The VA was formed as an ally to our veterans, but many veterans feel that it's playing an adversarial role instead. I believe the laws governing the Veterans Adminstration are adequate. However, the manner in which they are being carried out need to be re-examined, and I think this is a great start to that re-examination today.

I would like, again, to commend the committee for recognizing the need to hold the hearing today, and also thank them for inviting me to participate. I also have for you—which I will present for the record—some outlines of several cases which will really tell you some examples in detail of what we are talking about.

I am moved by Congressman Ridge's stories. Just to relate a couple of them to you. Number one, we had a gentleman who lost his leg in combat, and he was put on 100 percent disability. He contacted us because he was called in for an examination. When they called him in—this is his side of the story but he has no reason to be dishonest. They asked him how he felt. He said, I don't feel too bad. They put a stethoscope on his chest, and the next thing he knows, he's down to 60 percent disability.

Now, I am sure he didn't grow another leg. But, for whatever reason just a how do you feel and a stethoscope on the chest, they felt that this was a reason enough to cut his disability down.

We also received a letter last month from a claimant's widow. She had received a letter, advising her that her widow's pension benefits would be reduced on August 1 of this year, due to the fact that she had been in an approved Medicaid nursing home since October 29, 1992. The lady is 89 years old. She was really upset about this because she has never been in a nursing home in her life.

The widow's daughter brought the letter into our office and we called the phone unit at the Federal Building in Pittsburgh. We were advised that the letter is being sent out to people in that age bracket, trying to catch the ones that have not reported to the VA that they have been in nursing homes. We are setting a trap for veterans widows'.

Instead of processing claims, instead of taking care of the people that have been hurt in combat and who bear the wounds both men-

tal, emotional and physical, we are setting traps for 89 year old widows of veterans. What a waste of resources.

I would like to bring this to your attention. I would like to ask for whatever help you can bring to help us to resolve this. I would just mention also, according to the National Veterans Legal Service, the Pittsburgh Office is rated 58 out of 58. We would like to turn that around. We would like it to be one of the top ten, because we have a tremendous number of veterans that really depend on the services that this office could provide to them.

Thank you very much for allowing me to testify.

[The prepared statement of Congressman Klink appears on p. 68.]

Mr. EVANS. Ron, we will include those case histories that you have given us in the record of this hearing. We will pledge to you, that we will work with you on these cases. We appreciate not only your personal attention to these individuals but the effort of your staff.

(See p. 70.)

I think that one thing that we might want to emphasize is that once cases are submitted to a Member of Congress, a great degree of our available staff time is taken away from other problems as well. We appreciate your doing that. We know probably as a result of this hearing, you will get more cases. We would be glad to work with you on those issues.

Mr. KLINK. Thank you.

Mr. EVANS. Bill.

STATEMENT OF HON. WILLIAM COYNE

Mr. COYNE. Thank you, Mr. Chairman and members of the committee. I want to welcome you here today, and thank you for taking time to have this hearing here in the City of Pittsburgh, to examine veterans' affairs and veterans hospital benefits.

More importantly, I want to thank you for the opportunity to examine the needs of veterans in Western Pennsylvania and West Virginia. This hearing should provide the House Committee on Veterans' Affairs with an excellent opportunity to hear directly from veterans, from local Pittsburgh Veterans Benefits Administration regional officials, and other parties interested in veterans' affairs and veterans benefits.

You will hear first hand about the concerns that many veterans share regarding the future of veterans programs, at a time when many Federal programs are being cut back and even cut out. You will also hear testimony expressing a wide range of views on the manner in which these programs are administered by the Department of Veterans Affairs.

Mr. Chairman, I know that you have given permission for our statements to be included in the record. I would hope that would be the case with this statement.

Mr. EVANS. Without objection.

Mr. COYNE. I did want to point out one situation that was brought to my attention, that I would hope that the committee today would be able to examine particularly with the witnesses that you will hear from, from a medical perspective, those people who are well versed and trained in medical procedures and who

work with our veterans here in Pittsburgh and Western Pennsylvania.

That is the high incidence, in this region, of lung cancer cases that are discovered here in Western Pennsylvania as opposed to other forms of cancer that are aligned and significantly less in number than the incidence of lung cancer. I think that might be something that the committee will want to explore with the medical personnel who will testify here later.

With that, again, thank you for the opportunity to testify here today.

[The prepared statement of Congressman Coyne appears on p. 79.]

Mr. EVANS. We thank you both for your testimony. Both of your statements will be included in the record.

Congressman Ridge, do you have any questions?

Mr. RIDGE. I just want to thank my colleagues. I know they are both very sensitive to the needs of the veterans in their community. I know how busy they are. As a matter of fact, you are probably going to catch an earlier plane to get back to Washington, DC, because we go into session at noon today, don't we? We will see you back in Washington.

Thank you for your time and your testimony.

Mr. EVANS. Thank you. We are including in the record a statement from Congressman Rick Santorum, who is not able to join us today. Rick is on leave right now from our committee to serve on the Budget Committee, and we appreciate his continuing interest in veterans' matters.

Our next witness is Dr. George Bernier, Dean of the University of Pittsburgh School of Medicine. We welcome his participation, and ask him to come forward at this time.

STATEMENT OF DR. GEORGE M. BERNIER, JR., DEAN, SCHOOL OF MEDICINE, UNIVERSITY OF PITTSBURGH

Dr. BERNIER. Good morning, Mr. Chairman and members of the committee. My name is George Bernier. I am a physician and Dean, of the University of Pittsburgh School of Medicine. I am pleased to have the opportunity to testify before this subcommittee about the role of the Department of Veterans Affairs played in Pittsburgh through the Pittsburgh Regional Office of Veterans' Benefits.

My remarks will deal rather specifically with the health care issues in our affiliated hospitals. I would like to welcome you here, to Pittsburgh, and wish you a pleasant stay.

As you know health care is most prominent or one of the most prominent industries in Pittsburgh. One of the reasons that Pittsburgh has become a nationally recognized city for excellence in health care is the relationship between the health care providers like the Pittsburgh based VA Medical Center and the University of Pittsburgh Medical Center.

One basic idea regarding the delivery of health care to veterans is that it has been improved by affiliation agreements between VA hospitals and medical schools at various locations throughout the country. This has certainly been a case in Pittsburgh, where the University of Pittsburgh has worked in a collaborative manner

with the Pittsburgh VA hospitals, to enrich the clinical care environment within the VA hospital system and enhance the research and educational opportunities available in the region.

In addition, using sharing agreements avoids costly and unnecessary duplication for both veterans and nonveterans' medical centers. Faculty and medical staff, also, have commonly had joint appointments. I would like to give you a couple of examples where this has been of great benefit.

One is the collaborative effort between the VA medical center and the teaching hospitals in the development of state of the art procedures such as those found in liver transplant program at the University Drive VA Medical Center in Pittsburgh, one of only two that are held nationally.

Since the transplant program at the University Drive VA draws upon the same faculty, fellows and residents that the program at Presbyterian Hospital does, the VA gains the benefit of what all will acknowledge is the world's most advanced transplantation program.

Another collaborative agreement between the VA Medical Center and the University of Pittsburgh School of Medicine is the funding for a PET scanner and cyclotron which is located in Pittsburgh and serves the tri-state region including Pennsylvania, Ohio and West Virginia. The PET scanner permits non-evasive observations of cell function, beyond the technical capability of MRI and other scanners. This type of technology permits both a high level of patient care and research, due to its far reaching applications.

The second area of interest is the development of high tech shared medical services and equipment within the VA system which are essential to the well being of the veterans treated in those facilities. Funding for VA health care can be leveraged by shared purchases and other cooperative agreements.

Thirdly, the level of research and training associated with such complex procedures greatly enhances the opportunities available to trainees to develop their medical education and professional courses within the VA system. The development of complex treatment and research services also provides the VA system the opportunity to recruit and retain physicians who are the best and brightest in the country.

Provided that the VA continues to reasonably fund its research programs, clinical investigation will continue to find the VA a congenial environment which will greatly benefit its patients. The issue that has just been raised about lung cancer in the VA population is one that is under very active study by our Pittsburgh Cancer Institute in collaboration with the VA.

The primary missions of the VA medical system are to provide quality clinical care for veterans and to be prepared to serve active duty personnel where needed. The Highland Drive VA Hospital in conjunction with the University of Pittsburgh, provided clinical treatment for those brave men and women who served in the Gulf and who suffered from post-traumatic stress disorder.

The 15 members of the Army Reserve's Quartermaster Detachment who survived the Iraqi scud missile explosions were treated for the stress disorder in an outpatient setting by a clinical team

comprised of psychiatrists, social workers, and nurses from our VA hospital.

The development of a clinical treatment program for veterans of armed conflict is essential to their well being. As you know, an estimated 15 percent of Vietnam veterans suffer from post-traumatic stress disorder, and are in need of adequate treatment. In addition, civilian victims of stress related injuries who suffer from post-traumatic stress disorder benefit from the expertise which has been developed within the VA health care system.

The care that veterans and their families receive in the VA hospital system has also been the topic of review on numerous occasions, and several academic studies have been prepared on the subject. I would like in particular to direct the attention of the distinguished members of this panel to a report published in the Annals of Surgery entitled, Comparison of Post-Operative Mortality in VA and Private Hospitals.

This study was conducted by one of our faculty members, Dr. John Stremple, and was a comparison of post-operative mortality and morbidity rates for each type of surgical procedure performed within the VA system and the prevailing national standard. The study found that post-operative mortality in 113 surgical procedure groups is comparable to that in the private hospital settings.

This finding is significant, because it demonstrates that veterans are receiving quality care within the VA hospital system when undergoing surgical procedures.

I believe it is important to analyze and review the quality of care and benefits that servicemen and their families receive in the VA health care system. The VA health care system, especially through its affiliations with academic medical centers, is able to provide quality health care to veterans, develop a meaningful environment for clinical research to apply to patient care, and to track and retain well qualified medical staff.

I am especially delighted to have been able to share my thoughts on this issue with you, and I would be very pleased to continue to work with the Congress on these very important issues.

Thank you.

[The prepared statement of Dr. Bernier, with attachments, appears on p. 83.]

Mr. EVANS. Thank you, doctor. We appreciate your bringing this study to our attention. We are going to include the reprint in its entirety in the record of this hearing. We think it's very useful in our deliberations regarding the future of the VA health care system. We want to make sure it's a competitive system, as we look toward national health care reform. This is very valuable in that regard and we are going to put it in the record and share it with our colleagues as well. We appreciate your bringing it to our attention.

(See p. 85.)

I have two questions. You said that in regard to Congressman Coyne's concern about the high incidence of lung cancer in this region, that there is a pending research on that particular issue?

Dr. BERNIER. Yes. By a joint collaboration with the Pittsburgh Cancer Institute which is part of the University's health care system and faculty members who are at the University Drive Hospital.

Mr. EVANS. Will there be a report issued in the near future?

Dr. BERNIER. Yes, there will.

Mr. EVANS. We would appreciate receiving a copy of it once that report is completed. It may not be made part of this record by the time it's completed, but you could assist us by sending us a copy.

Dr. BERNIER. Certainly. I would be very pleased to do that.

(See p. 94.)

Mr. EVANS. We also appreciate the cost sharing between the VA and the hospital here, at the University of Pittsburgh School of Medicine.

Can you elaborate today more than you did in your statement, on how the purchase cost has been shared, where the equipment is located and so forth, and some of the savings?

Dr. BERNIER. This is a very expensive piece of machinery. It's called a PET scanner. It costs in the neighborhood of $2 to $4 million. The PET scanner, itself, is sited at Presbyterian University Hospital. It takes very special physical arrangements in order to accommodate it. It's a very heavy piece of equipment which requires extensive shielding.

This particular piece of equipment which was purchased jointly by the VA and Presbyterian Hospital and which is available for veterans and nonveterans, is an extraordinary piece of equipment, in that it's able to study metabolic activities in a way that no other form of imaging to date is able to do.

It is proved as an investigative tool and as a patient care tool, to be a very important and a very productive undertaking.

Mr. EVANS. Is there a waiting list to use this equipment?

Dr. BERNIER. There is a waiting list, yes. On the waiting list, this is shared between both institutions.

Mr. EVANS. How is the cost allocated between the different hospitals involved?

Dr. BERNIER. I would have to give you the precise details on that. I would be happy to get that and send it to the committee.

Mr. EVANS. We are looking toward cost sharing in the future, of making the VA more cost-effective and providing better services. That would be very helpful to us.

Dr. BERNIER. Yes, I would be happy to provide that.

Mr. EVANS. I yield to Congressman Ridge.

Mr. RIDGE. Doctor, it's good to see you again. Thank you very much, for your testimony. It's very encouraging, to see how well the VA hospital works with the world class medical institutions in the Pittsburgh area, and the synergy between the VA and public and private institution's health care delivery system within Western Pennsylvania.

I think you are to be applauded, because I am convinced that working together you have developed some new treatment modalities. You are on the edge of the research and development side of things. You keep pushing medical development further and further, which is good not only for veterans but very good for the civilian population as well. It's good for all of us.

I am encouraged by that strong statement of commitment and the relationship that you have.

I have just a quick question, with regard to the good work you are doing with the clinical treatment program for PTSD. I know

that among the VA medical centers you have been very much a leader. I know that after the problems with Desert Storm and the 14th Quartermaster Corps you set up a special team and have done all you could professionally, medically and emotionally do, to deal with that problem.

In your medical judgment, is it appropriate medically to subject veterans to periodic re-examination and re-assertion of the combat conditions that resulted in the emotional turmoil within them and PTSD. It may seem a bit abstract, but let me put it in a more confined context for you.

Within the VA generally—it's not the Regional Office here, it's within the VA compensation system generally—there is a tendency to call back veterans who have acute PTSD on a periodic basis to see how acute the PTSD is. It seems to me that after a point in time, after you have had an opportunity to go in and examine and re-examine, whether the individual be a veteran subject to the stressor in PTSD or a civilian subject to a stressor or stressors in PTSD, there comes a point where you say, this person has a severe case of PTSD and we are not going to make them relive whatever that horrible experience was every year or two.

It is medically appropriate to continue to—be it civilian or military—to have them come back in every year or two to relive it again?

Dr. BERNIER. I am not a psychiatrist, so I can't speak from that authoritative point of view. What I would say is that if one is dealing with what eventually becomes a chronic problem, then probably one set of groundrules ought to apply there.

If you are dealing with something that comes and can be managed and can be handled, then I think you might use a different set of groundrules there.

Mr. RIDGE. I will explore that further. I very much appreciate your broader testimony about the relationship of the VA with the other quality institutions around here. I look forward to seeing you in the future. Thank you, doctor.

Dr. BERNIER. Thank you.

Mr. EVANS. Thank you, doctor. We appreciate your testimony.

The members of our first panel are Ron Conley, accompanied by Charles Zeglin; Joseph Kiren; William Reed; Paul Webster and Kenneth Curley. If they would come forward at this time we would appreciate it.

Ron and Charles are representing the American Legion. Ron is a National Executive Committee member, and is no stranger before this subcommittee. He has testified before us before. Charles is a Department Service Officer. Joe is Legislative Director of Tri-State Chapter of Paralyzed Veterans of America. William is a Department Service Officer of the Veterans of Foreign Wars. Paul is Western Pennsylvania District Director, Vietnam Veterans of America. Kenneth is a past National Commander, American Defenders of Bataan and Corregidor.

We welcome each of you, and thank you for your participation in this hearing. We will start with you, Ron. The entire statement of each member of this panel will be made part of this record.

STATEMENTS OF RONALD CONLEY, NATIONAL EXECUTIVE COMMITTEEMAN (PA), THE AMERICAN LEGION, ACCOMPANIED BY CHARLES ZEGLIN, PITTSBURGH DEPARTMENT SERVICE OFFICER; JOSEPH KIREN, LEGISLATIVE DIRECTOR, TRI-STATE CHAPTER OF PARALYZED VETERANS OF AMERICA; WILLIAM REED, PITTSBURGH DEPARTMENT SERVICE OFFICER, VETERANS OF FOREIGN WARS; PAUL WEBBER, WESTERN PENNSYLVANIA DISTRICT DIRECTOR, VIETNAM VETERANS OF AMERICA; KENNETH CURLEY, PAST NATIONAL COMMANDER, AMERICAN DEFENDERS OF BATAAN AND CORREGIDOR

STATEMENT OF RONALD CONLEY

Mr. CONLEY. Mr. Chairman and members of the committee, the American Legion appreciates the opportunity to appear before you and offer comments on the delivery of benefits and services by the Pittsburgh Regional Office of the Veterans Benefits Administration.

Mr. Chairman, we want to commend you for scheduling this hearing, to examine the issues relating to the increasing backlog and claims pending in the Pittsburgh Regional Office, and to seek possible solutions to this chronic problem.

The American Legion has pointed out that the length of time and lack of care taken in processing benefit claims is creating an unnecessary disservice to the veteran and his family. The entire time involved in processing claims in the Pittsburgh Regional Office is far greater than the national average. If you would compare the Pittsburgh office with another division in similar size you will find that it takes longer to process a claim in Pittsburgh.

The decline in service provided by the Veterans Benefits Administration is graphically illustrated by the increase reported in the processing time. The Department of Veterans Affairs reported nationally, that claims for service-connected disabilities in fiscal year 1990 were completed in 151 days. In fiscal year 1992, 164 days, and in fiscal year so far in 1993, it rose to 174 days. By comparison in fiscal year 1992, it took the Pittsburgh Regional Office 192 days to complete similar claims. In September of 1992, it rose to 221 days.

The Veterans Benefits Administration stated processing time goal is only 106 days. It takes Pittsburgh 28 days longer than the national average, and 86 days longer to complete a claim, than the goal set by the Veterans Benefits Administration.

In fiscal year 1990, DIC claims were being completed in 94 days. In fiscal year 1992, 99 days. Currently, it has increased to 103 days. In the Pittsburgh Regional Office for fiscal year 1992, the time for DIC claims completion was 125 days. I believe the goal set by the Department of Veterans Affairs is only 77 days. Therefore, it takes Pittsburgh 26 days more than the national average and 48 days longer than the goal set by the VA.

Many more comparisons could be made substantiating the length of time it takes to assist the veterans in the Pittsburgh Regional Office. However, we want to keep our statement as illustrative and concise as possible, because we realize that you do have a full schedule.

It is our firm belief that the number of days reported under the current work related standards do not accurately reflect the total time required to complete the actual claims process. Months after the Regional Office has taken credit for claims certified, at least one-half of these claims have been subsequently remanded back to the Regional Office because additional due process development and re-adjudication was necessary.

The Regional Office is not penalized because of unfinished work. The claims are merely added back to the pending workload, causing the veteran a longer delay in receiving his benefits.

The American Legion will continue to advise this committee, to ensure that the veterans and their families receive the Congressionally mandated monetary benefits to which they are justly entitled, in a timely manner. We are deeply concerned about the length of time it is taking to process claims, because not only does it cause the veteran and his family to suffer but it causes a morale problem within the VA. It also causes a morale problem with our own service officers because of frustration.

A better sense of realism must be developed by the VA in determining their staffing and productivity goals for time elapsed for claims to be processed. The workload in Pittsburgh alone, is increased 101 percent in 1992. This amounts to a larger workload in adjudications.

Currently, there are 24 adjudicators on the roster. However, there are less people working actually on claims. One is a Congressional liaison, and we understand his claims are now backlogged and he needs an additional adjudicator to process those claims. One performs educational work. In my written statement I have reported five trainees, but I would like to correct that to ten trainees.

It is our firm belief, that more adjudicators need to be hired, and an ongoing educational and training program needs to be instituted. Not only does it take months to hire additional personnel but it takes a minimum of two years on the job before an individual has sufficient training and experience to become fully productive.

The net result of inadequate staffing and training is more mistakes. The employees assigned to adjudication should do only adjudication. To assist the adjudicators and become more efficient, there is a need to modernize the computer and backup systems. Computer capability between the Regional Office and the VA hospitals is a must, and should be a number one priority.

It is imperative, that VBA managers be able to accurately measure both the quantity of work accomplished and the quality of that work. By effective management techniques procedural errors could be cut in half. A training program should be in place for those employees engaged in positions of decision making authority. Quality must be the priority and standard by which the personnel performance of adjudicators, supervisors and management personnel is evaluated.

The American Legion believes that by hiring additional adjudicators, updating the computer system especially between interagency facilities, proper training for all personnel including management, scrutinizing the work performed and speeding up the process of

claims, veterans and their families will most certainly benefit. Claims processing time must be cut in half.

Mr. Chairman, thank you for conducting this hearing. The American Legion will continue to monitor the situation in the Pittsburgh Regional Office along with the processing of claims, and will also continue to make recommendations to improve the service given to our veterans. This concludes our statement.

[The prepared statement of Mr. Conley appears on p. 97.]

Mr. EVANS. Thank you, Ron. Mr. Zeglin.

STATEMENT OF CHARLES ZEGLIN

Mr. ZEGLIN. Mr. Chairman and members of the committee, let me commend you for your remarks. I feel that combat veterans are not getting the full equity.

In my written report I reflect upon the enactment of the Judicial Review Act of 1988, and we have to back track to get some of the cases that we feel that—now we have a problem. I feel, personally, that the clear errors that were committed on these patients dealing in combat and the prisoners of war, that they should have been rated on the Regional Office level.

The Regional Office indicates that this is a job for the veterans appeals. The veterans appeals, naturally, is the source for an excuse because the Regional Office will say look our ratings were upheld by the Board of Veterans' Appeals. You will have no argument. This has to be resolved by the VBA.

But I have a letter that is available to everybody that's referenced veterans panel manual, volume 1. This letter will indicate that the procedure in the Board of Veterans' Appeals is flawed. I shall read the letter for the record. This is by a retired BVA member. It's in a sworn statement.

Provided, after 23 years with the VBA—mind you, 23 years is a long time—as a senior staff attorney and as a member at the VBA, I was directed by section chiefs to obtain courtesy signatures from the VBA members who had not reviewed the opinion of records in these cases. In fact, I recall taking stacks of decisions to the offices of members knowing to be willing to give courtesy for signature.

I watched them sign decisions without reviewing decisions or administrative record. Over the years I have observed many others, including the VBA members, engaging in the same practice. Although I believe that such courtesies were improper because they deprived the claimants of due process, I was compelled to follow this practice while a staff attorney and long member, in any hope of promotion.

They make a comment of a bonus system that may have produced many delay in the resolution of appeals, because VBA members were not eligible for cash bonuses in consecutive years, and for this reason some VBA members allegedly held back cases decided in a non-eligible year, so that they could receive credit for decisions in the bonus eligible year.

This is a flawed system. They have been operating for 23 years, I would say rubber stamping whatever happened in the Regional Offices. The rubber stamping I felt, because the average rate of turn down of denials are more than 90 percent. A veteran cannot be wrong, especially the combat veterans and the prisoner of war.

His only defense is his narrative in his claim. Nobody speaks for him.

I just read a letter by the Chief of Compensation and Pension in Washington DC. This is a reply to a case of letters that was received by request by our national organization, who asked the field for special cases. I won't mention the name, but the man's name is Stanley. He had filed a claim for black out's since 1983. Nothing was done or not to this day a mention was ever made of black out's.

How did he get the black out? He lost his oxygen bailing out the D–17, lost consciousness. When he landed and during the saturation bombings of Germany, the German populous showed that when an airman floated out the skies he was really in for it. Stanley got it. Stanley was tied to a chair and beaten by the SS until he was unconscious. His face was beaten to shreds. The cosmetic scars are there today.

This poor man is homeless today. He's on the street, because he can't make it. But the claim for his black out's—and his last black out was in November of 1992. The first time he fell over in a restaurant. The medics have a record of it and it's in his claim file.

There was also a claim for frozen feet. He was a prisoner of war for 18 months. Incidentally, he flew 60 missions with the Royal Air Force before he came over to the United States Air Force. He was shot down over Bremen, Germany, and beaten. Stanley suffered dizzy spells. He was able to make it, but the real black out came in 1983.

Mind you, to date, that claim has not been resolved. It has been ignored. He's been before the appeals board and he's been before the traveling board of the veterans Board from Washington, DC. His claim remains unsolved. You should see the letter that the chief of compensation and pension wrote about his frozen feet, a man who was a prisoner of war for 18 months, starved, beaten.

He said that this man did not deserve service connection for frozen feet because the only thing you can go on is his word. When he approached the prisoner of war case it's his narrative. That's his only protection. This was disregarded. He said the vascular condition that you have in your hands are something else and it's not frozen feet. Service connection for frozen feet is denied.

You can draw your own conclusion from the type of care our prisoners of war are receiving. We have the names. We have numbers. We have a cross section of cases which we would be glad to share with you, that will show the type of care our combat veterans and prisoners of war are receiving to this date. That is the end of my statement.

[The prepared statement of Mr. Zeglin appears on p. 99.]

Mr. EVANS. Thank you, very much. Mr. Curley.

STATEMENT OF KENNETH CURLEY

Mr. CURLEY. Mr. Chairman, I would like to thank you for the opportunity to appear on the panel. My address will be short and sweet. My name is Kenneth Curley. I am the National Service Officer and Past National Commander of the American Defenders of Bataan and Corregidor, Inc. For over 20 years I have been working with former Japanese prisoners of war, of whom I am one.

With the help of the Pittsburgh Veterans Affairs Regional Office, we have been taken care of since Public Law 97–37 was introduced in the 1980's. With cooperation on all levels of the Regional Office staff, we were able to get the POW program started. They assisted us in setting up meetings with the medical centers at Highland and University Drives. We began seminars for our POW population. These meetings identified and familiarized the POW's entitlements.

The regional staff also was key in helping us understand exactly what Public Law 97–37 meant, as well as putting our claim to benefits to which we were entitled. The POW Protocol Program began here in Pittsburgh and later spread to almost every State in the Union. This was due in large part, to these dedicated personnel.

I want to thank you.

[The prepared statement of Mr. Curley appears on p. 101.]

Mr. EVANS. Thank you, Mr. Curley. Mr. Reed.

STATEMENT OF WILLIAM REED

Mr. REED. Mr. Chairman and members of the committee, I wish to thank you for inviting the Veterans of Foreign Wars of the United States to participate in this very important hearing. Our organization has a great interest in helping the veteran, and all the procedures used by the Department of Veterans Affairs which would affect the veteran.

I believe we can all agree, that there are problems within the Regional Office in Pittsburgh which must be faced and an adequate solution found, without disrupting the adjudication procedure of said office any more than it has been.

We find that one of the main problems is in the timeliness of the delivery of the decisions and benefits to the veteran. In all fairness to the Regional Office it must be pointed out that at times the individual may be responsible for some of the unusual long delays, by not cooperating.

Looking at the Regional Office staffing and resources, workload and working conditions, being that the adjudication section has a workload that continues to increase instead of becoming less can have an adverse affect on the people working in said operation thus, causing a morale problem which affects the production level and the quality of the end product. This, I feel, is taking place in the aforementioned section at the present, and something needs to be done.

Referring to the section, adjudication excellence is a function of how well the section is staffed and trained. We must look at the associated problems of attrition and the reality of the adjudication persons occasionally being called upon to work in other than strictly adjudication problems. I, personally, feel that the appropriate solution to the present situation would be to request increased funding sufficient to ensure adequate staffing to process all claims in a timely and accurate manner thus, clearing the backlog of claims which now exist.

I want to thank you for allowing me to present my statement before you.

[The prepared statement of Mr. Reed appears on p. 102.]

Mr. EVANS. Thank you, Mr. Reed. Mr. Webber.

STATEMENT OF PAUL WEBBER

Mr. WEBBER. Mr. Chairman and members of the subcommittee, Vietnam Veterans of America appreciate the opportunity to present its views on the VBA practices at the Regional Office here, in Pittsburgh. We appreciate the intent of this hearing is one designed to bring reform to the overall practices at this Regional Office.

I would like to talk about the outreach program as it exists at the present time. A representative goes out and visits house bound veterans and assists them in filling out their claims. We know that Mr. Opatchin goes to the Butler VA Hospital on Monday and Tuesday and is in his office on the fifth floor from 2:00 to help outpatients fill in their claims and assist in their needs.

What we feel is needed for the outreach program to be more efficient are two modifications. First and simply, some publications. These should either be in local newspapers or veterans publications, so veterans would be aware of the assistance that is available to them. At the present time we can find no evidence of a representative from the Pittsburgh Regional Office being in any county outside of Allegheny or Pittsburgh. Most counties have a Veterans Advisory Board, and would be receptive to an open meeting with the outreach representative.

It would be more efficient to have a representative of the outreach program to be available at either the county courthouse or veterans' service organizations for at least one day a month, to assist veterans filling in their claims, completing paperwork, answering questions for the veterans and their families.

The second viewpoint is, why not relocate some Regional Office staff to where it is needed, in the highly populated veterans areas. There are approximately 500,000 veterans in Western Pennsylvania, and the Pittsburgh Regional Office has most of these veterans in the state. It seems like it has the same RO staff as the less populated veterans regions.

I would like to talk to you about lifting the ban on use of attorneys. The law limits a veteran's use of attorney until after the Board of Veterans' Appeals has made its initial decision. This must be modified. The service organizations do a fine job in representing veterans, but due to the over burdening caseload they are sometimes less aggressive than an attorney would be, in determining the VA records and evidence to support and often complete claims.

Completing claims needing additional development could be an advantage if an attorney were available in the early stages of benefit claim processing. Veterans could have the right to hire an attorney or should have the right to hire an attorney if they feel it is in their best interest, to serve in the manner. Instead, they have to use the free Regional Office representative.

This step would benefit the VBA by assuring a better development of claims and hopefully, few—excuse me, I am very nervous.

Mr. EVANS. You are doing fine.

Mr. WEBBER. Thank you. An additional benefit resulting from this would be expanded availability of attorneys to use veterans as—I lost my track here—veterans law and as a legal practice. Today, development is slow.

Access to Justice Act established last year would help in the development of a Court of Veterans Appeals, a practicing attorney en-

tering the field of veterans law, by making attorney fees available on a limited basis. However, much more is needed to be done. Here, an attorney available at the Regional Office, it seems likely that members of the private attorneys involved in veterans law would increase. This could be done by legally, eliminating the ban of attorney fees under the VBA. A practicing attorney should be limited to charges reasonable fees after the RO's first decision of a claim.

Acceptance of non-VA medical records. Currently, the VA adjudicators will only accept physical exams for rating purposes and exams performed by the VA physicians and the Veterans Medical Center. This restriction must be lifted.

Surely, doing so would be an incentive with the VA's own rules, revoking decisions by giving the benefit of the doubt on the veterans. If veterans' private medical records are substantially completed and support the claims for significant disability ratings and set of disability ratings in a single claim, the RO adjudication should be allowed to use the records and rating claims. In this process we assume the cost of exam by the outside physician would be the responsibility of the veteran.

The adjudication should be done more efficiently and timely if the RO accepts the nonveteran's medical evidence in its adjustment of the claim. It seems reasonable to accept outside medical examinations not only for the sake of evidence but also for some quality and thoughtfulness in medical exams over burdening VA request for medical exams have created ways to earn performance credits for exams that they haven't done. Under circumstances they should be good reasons for VA to accept nonveterans medical exams.

Lacking legislative need to do so however, we doubt the VA will change its current practices, assuming that legislative reform for VA accepting outside medical exams. We further believe that VA should require a nonveteran physician to provide supplemental information if needed to adjustments to a claim. As we understand it, claims for social security disability are handled in this manner.

A needy and sufficient requirements for VA as to the VA, provide additional information based on examination of VA simply throw out the entire form and enter a nonveteran information. We are asking additional materials and substantial delays in schedules—when outside medical records are not used.

Mr. Chairman, this concludes my testimony.

[The prepared statement of Mr. Webber appears on p. 103.]

Mr. EVANS. Thank you, Paul. We appreciate your testimony. Mr. Kiren.

STATEMENT OF JOSEPH KIREN

Mr. KIREN. Mr. Chairman and members of the subcommittee, it is an honor to appear here today on behalf of the Tri-State Chapter of the Paralyzed Veterans of America. The Tri-State Chapter appreciates your invitation to present testimony regarding the delivery of benefits and services by the Pittsburgh Regional Office of the VA on issues touching veterans here, and across the country.

The delivery of benefits and services, and the issues of quality and timeliness, are at the very core of the relationship between the

VA and the individual veteran. On one hand, "justice delayed is justice denied," on the other hand, "delay is preferable to error."

Mr. Chairman, unfortunately, veterans today are getting the worst of both maxims: shoddy quality and unconscionable delays. This is true in Pittsburgh, and it is true over much of the country. Response time to veterans' claims for benefits is worsening at an alarming rate. At Pittsburgh it now takes an average of 220 days for a decision to be reached on an original compensation claim, 127 days for an original pension claim, and 120 days for a reopened compensation claim.

This phenomena is not recent, but has been many years in the making. We are faced with the situation where there is no timeliness and precious little quality.

The Tri-State Chapter stands ready to assist Congress and the VA in fashioning fair and workable solutions to adjudication problems. We understand that often times there is no solution, but this is no reason to shrink from our responsibilities to our veterans.

Pittsburgh has taken steps to deal with this backlog. Within the last four months the Regional Office has hired six new adjudicator trainees, and is in the process of adding to the rating board staff. Unfortunately, this is a case of robbing Peter to pay Paul. By adding to the rating board they are stripping people from the authorization end, which will cause problems and further delay claims processing in the very near future.

The need for proper case development is essential. This will decrease the percentage of remands. This can be accomplished by better training of existing personnel, and a temporary re-deployment of other staff to decrease the present backlog that currently exists. We approve of temporary re-deployments but not to the extent of cannibalizing further the benefits delivery system. To do so would be to invite further delay into the process.

The Tri-State Chapter supports the VBA computer modernization process. The fact of the matter is that this step long planned and long overdue, would improve the quality and timeliness of the Pittsburgh Regional Office, and all other Regional Offices. The VA recognized seven long years ago that there was a need for a modernized benefits delivery system. The delay in instituting this program can be blamed on the GAO, which believes that this modernization program is premature.

PVA is satisfied with the VA's response to the GAO report, and their justifications for proceeding with the implementation of this program. We believe that it is time to move forward with this modernization program.

Similarly, the VA computer system Target is not being fully utilized. It is essential that information be entered and it is essential that the information be entered correctly. This is a simple thing that can be accomplished immediately, that would have an impact on the intolerable delays that we are presently faced with. It would assist us and other VSO's in helping our members and fellow veterans in processing their claims.

The VA must institute a better system of case file management. Presently, all VA files are placed in a file room in a secured area. These files are removed for such matters as benefits terminations and for similar reasons. Each file is logged in and out.

The problem with the current situation is that on any given week there are over a 100 files found unallowed for. They are not where the file log says they are supposed to be. This can only cause further delays in an already dilatory system. Tighter controls must be implemented to better keep, and more accurately track, the files that are being worked on by VA personnel. This is not only a problem in Pittsburgh, it is a national problem as well.

To relate a personal story as to one element of the Regional Office's attempts at outreach, I was sent a letter from the Regional Office to participate in a focus group. The reason for the focus group was to purportedly gather opinions on topics related to the delivery system of veterans benefits. When I arrived I was assigned to a group, whose sole purpose was to critique a form produced by the VA on income verification match. Every one who attended took the time, and for many, experienced the considerable difficulties necessary to attend.

They did this in order to have real input into the delivery of benefits. Instead of working together to find solutions, a real form of outreach, we critiqued the form.

Mr. Chairman and members of the subcommittee, our veterans deserve better. They deserve prompt, efficient and fair resolutions to their claims for benefits, benefits earned by service to this country. They deserve a Regional Office that is helpful to the veteran and to his or her dependents and they deserve to have this disgraceful delay in processing claims ameliorated.

Mr. Chairman and members of the subcommittee, we must not only be "speakers of words, but doers of the deeds." As I stated previously, we here the Tri-State Chapter stand ready to assist you in any way we can to fashion workable and fair solutions to the problems that exist, here in Pittsburgh, and the problems that exist throughout this country.

Thank you, Mr. Chairman. I will be happy to answer any questions that you or members of this subcommittee have.

[The prepared statement of Mr. Kiren appears on p. 105.]

Mr. EVANS. Thank you. We want to thank this entire panel. The veterans' organizations provide our front line information of what's going on within the VA system. We thank you. I have a number of questions. I will start with Mr. Conley.

Your testimony reports that Regional Office statistics may not give us an accurate picture of timeliness because of remands to the Regional Office. For example, you stress the importance of having methods which accurately measure the amount and quality of work being done.

How could both the amount and quality of work being done be measured more accurately, in your opinion?

Mr. CONLEY. Mr. Chairman, you realize that any time that you put stress on people to accomplish a particular goal you are going to end up creating some mistakes. I don't think the VA and the goals that they set in the time period to get these claims accomplished is realistic. They have to be more realistic in processing claims, as far as nationally and how it's going to be done.

That stress would be taken off the adjudicators and, therefore, they would be able to do a better job in processing those forms and won't have to worry about making mistakes and getting them

kicked back. Of course, any time you do that, that is a waste of taxpayer money. If we become more proficient in making sure that those claims are properly filled out before they are processed.

Mr. EVANS. Does anyone else on this panel have a comment about that same issue?

(No response.)

Mr. EVANS. Mr. Zeglin, can you give us any additional information on the attitude of the Regional Office to VA and private sector expert medical opinion?

Mr. ZEGLIN. Yes. We usually—it was the old format, where one could go to the Board and discuss a claim and try to effectuate a change, where we felt there was an inequity. For many years now they say appeal it. I told you about the appeal board. This is the same business.

The evidence we submit either from the private sector or from the VA sector, it received the same consideration, the lack of due process.

We have a veteran, who is 70 percent disabled. It took 17 years to effectuate service connection for this man. He was concussed very badly. He's the only man I know that walked away from his grave. He was unconscious and declared dead. He said man, I could move and got out of there. This man is 70 percent disabled now. The goal is to get him 100 percent.

Just at the last supplemental statement of the case he was denied. His neurologist said he's totally disabled. He has to drink coffee through a straw. Incidentally, he suffers from a tremor. Actually what happened to him was, the doctor said he was brain dead temporarily and he declared so. For the kindness of God, that he got out of there or he would have been buried alive.

The neurologist said he is totally disabled. As I said, he drinks coffee through a straw. He cannot button his—can't dress himself, cannot drive, cannot operate any machine. The 70 percent was confirmed and continued, and the total 100 percent disability was denied. That's going back to the Board of Veterans' Appeals.

Those are the kind of situations that exist and have existed, and that's why I am so concerned about having a clear and unmistakable error—when I say clear and unmistakable of error, that means the denial of due process. We want to reach back to get these cases. We want to bring them back and declare—this is a clear and unmistakable—you have to fix it. You have to give this man due process. It's not being done. They said let the VBA do it.

I read to you what is happening in the VBA. The system is flawed. Something has to be done about it, we've got to change it, because there was too much injustice rendered to the veterans who had filed claims prior to the promulgation of the Judicial Court.

Mr. EVANS. Thank you. Congressman Ridge.

Mr. RIDGE. Thank you. First of all, I want to note for the benefit of the witnesses and the audience and those who have testified about the claims process, I think it is not something that is endemic simply to the VA Regional Office in Pittsburgh. There are complaints about the process itself, nationwide.

A couple of our colleagues on our Subcommittee on Compensation and Pension are working on a means to improve the process itself, and we start some hearings within a week or two.

Very much a part of that process is the ability to provide to the Regional Offices and to the VA, a full and complete claim file. The veterans' service organizations through their service officers, do yeoman work in that regard.

I wanted to know from you, Mr. Zeglin and Mr. Conley, whether you are satisfied? Looking constructively and critically at your own organizations, you have a lot of volunteers helping veterans. What type of training of service officers within the Legion, the VFW, PVA and other organizations, is provided to help people gather an adequate and complete file to give to the VA?

I have seen in my own office, I have seen where the information sent to the VA was incomplete, and you couldn't make an adjudication based on that. We improve the process immeasurably if we make sure it's done right.

Would you two care to comment on that?

Mr. CONLEY. Congressman, the American Legion has a school in Washington, DC, for Department Service Officers throughout the country. We work with the Department of Veterans Affairs in Washington, DC, to make sure that all of our service officers are fully competent in dealing with the process of claims.

Those people come back to their different areas and the Pittsburgh area. We then hold a school within the State of Pennsylvania for post service officers, to more or less make available to them that knowledge that these service officers picked up in Washington, DC.

Those post service officers that fill out claims—and I know you have quite a few of them up in Erie—they work with the service officers in the Pittsburgh Office. We realize too, the more facts we have and the proper forms that we have filled out, that it makes it easier to get the process adjudicated within the VA.

We have had that working relationship with the Department of Veterans Affairs in Washington, to make sure that all of our service officers throughout the country are competent to fill out those claims. We constantly try to make that system work better than what it is.

Mr. ZEGLIN. Congressman, I make reference to the prisoner of war and a combat veteran. His only defense is his narrative and he don't write a narrative. I have to tell the prisoner, you have to say what you did and what it was because nobody will know it. We have a narrative. This happened to me. This is not given credence. This is not due process, and it happens.

It happens, because do me something and we will send it to the VBA. That's the reply we get. They ought to take those cases to task and believe these poor men, that this happened to me. That is in the law. That's 38 U.S. Code 1145, to give precise credence to this, and it's not being done. I hope this will improve and hope that this meeting will produce this. Thank you.

Mr. RIDGE. I appreciate that testimony because within the statute and within the history of interpretation, there is a presumption in favor of the veteran. I know, again, dealing with the case work that I have had when you are going back to help all veterans, find it is particularly difficult with World War II or Korean veterans. You don't get too much on your DD–214. It tells you where you

were, the decorations that you had, when you got in, when you got out and a few other things.

You never have the narrative of the combat, the narrative of the situation that results in your claim. Sometimes even the medical records way back then are either incomplete or unavailable. At some point in time we have to give the Regional Offices encouragement. The presumption is in there, but Members of Congress and everybody else has to encourage them and support them when they start. We are supposed to resolve the doubt in favor of the veteran. We are not doing that all the time.

Joe, I know you are looking to say something. Go ahead.

Mr. KIREN. I really feel because of all the cases that I have seen go through our office and the others, that reasonable doubt is way out there in left field somewhere. Instead, it should be at the very beginning. You should look at the reasonable doubt at the very beginning and keep that in mind all the time.

It seems like we go through all the information, we get everything we can. We get affidavits, and then the Board reviews that and says that it isn't factual enough. Where does the reasonable doubt come in. It needs to come in at that spot.

Mr. RIDGE. At the front end of the process?

Mr. KIREN. At the front end, and all the way through. It seems like we go through the whole process and at the end the veteran remembers—where is the reasonable doubt when he is denied, and he's done everything he can.

The other issue is when the medical records are lost, the veteran gets the impression that it's his fault. It's by no means his fault. He didn't have access to his records. He didn't carry them around in a pouch. They weren't on a video tape somewhere, someone following him through action.

They are totally frustrated just by these two points; reasonable doubt and lost records. If they could do something they would. They have done everything they humanly possibly can. That's what Mr. Zeglin said, it happens over and over.

Mr. RIDGE. We run into that all the time, again, trying to get an adequate claim file. That St. Louis fire has been used as a reason to deny benefits for a long time. You can understand why the VA wants to do it. You get a letter or two from a buddy and some of them will say yes, I was with Sergeant Smith and he was a POW or was shot on that day. That ought to be enough.

You have a veteran speaking up for a veteran, and that should be enough.

I want to go further, Joe, with you. You are concerned about management's use of the end product method of assessing claims within the VA, the success of processing claims. Do you want to comment a little further on that end product? It looks to me like it's a means to statistically identify what you are doing, but it doesn't necessarily identify whether you are doing it either right or well. Do you have some thoughts on that?

Mr. KIREN. If I understand the question correctly, that was when I said that justice needs to be done. Is that what you are referring to?

Mr. RIDGE. There's someplace in your statement that, because of time——

Mr. KIREN. The one I just said or the one that you are reading.

Mr. RIDGE. It was overlooked. Using the end product method of assessing claims, processing time and measuring job performance. The VBA says let's change that. Why do you think we ought to change it?

Mr. KIREN. I still don't think I understand your question. Are you referring to the statement you have or the one that I just made?

Mr. RIDGE. The one that you made but you skipped over a paragraph, and on page six of your testimony you highlight a matter that is a concern of mine. I know that, because of time, you overlooked it.

It's a work measurement standard, called the end product. You believe and your organization believes it should be changed. I wanted you to amplify that for purposes of the record. It's the last paragraph on page six, Joe.

Mr. KIREN. I have a different one that you have, Tom.

Mr. RIDGE. We will get you a copy.

Mr. KIREN. I said I would be happy to answer questions, I didn't say I would be able to.

Mr. RIDGE. I have dealt with you often enough, to know that you are very able to do so.

Mr. KIREN. What this means is if the claim is processed and done it looks like you have completed something. If you haven't put enough into it and done it correctly, the statistics don't show you that the claim is flawed. If veterans are being denied benefits because you are just pushing them through the system, then that's not doing what we have said we are going to do for our veterans. The current method rewards speed, but does not reward quality, which is integral to treating veterans correctly.

That needs to be changed because you are rewarding someone for completing a lot of things, but if it's shoddy you are not doing—not you, we, as the Nation aren't doing what we are supposed to.

Mr. RIDGE. I appreciate that. Mr. Webber, I want to thank you for your testimony. I might recommend to you, that the Regional Office conducted a very successful outreach program in my Congressional district within the past couple days. Joe Serrino was up there and brought a group of people with them. We had 150-plus people there, dealing with some of the concerns that you have, identifying for people in the community the kind of outreach programs that are available. More importantly, advising them as to benefits that are available, eligibility for those benefits.

It is very helpful to the veterans community in Erie, PA, and the like, and I am personally going to encourage the Regional Office the next time that they conduct one of those to get in touch with you, if you don't mind. I think that your suggestions are real good.

Mr. WEBBER. I would appreciate that. We would like to see more outreach programs going on, just like you mention. You don't see it anywhere and it's not a consistent thing. They seem to do it in the summertime when they can go to a fair or carnival, but it's not a consistent place. It's not findable, where it's a consistent place.

We would open our doors to our organization, to have an outreach man come and sit there for the day. We would line up the

people for them and whatever is needed. This is the type of program that we would like to see get started.

He's not only talking to the veteran, but he's talking to the family and taking care of the entire needs of the veteran, which our service organizations would like to see.

Mr. RIDGE. I appreciate that very much. Mr. Reed, in your testimony you talk about the problems with staffing and resources. That seems to be a pretty consistent thread through much of the testimony that we have heard, and I think we are going to hear.

Do you have any thoughts or any experiences yourself, with the refusal of the Regional Office to use medical testimony outside the VA, in support of a veteran's claim for benefits? Do you have any personal knowledge or experience with that? It's one of the concerns we have, not only with the Regional Office but around the country.

Mr. REED. There have been times when I received outside medical statements which have been forwarded, put in the process, and in the end, it seemed that they had either been looked at and ignored or felt that this was from doctor "so and so."

It does occur at times.

Mr. RIDGE. It's one of the things that we are going to take up with the panel later on. Again, adjudication officers and those in the VA regionally are getting some direction from Washington, DC, and one of the questions that both Congressman Evans and I have are the relevance, the appropriateness and use of external medical records, medical opinions, from somebody outside the VA in furtherance of a veteran's claim.

Mr. Curley, you mentioned and commended the Regional Office for their POW protocol and the work that they have been doing with you and the group that you represent. You are very much a part of that group, and I very much appreciate your testimony today.

Are the men within that group working, have access to, or do they use the VA medical facility? Do you find men there now, 20 or 30 years later, who are still dealing with a traumatic event? We now call it PTSD, but you were subjected to it 40 years ago. Are they using the VA medical facilities too?

Mr. CURLEY. In Pittsburgh, our POW population is not doing too badly. But as service officers—national service officers—we have problems in other states. We find it's a matter of interpretation, when somebody reads—the burden of proof is in the veteran's corner. Well, when somebody reads something, they interpret it to suit themselves in some states.

In Pittsburgh—I am speaking personally—we have pretty good rapport here. We also have a program at the VA Medical Center up on Highland Drive, where we have once-a-month meetings with our people to inform them of what they can do and what they are entitled to, and how to go about it.

We find that one of the problems with our veterans is that they are their own worst enemies because they can't express themselves. They can't bring themselves forward to explain what they want. They need help to do that. That's what we try to do on our part. I think it helps in some areas.

For instance, when we have a problem I'll compose a letter to send to our Congressmen or Senators—I'll take it to them up there and will be told about correct format to follow. Don't use exact same words but put it in your own writing. They finally look at it and tear it up. If you don't help yourself you are not going to make anything out of it. This is what we find in our POW population.

Mr. RIDGE. Thank you, Mr. Chairman, for the extension of the opportunity to discuss this with the veterans. What I have found with some veterans, however, is that after several years of denial and frustration, they kind of throw their hands up and say, "I don't want to deal with it anymore," and walk away from it.

Mr. CURLEY. Right. Everything we should do within the VA system should be geared to promoting, encouraging and pushing the veteran to utilize it, and the VA to provide the assistance needed. We are seeing a syndrome that develops with some veterans that just throw their hands up in the air and say: "What am I going to do? I have been trying for five or ten years, now, I'll try to deal with it privately, I'm out of here!"

Mr. CURLEY. We have a couple of our veterans from the Latrobe area, who won't have anything to do with the VA. We have even offered to go there, and pick them up and bring them down to introduce them to the VA and they won't do it. They have had bad experiences in the past.

I can honestly say that back in the 1950's and when we first came home in 1946—I was discharged that year, until the time that Public Law 97–37 came out, it wasn't the same as it is today. I can honestly say that, from my viewpoint. I can honestly say this, that we don't get the same consideration in other states as we do here, in Pittsburgh.

Mr. RIDGE. Mr. Chairman, I want to thank this panel not only for their personal service as veterans but also the service that they have continued to undertake on behalf of all other veterans. Thank you, for your strong and compelling testimony.

Mr. EVANS. We want to thank you all for testifying. The issue of outside medical opinion, I think, is going to be very important in dealing with Persian Gulf veterans' problems. I hope that if it is, you will advise us and keep us informed. Thank you very much for testifying today.

The members of panel two are Trea Graham, Thomas Fitzgerald, Charles Lieberth and Jack Ehrhardt. Trea is a member of Congressman Rick Santorum's Veterans' Affairs Advisory Board. Tom is President of the Board of Directors, Vietnam Veterans Leadership Program. Charles is a member of the Pennsylvania State Civil Service Commission and he is presenting his own views. Jack is a Vet Center Team Leader in Erie, PA. We want all of you to come forward now to the witness table.

This may be one of the most decorated panels we have ever had testify before us today. We will start with Mr. Fitzgerald.

STATEMENTS OF TREA GRAHAM, VETERANS' AFFAIRS ADVISORY BOARD; THOMAS FITZGERALD, JR., PRESIDENT, BOARD OF DIRECTORS, VIETNAM VETERANS LEADERSHIP PROGRAM; CHARLES LIEBERTH, PENNSYLVANIA STATE CIVIL SERVICE COMMISSION; JACK EHRHARDT, VET CENTER TEAM LEADER IN ERIE, PA

STATEMENT OF THOMAS FITZGERALD

Mr. FITZGERALD. Thank you. Good morning, Members of Congress, colleagues, and distinguished guests. I am here as a veteran, who has had many concerns with the veteran community, in particular with unemployed and homeless veterans. As such, I have been privileged to work with what I feel is one of the finest veterans' organizations, the Vietnam Veterans Leadership Program of Western Pennsylvania, or what we know as VVLP.

I have been honored to serve as the Board of Director's President for the past ten years and have been, therefore, personally involved with veterans who have experienced many problems.

In brief, VVLP is the greater Pittsburgh career advising and job placement assistance non-profit corporation for all unemployed, under employed and homeless veterans of the U.S. military service. VVLP was established by Vietnam veterans to serve all veterans. With a full-time staff of eight professionals, VVLP provides employment services for more than 700 veterans annually.

Recently, VVLP was named Point of Light 753, for its work with corporate voluntarism. When VVLP opened its doors ten years ago it was a fledgling organization operated by a small group of caring veterans, who had a great desire to help their fellow unemployed veterans. This startup took place at a time when the Pittsburgh Steel mills and factories were closing their doors.

The unemployed veterans who were the last returning from Vietnam and were the first laid off during the downsizing of Pittsburgh's manufacturing base. This group of veterans had the right ideas but not the organizational expertise to alone create a strong service base for local veterans. Many veterans groups tried to help, but the actual creation of such an agency was very time consuming and difficult.

As a member of the original VVLP team, I can say that from the first support meeting the Department of Veterans Affairs Regional Office has consistently stood by us for the past ten years. During this time VVLP had received many different types of assistance from the Regional Office, veterans direct referred assistance, operational guidance, community relations and support of VVLP's efforts, veterans employment assistance, and training facility space.

The Regional Office has also consistently written letters of support for VVLP for government funding proposals and has participated in the VVLP fund raising events. Most notably, the Regional Office has already allocated valuable staff time and resources for Pittsburgh's stand down for homeless veterans. In particular, they have pledged assistance for proof of veterans status, veterans benefits processing, and identification construction for each homeless veteran and volunteer.

If I may share my personal point of view, I have encountered many veterans with unique problems, who were having difficulty

with the Department of Veterans Affairs. When I became aware of their concerns I have called the Regional Director, Mr. Harold Bushey and the Assistant Director, Mr. Gerry Serrino, and they have always personally reviewed these issues. In all cases the proper service was rendered or very reasonable conclusion was reached.

I want to share that I work as an Allegheny County Police Homicide Detective. Through this position I deal with many grieving and distressed families of homicide and suicide victims. These victims' families are hard pressed and have many issues to deal with. I have many of these families ask for assistance with the Veterans Affairs Regional Office.

Most of these families have never previously dealt with Federal Agencies and usually do not know where to begin. I have, personally, called the Regional Office for assistance, and they have always shown compassion and have rendered immediate service.

On behalf of these families I would like to thank the Regional Office for being there when these families really needed them. I thank you for listening to us this morning.

[The prepared statement of Mr. Fitzgerald appears on p. 112.]

Mr. EVANS. Thank you. Mr. Lieberth.

STATEMENT OF CHARLES LIEBERTH

Mr. LIEBERTH. Members of Congress, staff, veterans representatives and guests, I appreciate this privilege to testify before your Committee. I thank you, very much, for that privilege.

My comments will focus on the leadership, the extensive related activities, the broad network of veterans activities initiated, developed and implemented with Harold Bushey, Director of the Regional Office of the VA. I will only highlight several of the special projects that we shared in our efforts and concerns together.

These are external activities. They are the only ones that I will comment on. I feel that they are very important in the delivery of services to veterans. I won't comment on the internal affairs and process and procedures that others have testified to.

In the early 1970's Mr. Bushey played a dominant role with me, in conjunction with government agencies, public and private employers of the area and the educational institutions, in holding a series of job fairs and educational fairs to assist returning Vietnam veterans. We placed over 2,000 returning Vietnam vets into jobs, into job training programs, into higher educational facilities. This was done at a time when certain groups showed no respect for the service and sacrifice that Vietnam veterans had made.

We shared in the development of a minority business opportunities committee, part of the Federal Executive Board. The first minority owned and run bank was a major achievement that we were able to achieve in the early 1970's. His continuing chairmanship of that Committee has led to many projects and programs that have benefitted minorities; racial, gender, handicap and especially veterans.

When I was Pennsylvania's Secretary of Labor and Industry I initiated the first high level state government conference on Agent Orange which was, again, at that time, a difficult concern to try to implement. Director Bushey provided exemplary support and as-

sistance in the development of that. A major outcome was the first Herbicide Commission in Pennsylvania.

Director Bushey and I developed the Federal Education Center in Pittsburgh in the early 1970's for the Federal employees. Scores of employees improved their careers and service through certificate programs as well as bachelor and masters degrees. Director Bushey served in a predominant role for over 20 years as past Chairman and special project Chair, members of the Western Pennsylvania Society of Public Administration. So many of these directly benefitted veterans and their families.

Again, when I served as the senior Pennsylvania Administrator for Senator John Heinz, Director Bushey supported vigorously a special project that we implemented in Pennsylvania. Some of you may recall, it was "hire a Vietnam Vet" job pledge project in Pennsylvania. John Heinz and Rocky Bleier served as co-chairmen. It was a highly successful program, resulting in the hiring of over 10,000 veterans throughout Pennsylvania.

Bushey's support and assistance continued when this project was then picked up by Governor Thornburgh in his first term. As an aside and not part of the testimony here but what has been said and what Congressman Ridge's question stated, when I was with John Heinz we established five field offices throughout Pennsylvania. The heaviest workload on caseload for the staff of these offices was Social Security, Black Lung and veterans concerns. There's a relationship among those three.

Much of it is based on information that is needed, whether it's in evidentiary form or affidavit form or whatever. Sometimes I would wonder, as I reviewed these cases as an advocate for veterans, that wouldn't it be something to consider that prior to the day of discharge—because there's the anxiety of the veteran to sign and get the hell out right away. This was especially important when I was——

Mr. RIDGE. I think there is still the same desire.

Mr. LIEBERTH. In 1946, after five years, the anxiety was really there. The point that I wanted to make was that in that anxiety to hurry up and get out and get home, I wonder if there shouldn't be a counseling service provided whereby the about to be discharged veteran could provide to a military personnel and would be part of that discharge process, to go over some of the injuries received and some of the areas that you were in and so on.

I was subject to that St. Louis fire too, when I had to look into something. The story was, the first destroyed the records.

The point that I am trying to make is, as we get older the memory plays tricks on you. You tend to forget and the gears don't get into gear. I am just wondering if there shouldn't be a statement filled out prior to discharge on the injuries that you had and the sickness that you had, where you served and so on.

If you read the monthly veterans magazines every month there are pages of veterans trying to find information from somebody about an incident that occurred in 1943 and 1944 and so on.

Mr. EVANS. Mr. Lieberth, this is an issue that we are trying to address, not through this committee, but through the Armed Services Committee. Right now, I am told that the Marine Corps and Navy are not even giving in-depth discharge physicals.

What we want to see, particularly because of the problems we suspect coming out of the Persian Gulf War, we want to see more in depth medical review. Your points are very timely, and we appreciate your testifying to them. We hope that we will be able to include legislation requiring something similar to what you are requesting, in the Defense Authorization Bill. I appreciate you bringing up this important issue.

Mr. LIEBERTH. Thank you. I will continue then, with my testimony. When the natural disasters hit Pennsylvania, I recall that Harold Bushey was there with strong support, service and assistance, as we coped with Hurricane Agnes, the devastation in the 1977 Johnstown Flood. To me, Harold Bushey exemplifies leadership, good government official.

I will reference just a few—in fact just a handful—of long public career achievements that I was able to share with Harold Bushey over the years. For 40 years I have been in public service, now semi-retired; 15 of those years were in direct Federal service. I can say with absolute candor and professional objectivity, that my relationships with Harold Bushey were exemplary in his support on behalf of veterans.

Thank you, very much.

[The prepared statement of Mr. Lieberth appears on p. 114.]

Mr. EVANS. Thank you. Ms. Graham.

STATEMENT OF TREA GRAHAM

Ms. GRAHAM. Gentlemen and ladies, I appreciate the opportunity to be here today. The timeliness and responsiveness of the Department of Veterans Affairs in processing claims is a critical issue to our area's veterans. I am grateful to you, Mr. Chairman and Mr. Ridge, for taking the time to come to Pittsburgh today.

For several years I have served on Congressman Rick Santorum's Veterans' Affairs Advisory Board. This Advisory group is composed of veterans and other interested individuals from the Pittsburgh area. While we come from a wide variety of backgrounds, we share a common commitment to the veterans of our area and a strong belief that individuals, through concerted action, can change the way that our government serves us.

I was inspired to become involved in veterans' issues because of my husband, Master Sergeant David Graham, 112th Security Police of the Pennsylvania Air National Guard. Most recently he served in Desert Storm. During the Gulf War I was particularly frustrated in dealing with the various layers of bureaucracy, which prompted me to help establish a support group at the Air National Guard base for the families of service men and women.

This support group was very successful in providing our families with the resources to deal with the long separation from our spouses, parents and children, serving in the Gulf War.

After David returned from six months duty in the Persian Gulf, shifting my focus to the concerns of veterans seemed to be a logical next step. When I joined Congressman Santorum's Veterans Advisory Board I was elected to participate with five other citizens, in identifying veterans benefits issues.

We quickly discovered that timeliness in processing benefits claims was a serious concern. In the Pittsburgh region for example,

it was taking an average of eight months for a claim to be prepared so that it could be processed. Our benefits committee decided to investigate why. Our committee's initial goal was to determine if the Pittsburgh Regional Office was performing on a par with other Regional Offices, serving communities with similar caseloads.

If problems could be identified we intended to work with Congressman Santorum and the VA to correct them. During a meeting last year with the Congressman's Benefits Committee and William Burns who, at the time was Chief Adjudication officer, we examined VA statistics from a ten month period, between October of 1991 through July of 1992 from the Regional Offices in Boston, MA, Jackson, MS, Newark, NJ, and Little Rock, AR.

We compared these statistics with information from the Pittsburgh office. While timeliness seems to be a problem throughout the country, we learned that the Pittsburgh region had one of the poorest records of timeliness in virtually every category that we could evaluate.

Working in cooperation with the Regional Office, Congressman Santorum and the Congressman's staff, we sought changes. Indeed, since last year change has occurred. Mr. Bushey and his staff have been very helpful in lending their time and their assistance. Since our study began Director Bushey, recognizing the deficiencies, has implemented a comprehensive action plan for the improvement of claims processing timeliness.

The first quarterly progress report dated April 7 of this year which set forth a new strategy for the division, was recently presented to the Congressman's staff. In addition, I am pleased to acknowledge that the Regional Office has added the largest class of adjudication trainees, ever. As of next month the rating board will be expanded by two positions.

As a direct result of these initiatives, timeliness comparisons that were conducted between October of 1992 and last month illustrate that our Regional Office is moving in the right direction. While the national averages during this period remained the same or got worse, our timeliness by in large, has improved.

All this sounds great. Indeed, it is great. However, it's important to remember that while these are all positive changes, the Pittsburgh Regional Office will have to continue its effort to improve the productivity level in adjudication. I say this for several reasons. The training of new adjudicators takes between 12 and 18 months. When trainee adjudicators are added, the training responsibilities fall on the present adjudicators. Also, when adjudicators are promoted to the rating board it depletes the pool of experienced adjudicators.

At this state, five of the new adjudicators have not yet completed their training, and there are plans to promote two adjudicators to the rating board. Therefore, on paper, there may be 23 adjudicators but in reality it will still take time for the Pittsburgh Regional Office to perform as if there were 23 fully trained adjudicators.

This situation is further complicated by a noticeable increase in workload, attributed to the downsizing of the military. Last year alone, the Pittsburgh Regional Office had its pending workload increased from the year before by 27 percent, compared to a national average increase of 15 percent. During a similar period Pitts-

burgh's rating board workload increased by 100.1 percent, compared to an increase of 46.4 percent nationally.

As these facts reveal the positive changes that have been implemented so far in the Pittsburgh Regional Office, they have not totally solved the problem. Simply put, even though the Regional Office has illustrated its commitment to improving timeliness in several ways since our study was initiated, there is still more to be accomplished.

I was very happy to hear, that Congressman Santorum's office was given assurances during a face to face meeting with the Director and his top management as recently as last Wednesday, that the Adjudication Division would continue to be the region's number one staffing priority. The Congressman's office was also assured that more adjudicators would be brought on board in the months to come.

This is important, because even when the recently hired trainees are in place as full-time adjudicators, our Regional Office will still lag behind other similarly sized regions in adjudication manpower.

It's my hope that our efforts on the Veterans Advisory Board have helped to focus attention on the need to improve the timeliness of the Pittsburgh Regional Office. We all share the belief, that more can be done. In particular, we will suggest the following.

One, that our Regional Office recruit experienced adjudicators from within the VA system, to provide immediate assistance. Two, that the Director consider delaying his selection of two senior adjudicators for the rating board until a sufficient number of adjudicators are in place. Three, that the Pittsburgh Regional Office continue efforts to improve the efficiency of the office. One idea that has considerable merit would be a broader cross training of benefits counselors as adjudicators.

Members of the Armed Forces served when our country needed their service. If they were asked to march, they marched. If they were asked to fight, they fought. These men and women did not respond to Uncle Sam's call to arms by saying not right now, give me eight months. I think our country owes it to these veterans to return the courtesy, and process their benefit claims in a timely fashion.

Thank you. I will be glad to answer any questions.

[The prepared statement of Ms. Graham appears on p. 116.]

Mr. EVANS. Mr. Ehrhardt.

STATEMENT OF JACK EHRHARDT

Mr. EHRHARDT. Mr. Chairman, panel and honored guests, thank you for allowing me to share my views. As I traditionally do, I am going to break away from my written testimony just briefly.

You have heard many statistics and many of the problems that have existed. My opinion is that most of those are due to a lack of resources. I would like to turn a little bit more now to a clinical opinion which has not been rendered very much today.

First of all, in the timeliness of adjudication of particularly post-stress cases they are very difficult because, in the school of psychiatry and among clinicians and probably amongst everybody in this room, there are two schools of thought. One of those is called the

pre-disposition view, which means that some personality flaw caused this person to react to his war-like stress.

The other view is called the occasion view; and that view is that the traumatic occasion is responsible for post-traumatic stress. That view and that argument goes on in the mind of every clinician and every adjudicator, and probably every person that comes across this. That's what makes these claims so difficult.

In terms of adjudicating these claims it takes a preponderance of evidence. You have to know if the stressor did exist. These things take a great deal of time to accumulate both the clinical evidence and the administrative evidence to adjudicate the claim. In defense of my co-workers at the Regional Office, they have the very difficult task before them, and one that requires a great deal more resources than we presently have alloted to this situation.

The second thing I want to address is outside medical opinions. Every veteran is afforded the opportunity to bring in private sector or private clinical/medical opinions to his claim. This is difficult too, because before that can be done or before the Regional Officer or adjudicators can request that information, that individual patient has to sign to release that information at the private facility. This often delays the information getting to the adjudicators and into the system.

It is one of the problems of the proper adjudication of claims, because often the information comes in from the private sector people in bits and pieces. Often, just because a private practitioner receives a request for information from a veteran or from the VA, they don't always respond.

Lastly, the subject of re-evaluations has come up. In post stress cases which I will speak to, they are a great deal different than medical cases. I can give you a highlighted example. Several years ago I hurt my knee during playing softball. I had the cartilage torn. Before I had my surgery I was very, very disabled. After the surgery there was a very quick recovery and I was back to being as good as I was before the surgery.

I am speaking to this in terms of review because people talk about review. In that case if you would have reviewed my medical situation prior to the surgery, you would have found me very disabled. After the surgery you would have found me ready, willing and able to go back to work.

There is a difference between medical cases and psychiatric ones. Psychiatric change or the change from a post stress situation to someone who has been treated and more healthy and returned to work is a lot different. I think we need to find a better and more equitable way of reviewing and adjudicating medical cases as opposed to psychiatric ones, because they are very much different.

In addition to that, although many veterans are upset by the annual review of their cases, particularly those who have post stress, we do have to admit that both social security and other government agencies and the private insurance companies too, all do review of medical cases for improvement. In defense of that, that's just something that we have to tolerate.

I think what we need to do is find a more kind and compassionate way of doing it. Sometimes for the veterans who receive the form letters, they are very threatened by those. We are going to re-

view your case and would like for you to report to this examination. For those people who already have post stress and are frustrated by that, that becomes a very threatening thing and yet, a very necessary one.

Other than that, I think my written testimony speaks for itself. I would be glad to answer any questions that the committee has to ask. Thank you.

[The prepared statement of Mr. Ehrhardt appears on p. 134.]

Mr. EVANS. Thank you, very much. Trea, your statement refers to a quarterly progress report dated April 7, 1993, which sets forth a new strategy for Pittsburgh Regional Office adjudication. Would you please submit that to us, and if you don't have it could you send it to us by mail perhaps?

Ms. GRAHAM. I do have it with me. This is a VA document. As a citizen, is it appropriate for me to submit something that's a VA document to the committee? I would be happy to. I have a copy with me.

(See p. 119.)

Mr. EVANS. Absolutely. If we can get a copy of it so that you have your own copy. We had talked earlier about a question raised by some of the veterans' organizations, that is, should the Veterans Benefits Administration use something other than end products to measure work and what might be a possible alternative. Do you have any opinions on this?

Mr. EHRHARDT. As a line staff worker, our superiors tell us that you guys want statistics. You want to see statistics. You want to see in pure numbers, what we are doing.

From a line staff worker and a clinician's point of view, the statistical numbers really don't have as much importance as how many people we really help. We could tell you we are helping 5,000 people and that might look good on paper, but it's not what we really do.

I don't know how we are ever going to find a way to measure in the human services how we help the human element, and be able to put that in a report to the Congress. Many of the things that we do at the line staff level just don't respond that way.

How do you measure a successful case? Is it that the fellow got the disability he wanted? Is it that he got a percentage of that disability? Is it that we got him to medical care when he needed it? Is it that we found him a home when he was homeless? These things are very, very hard to measure.

When we talk about the end product I guess for me the end product would be that every single veteran reaches both his vocational, family and social potential to the maximum of his ability. I guess to me, that would be the end product. How we get them all to the end product, we would all be making a lot more money than we are if we knew the answers to those questions.

Mr. EVANS. In the re-evaluation of PTSD claims, are the Vet Center personnel called on to make their own assessments for the benefit of their reviewers?

Mr. EHRHARDT. In the early years we weren't. But in more recent years because of the level of expertise on post stress that is involved in the Vet Center program, we are now more solicited for opinions and particularly our clinical opinions, on these cases.

That only becomes a sticky wicket in that our application for the veteran for clinicians only goes so far legally, and then it is up to the service organizations or whomever has that veteran's power of attorney to carry that claim. The Vet Centers have become much more active in writing the clinical opinions and turning in evaluations along with the compensation and pension exams that are ordered by the Regional Office.

In many cases compensation and pension examining physicians will often call on the opinions of local Vet Center personnel for additional opinions or consultations in that regard. I think that's a very positive step. In the Vet Center program, a great knowledge base has evolved on the subject of post stress disorder because so many of the people work with that on a day-to-day basis. Those opinions are valid and are becoming much more evident as we go on in time.

Mr. EVANS. In your statement you refer to the good working relationship you have with the Regional Office and town meetings are very helpful to you. Do you have a direct working relationship with VVLP and with the veterans advisory committees of local Members of Congress? Do you work directly with them?

Mr. EHRHARDT. Yes, a lot of them. We have a good line of communication with the Regional Office people and I think it's getting better. We have lines of communication with all of the service organizations. It's quite a network out there, that I think for whatever reasons—we could belabor that forever—they dropped off in the 1960's and 1970's.

I think as we came through the 1980's the service organizations and all the people that are responsible for helping veterans have really increased their communication. I think there's a lot more cooperation as opposed to competition among the service centers, the VA and the Department of Benefits.

Mr. EVANS. Congressman Ridge.

Mr. RIDGE. Thank you, Mr. Chairman. I just want initially the record to note, that witnesses Fitzgerald, Lieberth and Ehrhardt are all highly decorated combat veterans, who bring their advocacy not just from a professional point of view but from a very deep personal point of view. I thank them very much for their testimony today and their advocacy on behalf of veterans.

Ms. Graham, I understand that your husband has a very distinguished career in the service as well. You bring, I think, a wonderful perspective as the spouse of a service person. When a man or woman puts on a uniform of the United States of America his or her spouse and his or her children and their family, bear an enormous burden and a lot of the pain while during their active service and subsequent to getting out of the service. I appreciate your advocacy as well.

I want to follow up on some of the things that you commented about, working for our colleague Congressman Santorum. You mentioned in your discussions with Mr. Bushey and the folks at the Regional Office, that communication is continuing to improve, trying to streamline the process. There seems to be a consistent thread throughout just about everybody's testimony, and that is inadequacy of staffing and particularly in the adjudication process.

You also mention that you had done some comparisons between this Regional Office and others. Do you have an idea—and perhaps I could get that from Mr. Bushey—in order for this Regional Office to have the same complement or a similar complement to that of Regional Offices with the same kind of caseload in terms of how many more adjudicators they should have? Do you have any idea in that regard?

Ms. GRAHAM. Yes. I would say initially, that I think we all need to be realists. Our Committee took the realistic point of view, that asking for more money wasn't going to be the way to go. This Regional Office has a budget, and they have to work within those constraints.

I think that what we have seen since we have begun to address this timeliness issue, is that when it was brought to the Director's attention he took a look at it and decided to reassign some priorities within the constraints of his budget and his personnel. That's to his credit.

I would like to say that in my personal opinion, it's more a management problem than Oh, my God, we need to hire some more adjudicators. We do need more adjudicators, there's no question about it. I would say that we are probably five short, full-time trained adjudicators.

The statistics that we used as a Committee were VA statistics. We didn't go out and gather any new information. We did utilize the resources that we had available, which were the service organizations in Pittsburgh who know exactly who does what and how many of whom there are within the VA. What we essentially did was corroborate the VA figures that we started with, that they are correct. Compared to those other Regional Offices with similar caseloads, Pittsburgh is short.

Mr. RIDGE. I appreciate your sensitivity to budget. Nobody appreciates it more than Mr. Bushey and members in the VA system itself, because there are enormous constraints. I would tell you however as a veteran, I think that caring for veterans is a continuing cost of Defense. If we have to nudge a few more dollars in that direction, so be it. We are downsizing our military to an extent that almost historically the largest reduction in force and force complement that we ever have.

I think we may have a few more dollars, at least try to find some. My concern is as you explained the situation and as has been explained by others, there are fewer benefit counselors. Take some of these adjudicators and move them up to another facility or give them other responsibilities.

In balance what you are doing is, you have a finite number of people in the whole claims process, and if the only thing the Administrator can do is move them from one part of the claims process to another part of the claims process, I am not sure how much better the claims process or how much more efficient it is going to be. You do need a minimum number of personnel.

I appreciate your concern with the budget, because we are clearly running a major deficit. We have to be concerned. But just reassigning people within a process, we may have to do more than that. Have you looked at that?

Ms. GRAHAM. Yes, and I would follow up by saying yes, there is a budget constraint and yes, it has to be worked within. Yes, if you look at the VA statistics Pittsburgh, even with the changes that have been made, I would say we are about five full-time adjudicators fewer than similarly sized regions. Yes, moving people around just isn't the answer.

When I spoke about management decisions, I think what I was insinuating and now I will say, is that the director is responsible for all of the people who work for him. I would submit that if you have a budget that you have to work within, maybe you need fewer people doing something else.

That leaves you open to train and hire and maybe invite from other VA regions, full-time adjudicators to fill a need that is more important. That's why I said it was a question of priority.

Mr. RIDGE. I think you are right. I think that a lot of it has to do not only with this regional center but with the ability of managers managing, whether it's a private institution or public institution or whatever it is, it's a real managerial challenge as well.

Ms. GRAHAM. Right. This is a bureaucracy and it is a government office, but that does not mean that it can't run efficiently and can't have it's priorities more correctly oriented.

Mr. RIDGE. I concur, completely. Thank you. Mr. Fitzgerald, I know the VVLP and am very familiar with it since I was there to cut the ribbon with you way back then. I was curious as to whether or not you see within the Pittsburgh office, more and more veterans of all areas coming to the VVLP for the purpose of having some case work done to get assistance with claims processing.

Is the VVLP out there doing that now? That wasn't the original mission but are you doing more of it?

Mr. FITZGERALD. Yes. When we get a client to come into the VVLP we become case manager. What we have done is set up rapport with all the different veterans' organizations including the Regional Office. As our client sits down with us we go through the case file with him. If he's having problems with the Regional Office then we go to the Regional Office and make phone calls, and we get things done for him.

If it's the VA Medical Center then we call up there. We have made contacts in areas where we can get our clients through the system much quicker. That's why we can go through 700 people a year. They are not all receiving the same type of services. With eight people we are able to do that, because some just need some job search work and some just need tips on how to go to an interview, and some just need some job tips. We are able to go through much more that way.

Our clientele remains pretty steady, at 700. We are looking for a new influx with the downsizing. I think it's going to get quite large. We have just received a grant through the federal government through Rick Santorum's office to prepare for that, and possibly hire a couple of people who are going to do nothing but help people.

Mr. RIDGE. Very good. Mr. Lieberth, I know that wherever and whenever you go in Western Pennsylvania, if a veteran has a problem, he or she is probably knocking on your door. I don't think

there's anybody that has been identified longer in Western Pennsylvania as being a veterans' advocate.

Can I presume that you have established your own little network of communication within the VA system to help individual veterans out, or do you refer them to VVLP or other agencies within the veterans' community within Pittsburgh?

Mr. LIEBERTH. When I was more active in other positions of authority in order to strengthen the advocacy role on behalf of veterans, we started a lot of external activities on behalf of veterans such as job fairs, the Governor's outreach offices, one of which was up in Erie, PA.

For example, the Erie office, I found that many of the veterans were not in a service area proximity and so they didn't benefit by services that were available. Much needed services were needed. We developed these outreach centers that took mobile units and set up two or three day offices in the boondocks, semi-rural areas and so on.

My efforts have always been on an advocacy role and to give the benefit of the doubt to the veterans, especially in the absence of documentation. In my day when I was a veteran in the time of 1941 to 1946, information processing and securing and establishing was primitive, really. It's become somewhat more sophisticated.

The basic problems still remain. That is, an information base, an evidentiary base. On reasonable doubt, my dictum has always been that you lean on the side of the veteran. I do think that the whole communication system has increased tremendously through VVLP's, and through Congressional committees that have been established.

Harold Bushey established an informational committee that Bernadine Kersting headed. She's off on extended leave right now for illness. My experience has been to share information as much as you can with that appeal, that claim, or whatever it might be.

Mr. RIDGE. Thank you. I wanted to make note as part of the record that privately I told my colleague and friend Lane Evans that there is no one in my Congressional district—no one—who has spent more personal, as well as professional time, who is more sensitive to the emotional and psychological problems encountered by veterans and not just those who you share the Vietnam experience but all veterans who share combat experience, than you.

You noted in your introductory comments that it is an honor for you to testify before this committee. Frankly, I think it is a high honor for the Congress of the United States to receive testimony from you and from Charlie Lieberth and Tom Fitzgerald. I just thank you for that testimony.

I am interested in your view of how the presumption in favor of the veteran in absence of concrete and maybe substantive, either clinical evidence or the historical evidence, is implemented. We want it to exist. I get a feeling in reviewing some of my cases, that—I think Joe Kiren mentioned it—the presumption winds up at the end of the system rather than at the front of the system.

From an advocate's point of view, is the presumption strong enough? Should the Congress of the United States give the claims adjudication people a broader base to make some decisions on the presumption, broader than it has to date? I know you are seeing

not only Vietnam veterans but, as Tom pointed out, you are starting to see more Korean War veterans and more are starting to come into the process.

Does Congress need to make a stronger presumption in favor of the veteran?

Mr. EHRHARDT. Yes, sir, we certainly do. I can only speak with real authority to the post stress cases. There are three things the veteran needs to have. He has to have a recognized documented stressor. He has to have a record of treatment, and he has to have a diagnosis of post-traumatic stress disorder.

How many of these opinions does he need. It appears that in a lot of cases that the evidence in favor of the veterans has to have an overwhelming preponderance. I think we need to give the adjudicators a lot more leeway, in how much evidence is necessary and how much credence we put into testimony or the statement of the veteran.

On the issue of documenting the stressor, that gets very difficult. Many of the times when the stressors were occurring it was not a time when people could sit around and say let's document this because 20 years from now we are going to have to tell somebody that this bunker has blown up or that this helicopter has crashed, or that this guy was wounded in front of me.

That is really a very difficult thing to do, the documentation of the stressor. I think in most cases—I can't speak to all cases but in most cases that I have heard—generally speaking when the veteran says these things happened, they generally did. We certainly have, as everybody who works in the systems does, quite a few fictitious veterans. Everybody wants to be the last survivor or Khe Sanh these days.

In most cases and I think in enough percentage of them, we need to take a lot more look at what this guy is saying and give him indeed, the benefit of the doubt.

Mr. RIDGE. That's strong testimony and something, Mr. Chairman, that I think we ought to take a look at. That's not just something that this Pittsburgh Regional Office has to deal with, it's something that the system needs to deal with nationwide.

The stronger use of that presumption earlier on in the adjudication process might not only expedite the claims, it might, more importantly, involve treating veterans more equitably, humanely and more appropriately. I appreciate that.

Mr. EHRHARDT. And, it would also remove some of the stress from the adjudicators and the people who have to decide these claims, if they had a broader base to review the claims with. I think the way the law is written now, that there's a great deal of restriction on the people who have to adjudicate.

Mr. RIDGE. Quite a bit of restriction, and as you pointed out earlier, an enormous amount of uncertainty.

Mr. EHRHARDT. Right.

Mr. RIDGE. I thank you for your testimony.

Mr. LIEBERTH. May I make one quick comment?

Mr. RIDGE. Please.

Mr. LIEBERTH. In my public experience repeatedly at times, there are assaults made to eliminate or modify dramatically, veterans preference. I would just encourage your Committee to be stalwart

and say that there is no extreme tampering done with veterans preference!

Mr. RIDGE. We hear you loud and clear. Mr. Fitzgerald, do you want to say something in that regard?

Mr. FITZGERALD. Yes, I would like to comment on that, about the different veterans. I was involved in a study with the homeless shelters here in Pittsburgh, and we have found that most of your homeless veterans do have some type of psychological problem, be it substance abuse or alcohol abuse.

We found a lot of veterans, one in particular was 86 years old, had retired in 1966 and can no longer live on his pension. Out of the 24 that we interviewed there were six of them that were over 70 years old and could no longer live on their pensions. This is what is happening to them. They can't go for veterans benefits because they didn't apply for veterans benefits back when they got out, because they didn't have a means to.

We also—which was very disturbing—we were finding Desert Storm veterans to be homeless. To be so quick from one war to the streets, is really a shame.

Mr. RIDGE. I see our friend in the back, Ron Conley, who has been very active and involved in homeless veterans' issues for a decade, nodding in agreement. I appreciate that testimony.

Mr. Chairman, thank you.

Mr. EVANS. Thank you. I appreciate your testimony here today. Jack, I know that during the 1980's the ups and downs of the Vet Center program probably caused a lot of counselors to suffer from stress themselves.

Mr. EHRHARDT. Now and then.

Mr. EVANS. We appreciate your sticking with us.

Mr. EHRHARDT. Thank you.

Mr. EVANS. Thank you all, very much. Our final witness is Harold Bushey, Director of the Pittsburgh Regional Office, Veterans Benefit Adminstration. Harold if you will come forward and once you are seated please introduce and recognize those staff members that are joining you at the table.

STATEMENT OF HAROLD BUSHEY, DIRECTOR, PITTSBURGH REGIONAL OFFICE, VETERANS BENEFITS ADMINISTRATION; ACCOMPANIED BY HARRY FEATHER, SENIOR MANAGEMENT ANALYST; MICHAEL VUDRAGOVICH, ACTING ADJUDICATION OFFICER; GERALD SERRINO, ASSISTANT DIRECTOR; NICK VRCIC, MANAGEMENT ANNALYST; CARL REUTER, LOAN GUARANTY OFFICER AND TRACY ALTON, VOCATIONAL REHABILITATION AND COUNSELING OFFICER AND ANTHONY ANNORENO, ACTING CHIEF, VETERANS SERVICE OFFICE

Mr. BUSHEY. Mr. Chairman and Congressman Ridge, I would like to introduce my co-workers. With me on my immediate right is Harry Feather, ADP Division Chief; Mike Vudragovich, Acting Adjudication Officer, Jerry Serrino, my Assistant. Mr. Reuter, Loan Guaranty Officer on my left, Mr. Vrcic, Management Analyst and Tracy Alton, head of our Vocational Rehab and Counseling Division.

It's a pleasure to be here today Mr. Chairman, and also Congressman Ridge, from last year when we examined the homeless

problem. We really appreciate your concern for helping us. I do want to take this opportunity not only to thank you for your concern but to thank the two preceding panels.

Those people on both panels share my concern and your concern. We all work as a partnership together even though sometimes we are in disagreement on claims. We work as a partnership. I want to tell you for the record that they have all helped us tremendously. When they see a case that drops between the slats they get in touch with us immediately.

Again, I would just like to outline my paper, and then we will open up questions. I appreciate this opportunity to take you through the decisions and problems that we face, and how we are dealing with them.

There is currently, nationally, 557,000 case backlog in the compensation and pension claims across the country. Despite the extensive use of overtime, innovative claims processing and other measures to reduce the pending backlog, it has been projected—and I know the committee knows most of this—that the workload will balloon to nearly 900,000 cases by the end of fiscal year 1994. I know that you will be addressing that soon.

I wish we could say the solution to our problem lies in funding. If that were so, I would simply say give us the resources and we will do our job. But a good illustration of our problem is the relationship between the workloads of Veterans Services Division which answers inquiries and assists veterans in filing claims, and our Adjudication Division which processes compensation, pension and education cases. The more claims that we have the greater number of cases we have relative to their status.

If we concentrate on the resources and claims processing then we have less staff available to respond to benefit inquiries, and we experience lost calls and delays in interviews and inquiry responses. Emphasis in veterans' services results in less claims processed and generates more inquiries.

As the Director and manager of the Regional Office, it is my responsibility to make these resource decisions in the most effective manner. It is the purpose of this hearing to review how well we meet the needs of the veterans from the area. I would like to highlight some of our accomplishments, some of which have received national recognition.

In the partnership in which we work with the American Legion and Ron Conley and the VA Medical Center on Highland Drive, we were the first office in the country to convert a VA property into a home for homeless veterans. It serves as a national model and we continue to lead the way, with three facilities operating successfully in our jurisdiction and a prospect for a fourth, currently being discussed with other service organizations. They are totally involved with us in that partnership.

We have been employing total quality management principles and have been able to provide improved telephone service by that, expended access, and reduced missed calls. By using an innovative combination of Veterans Claims Examiners and Veterans Benefits Counselor positions, we have significantly improved our inquiry response rate to where it is currently better than the national standard.

Our work with the Desert Storm veterans was reviewed during a field hearing and at the briefing of the local Congressman and Senator and the quality of that service provided Desert Storm also received national recognition. As a result of that project, and our concentration on it, it contributed to our pending workload build up.

In February of 1993, we had a seminar for Congressional District Office Staff personnel reviewing our procedures and ascertaining how we might improve services. There were no complaints or suggestions for improvement but rather, we were commended for those services we provide. I want the record to say that all the Congressmen and Senators in this area have worked very closely with us, trying to help us resolve our problems.

More recently, we have initiated a series of town meetings, one you mentioned a little while ago, where we literally bring in the Regional Office to the population centers remote from Pittsburgh and provide information about benefits and discuss problems with veterans, whether it be the explanation of a letter or a process of how we might assist them. It was very successful. We appreciate your staff, Congressman Ridge, helping us with that.

We currently have started training on how to conduct focus groups, a process in which we will bring in veterans and solicit their views on how we can improve services. That was mentioned before.

While we take pride in these accomplishments we recognize that there are needs for improvements in other areas. A crucial area of concern for every Regional Office is what we have been discussing today, the Adjudication Division, our major workload and perhaps our most critical function, the processing of disability compensation, pension and education benefit claims.

Claims processing has been influenced by three important developments; changes in the due process required by the court decisions. The full impact of judicial review was not apparent at the Regional Office level until late 1991. Before the advent of the court, BVA remanded about 18 to 20 percent or 8,000 to 9,000 of its cases each year for Regional Office action. That figure has gone to 52 percent in the Nation. That's because of the court system.

It has been estimated that it now takes at least 25 percent longer to prepare a rating decision or a detailed statement of the case for the veterans who appeal decisions. Similarly, guidelines required claims examiners to develop and review all records cited by the claimant, no matter how remotely they may be related to the issue under review.

Communications with claimants are more frequent and greatly more detailed, taking 12 to 13 percent longer to complete. VA now must secure the personal medical records of veterans, and timeframes have been established of how long we wait before proceeding to further develop the case. Our VA hospitals have been cooperating tremendously in this endeavor.

These actions can typically delay a final determination as much as 120 days. The Court of Veterans Appeals, known as COVA, has had significant impact on claims processing. COVA decisions have required expanded, more complex rating decisions, which thor-

oughly discuss the evidence and reasoning used to reach the decision.

Additionally, authorization personnel are now required to provide a much more detailed response to claimants, especially when addressing the basis for any denial. The changes that are made are good, but it must be recognized that they add to the process time of a case. The veterans have received the additional benefits of judicial review and court system which automatically makes the claim processing a longer action.

A claim, in October of 1991, took an average of 145.4 days to process. The averaging processing time for this same claim in May of 1993 is 191.2 days.

These issues, along with numerous special projects such as social security and internal revenue wage matches and prominence given to Desert Storm cases and changes in the staffing and complexity of workloads, have combined to drain resources which would otherwise be dedicated to normal claims processing at the Pittsburgh RO.

The effect on our operations was noticed in January of 1992, when it was observed that our timeliness in processing claims for the first time had increased tremendously. We were not in an acceptable range of a few key end products; that is, time to process new claims and re-open claims. Initially we attributed the differences to the national timeliness problem causes previously mentioned, emphasis on Desert Storm and our emphasis on clearing out old cases which is the timeliness figure which represents the old age of cases completed.

By April we had our quarterly reports showing a beginning of a trend, as the disparity between local and national figures widened. Our problems had become compounded by the loss of key staff among our claims examiners. Emphasis was placed on training of correspondence and development clerks as well as new claims examiner training. By September we were looking for new ways to address the timeliness problem, and we had key staff visits made to the New York RO, where they are trying innovative methods in processing compensation and pension.

We talked to the compensation and pension personnel as to what had worked elsewhere, trying to work smarter and not harder. Most importantly, to secure from our own employees their ideas as to how to do our job better. What came out of this was a departure from traditional ways of doing things; that is, veterans' claims examiners located in Veterans Services Division to work simple cases on the spot which do not require development, employee involvement and commitment to an improvement plan developed in conjunction with our C&P service, the posting of progress charts in the division for all employees to see and most importantly to see the progress.

While the quality of our work never suffered as evidenced by VACO, quality reviews and appeal rates that are better than the national average, we have seen improvements in monthly trend data that are encouraging. Further evidence of the improvement at the Pittsburgh Regional Office can be seen in the reduction of the pending workload.

Since October of 1992 through the beginning of June of this year, we have been able to reduce our pending workload by over 3,000 cases. During the same time frame the pending workload nationally only went down to 700.

The Pittsburgh Regional Office has demonstrated an improvement, from October of 1992 until May of 1993. Of the 13 measured end products, the total number of claims pending decreased from ten of these end products from October to May, the number of claims pending over three months for 12 of the EP's decreased, and one stayed the same during the period of time. The number of claims pending over six months also decreased for 12 of these end products.

This decline in pending claims in all age categories indicates management's improved emphasis on the claims adjudication process. As our claims examiner trainees gain more experience we expect to see an even greater positive impact on progress. We intend to aggressively pursue our plan and achieve our stated objectives.

I want to thank you for the opportunity to testify before your subcommittee. I know that you folks are going to be helping us, and I really appreciate it. I will answer any questions that you have.

[The prepared statement of Mr. Bushey appears on p. 139.]

Mr. EVANS. Thank you, Mr. Bushey. The new Regional Office activities you identified such as more frequent VA communications with claimants, more detailed rating decisions and more detailed statements of the cases, aren't these exactly the types of actions that the Regional Office should have been taking all along?

Mr. BUSHEY. You are right. We have been taking those actions and working on them, but addressing in a new and innovative ways. We have been doing it, but have expanded and improved on it. Frankly, when you are under these heavy workloads—it was brought to our attention and we addressed them completely. We did bring in TQM, and that's a new process of getting the employees. Even though we got their employees opinion has it worked. As I said, it has reduced the number of inquiries by just those TQM sessions.

I agree with you, those are the things that we should be doing, and are doing.

Mr. EVANS. I am directing another question to you, but if other panel members can assist you, please identify them. According to your statement: "All the resources which would otherwise be dedicated to normal claim processing of the Pittsburgh Regional Office" are not being used this way today.

Can you identify all of these resources and tell us specifically how the resources are being used today?

Mr. BUSHEY. Yes. What we did in terms of adding more adjudication staff, we downsized our finance division, we downsized our VR&C division, and we downsized our administrative division. That's the way we were able to move additional people into adjudication and get them into this training that we have done before.

As you know that each year in the budget we have asked for additional people. In fact, Congress, I just left Baltimore about two weeks ago with a director's conference, and that was the most pop-

ular subject through the whole week, was clearing out the workloads.

The one thing that we would appreciate as you address the problem—I know you are going to be doing it in other hearings—is to take a look at that figure from last year when the previous Administration, the CBD, said the need for 1,306 positions nationally is greatly needed to clear out the backlogs at that time which were heavy backlogs but lower than what they are today.

Perhaps in answer to one of your questions, do you need additional resources, yes, we do. The way you figure those resources is 1.5 of that 1,306 which roughly brings 20 additional people on. This is to clear out the backlogs and to stay current. Otherwise, you have a continuing problem. Even though you reduce your timeliness you put a plan into effect and it's working, but either we got to be honest or frank with the veteran and say because you got these additional benefits of judiciary review the cases are going to take longer to process. We do need nationally, the resources to clear out these backlogs.

I can't be any frank than that with you, since you are asking me the points.

Mr. EVANS. One of the earlier witnesses today testified that at any given time there's about 100 records that can't be accounted for. Is that a problem for just the accounting for records or is that also a problem of not having clerks to keep track of the records?

Mr. BUSHEY. Medical records are a problem and so are our records. Occasionally we do lose a file, but not 100 records. That does happen. One of the big problems that we have is the military records which prolongs the processing time, and this is a national problem.

The new procedure that is being done with the Army is working great. We are getting records back in three to four weeks, where it used to take four or five months. All the other services are four to five months. So, you are adding on four to five months onto that time and the medical exam, and you have a six month old case. They are running higher how. The average is seven months, to the Nation.

Mr. EVANS. How many adjudicators does this Regional Office employ?

Mr. BUSHEY. I will direct that question to Mike, and you can give him the breakdown. It's 23, I think.

Mr. VUDRAGOVICH. It's 12 fully trained adjudicators. We have five in a trainee status. We have six senior claims examiners. We have one on extended maternity leave right now.

Mr. EVANS. Do you know how that compares to 1979, or could you give me a comparison if you don't have it?

Mr. VUDRAGOVICH. No, I don't.

Mr. EVANS. The concern that we have is that budget cuts have been cited for the decline and adjudicators are not keeping up with the rate of increase in claims. We wanted to compare that to 1979. If you could supply that for the record, we would appreciate that.

Mr. BUSHEY. Yes, we will get that for you.

(See p. 144.)

Mr. EVANS. How many of these adjudicators—the ones that you have now—are not adjudicating claims?

Mr. VUDRAGOVICH. They are all doing claims processing work. We have one who specifically does education claims. Our education workload is a very small percentage of the workload. Instead of spreading it over all the adjudicators we, with CO's suggestion, concentrated education claims on one individual. That person gives full time work to the adjudication of education claims.

Mr. EVANS. How many of these adjudicators are trainees and what is the percentage of trainees?

Mr. VUDRAGOVICH. We have 12 that are trained. We have five new trainees who started off sometime since the first of the year. Initially we hired three in January or February, that timeframe, and we selected two more. It's about that——

Mr. EVANS. You agree, it takes about two years for a person to actually get the background and the training?

Mr. BUSHEY. That's correct.

Mr. VUDRAGOVICH. To become fully trained, yes.

Mr. EVANS. To come on board and really be efficient.

Mr. VUDRAGOVICH. Yes.

Mr. EVANS. Let me yield to Congressman Ridge at this point.

Mr. RIDGE. Thank you very much, Mr. Bushey. It's a pleasure to be with you again. As I said at the outset on a personal note, my office very much appreciates the relationship we have had with you and your team. You were kind enough and fair enough to point out that we haven't always agreed with regard to the ultimate disposition of some claims. That's not why we are here.

You have decisions to make and as an advocate I may object to it, but what we are trying to do is streamline the processes so that these differences can be resolved in a more timely fashion. I appreciate very much your testimony.

I am interested if I might move around to part of your management team, if you don't mind.

Mr. BUSHEY. Sure.

Mr. RIDGE. I want to talk to Mr. Feather about total quality management. It's something that we do in the private sector. I don't think we do it enough, call upon or demand it enough, in the public sector. I am kind of interested in your assessment in the communication and how you structure the communication within the Regional Office, between the top management and the division chief, how this new special processing unit plays into the overall management, again with the emphasis now on adjudication of claims, and what kind of formal structure do we have within the VA Regional Office to make sure that everybody is doing their job and that the information doesn't just go from the top down.

My experience has been people at the lowest level administratively, that are doing the hands-on day-to-day work sometimes are the best sources of information, and, certainly, the best to identify where problems are.

How do you structure that relationship, and how do you see to it that the communication flows freely up and down the chain?

Mr. FEATHER. I think there were several points made during the questions, and one had to do with total quality management as a vehicle.

Mr. RIDGE. Right.

Mr. FEATHER. The Regional Office has been involved with total quality management for several years now, in terms of establishing a quality plan that we communicate to all of our employees through a packet that we submitted to them as well as having training sessions for them.

We have active TQM teams. Mr. Vrcic who is our quality coordinator, would probably be best able to identify what each of those teams is involved in and the progress that they have been making.

We have always had, in terms of your question about communications, we have always had an open door policy to communicate things up and down through the Regional Office. Mr. Bushey has always been an advocate of the open door policy, encouraging anybody who has a problem or question, to talk to him directly. The rest of the staff, I feel, shares that same policy. If someone has a problem or question of me, there's nothing to stop anybody from ever asking a question or getting what I would consider a reasonable response.

Mr. RIDGE. Is there any relationship between the development of the special processing unit and the apparent acceleration or improvement in time with regard to processing claims? I know this has given my office one more point of access to the Regional Office with regard to particular claims.

Is there any relationship? Is that why you did it? And, how does that fit in with the overall normal structure of claims adjudication and benefit provision?

Mr. FEATHER. The special processing unit was designed to specifically address Congressional inquiries. Previously we had Congressional telephone inquiries going to our Veteran Services Division. They were providing telephone responses to those inquiries. Written responses were coming from our Adjudication Division, where all of our written inquiries were sent to.

What we wanted to do was to consolidate that responsibility into a single unit which we developed using a Veterans Benefit Council and a trained adjudicator. Again, with the emphasis on trying to get the responses to the Congressional offices as quickly as we could.

In those cases where we had some difficult situations they could be hand carried and made sure that everything was done as quickly as possible to get resolution.

Mr. RIDGE. Have you learned anything from the operation of the special processing unit that you have been able to take to the overall process itself? Ideally, I think you would want a system that could exist without a SPU, because that means you wouldn't need a special mediary to move things along.

I am just wondering from whomever is in charge of this office—because it's kind of intriguing and I don't know who this individual would be—do they have access to you, Mr. Bushey and you, Mr. Feather, to say here's a log jam in the whole system? What you ought to do is put a stick of dynamite there and eliminate the log jam because I am seeing enough cases to suggest that institutionally we have a problem here.

Who does this individual, he or she, report to? Who does the SPU director report to?

Mr. BUSHEY. Reports to the Director's office and also to the VSO.

Mr. RIDGE. Very good. I wanted to if I might, highlight some of the concerns that I have. Again, these are anecdotal. I was involved in a claim and it's been resolved. I am just talking about the timeliness.

A veteran died. The necessary information is sent, marriage and death certificates, to the Regional Office for certain benefits to which this widow is entitled. It took something like seven months to get the benefits. There was another incident—I don't recall specifically—again, involving a death benefit. There seemed not to be an interminable delay, but the processing of death benefits aren't unique.

I am just wondering if you have an ongoing reassessment of some of the process of standard claims. I mean, why would it take seven months for a widow to get these benefits? My office forwarded everything down. I am not interested in this particular case. Do you have teams reviewing on an ongoing basis some of these normal, predictable claims, so that you don't wait seven months to get the benefits?

Mr. SERRINO. It's done a couple of ways. One is, you have made reference to and some other people earlier, to end products. To give you an example, a 110 end product is an original claim. One of the things that it will track is timeliness; what is our average timeliness in a month for doing those particular types of claims that you referred to.

Mr. RIDGE. Would you get audit for an end product if a veteran submits a claim and you say no in a timely basis?

Mr. SERRINO. We processed it, yes.

Mr. RIDGE. You process it and say no——

Mr. SERRINO. That's right.

Mr. RIDGE. You get credit for an end product?

Mr. SERRINO. We are not getting credit for end products. What they are looking at is, how long is it taking us to process new and original claims in that particular instance.

If we do let's say 100 in a month, what they will do is look at the average processing time. That's the figure that we will have and we will have what the national average is, and now with our new system we can pull some select other offices that we want to compare ourselves to that are comparable.

A second thing that comes up in terms of quality is, semi-annually our comp and pension service will pull cases in and do quality reviews, to see how our office processed the case and was it done in a proper and appropriate manner. I am pleased to say that we have validated within those parameters for at least the last five years and probably longer.

Those are a couple of ways that quality is looked it. Another way—and I think maybe there might be some confusion—I would like to go through for those people who might not be familiar with the process.

When somebody files a claim and it goes before the rating board and the rating board makes a decision, the service organizations have a couple of avenues open to them. One is, they can go to our hearing officers locally and ask them to look at the case. This is a new vehicle as you are aware of in the last few years, and it's been very excellent. What it does is, it brings a veteran in. In a

lot of instances a veteran will say I have had these medical records at home or I saw this doctor. When I was in the service at this particular place things that he did not file and we did not get through the initial development of the case whether we did it or a service organization.

The first thing that we find is that at that level I thought we were doing pretty good. Our hearing officers are granting 45 percent of the cases that come before them. That means that they are going back for local development. Sometimes they are finding errors of our people as well. Compared to a national average of 33 percent——

Mr. RIDGE. Let me interrupt you there. You said 45 percent of them are being handled?

Mr. SERRINO. What I am saying is, the ones that are appealed to our hearing officers.

Mr. BUSHEY. That's in Pittsburgh.

Mr. SERRINO. Forty-five percent, almost one-half of them as a result of additional development or where it is found that maybe we should have got additional evidence, the veteran brings in something, I am saying are getting turned around.

Mr. RIDGE. They are disposed of there and not referred back?

Mr. SERRINO. Yes.

Mr. BUSHEY. Right.

Mr. SERRINO. They are disposed of favorably there in terms of the veteran.

Mr. RIDGE. Okay.

Mr. BUSHEY. The national average is 33 percent.

Mr. SERRINO. The second thing that happens, it goes before the Board of Veterans' Appeals. There was mention of something called the remand rate and there's something else called the grant rate, and if I might distinguish between the two.

Decisions made by the Court of Veterans Appeals set precedent. Our Board of Veterans' Appeals will send cases back because of those precedents. They sometimes will send cases back because our statement of the case isn't clear enough or they want additional evidence, or things like that.

How we compare in terms of that remand rate is, we are—the national average is 50.5 percent. That's a lot of cases that are coming back from the Board of Veterans' Appeals. That's because of the new judicial review. So, 50.5 is the national and 50.4 percent is Pittsburgh. We are right on target there with the national average. We want better than that. As you said, we want to be perfect, number one.

The more important figure that I think we ought to look at is the appeal rate, those cases that have gone to the Board of Veterans' Appeals and they say the Pittsburgh office goofed; the veteran should be getting benefits that he's not getting. The national average is, they grant 14.9 percent of the cases that come in. The number that are overturned—let me correct that. The number that are overturned nationally are 14.9 percent. The Pittsburgh offices cases there are 12.3 percent overturned. We are a little over two percent better than the national average in terms of the number of cases that we have overturned by the Board of Veterans' Appeals.

Mr. BUSHEY. That's a quality indicator.

Mr. SERRINO. These are all the quality indicators that we have that we look at.

Mr. RIDGE. How is the Regional Office vis-a-vis the best Regional Office rather than the national average? How is Pittsburgh vis-a-vis the best office? I used to come home from time to time and say I did something and my dad would say how are you doing it. I would say I did it better than John and he would say who did it the best. I would say Fred, and he would say how did you do against Fred.

Mr. SERRINO. I don't have the number here. You are right, it would be great to compare ourselves with the best. Right now we are not the best I know that, but we are in the ball park.

Mr. BUSHEY. We have been the best. We were up in the top third of the country in 1992.

Mr. RIDGE. Let me ask a little bit more about the end product because it's a real dilemma. Our mutual friend, Jack Ehrhardt, pointed it out. One, Congress constantly has pressure on you to send up the statistical information in which Congressman Evans and I believe very strongly that those who require the information from any agency also should be required to read it and file a report that they understand it too. That will be the cause of another inquiry.

The end product, it seems to me, does not necessarily say that we are doing things right or well in the sense that if you have a troubled adjudicator—your adjudicators are pressured. Everybody tells me that they are pressured. Just about every witness says you need more adjudicators.

You have a stack of claims on the desk. There's nothing wrong with wanting to be judged effective and to be judged useful, and to be judged by your peers or whatever it is, the team that takes a look at your performance as well. Is there a better way to deal with assessing how well adjudicators are doing than just a statistical end product? You can dispose of it easily, denied, and then you are back in the system.

Mr. SERRINO. There are a couple of things there. One is that claims examiner will adjudicate the case. It's reviewed by an authorizer, who has to sign off on the case that it's done properly. The third thing we have done is, we have what we call a quality review specialist in the Adjudication Division. It's his job to look at trends and things like that. We have a certain adjudicator that is coming up with problems with certain types of cases that might need training. Is there a common thread. Do we see a trend or need for things like that.

To give you an example, one of the things that we watch closely is—I know Jack and our friend Elmer Smith who isn't here from your District——

Mr. RIDGE. Yes. Another good man, yes.

Mr. SERRINO. Who have both been very concerned about PTSD cases.

Mr. RIDGE. Yes.

Mr. SERRINO. We know our grant rate is comparable to the national average. We are granting them as much. Of course, as was pointed out here before, that's not saying much. Maybe the whole

VA ought to be granting more PTSD cases and maybe we ought to be granting greater percentages.

What we will do is, we will bring in people and try and bring in training to sensitize people to those things. You also have another variable in there, your members on the rating board. Unfortunately or maybe fortunately, Mr. Bushey or I cannot go and tell a rating board specialist how to rate a case. I guess I sort of liken it to the Supreme Court because sometimes I think some rating board specialists think they are judges.

We will and Mike will look at the people, we want to make sure the people we put on there are very compassionate. Sometimes you get people that are very legalistic in their interpretations, sometimes you get people that literally interpret the veteran gets the benefit of the doubt. It is the way that I think you and I would like it to be interpreted.

Mr. BUSHEY. As Jerry said, we built that into the promotion requirements now, that the person must be compassionate. It's put in a grade GS–11. I know you are not familiar with the structure. They have to serve in that for one year before they get the 12.

If we see a lack of compassion—in one regard the money store—that's one of the problems, that they won't be on the board. We are concerned about the veteran, as well as you are.

Mr. RIDGE. I know you are. You are a veteran.

Mr. BUSHEY. Right, exactly.

Mr. RIDGE. I understand that. I would say if it were your claim as if it were mine or members of the staff, that you want it done immediately.

Mr. BUSHEY. Right.

Mr. RIDGE. We understand that there's some logistical pressure.

Mr. BUSHEY. Going back to your end products, I agree with you on 13 end products that they measure by. There could be a better way, and I think our service is trying to look over the system.

Mr. RIDGE. I would like to work with you on it.

Mr. BUSHEY. That just measures timeliness.

Mr. RIDGE. Yes.

Mr. BUSHEY. You are doing now, they are striving for more quality. That's one of the things that we are high on, we are a good quality station in terms of what they have found—except for timeliness.

Mr. RIDGE. Who, under your supervision Mr. Bushey, is in charge of the quality management teams?

Mr. BUSHEY. Nick Vrcic, my management analyst, handles the TQM teams. The quality reviewer is in the Adjudication Division.

Mr. RIDGE. Right. I want to talk a little bit about claims and presumptions. I guess I would talk to Mr. Vudragovich.

Mr. BUSHEY. Correct.

Mr. RIDGE. Let's talk a little bit about the veteran who has corroborated internal VA medical testimony relative to his or her condition with an external medical opinion that is independent but consistent and even uses the same language in a system that in spite of the external corroboration to an internal assessment with very specific language, let's talk about an adjudication system that says no to the veteran. How does that happen?

Mr. VUDRAGOVICH. If it does happen I certainly don't agree that things of this nature should occur.

Mr. RIDGE. I am not laying it at your doorstep personally. I am saying how does a system that is supposed to have a presumption in favor of the veteran—I know my cases and I know my veterans and know the medical testimony—how does a system that the VA doc says directly related, the orthopedic specialist says directly related, and they get a letter from somebody in the compensation bureau that says no compensation.

When they pull shrapnel out of his behind, got it, no problem. Or, they are missing a limb, you get it. Here, maybe it's a little more complicated. I didn't give you a chance to answer the question and I apologize. Help me with this one, because I am struggling with it.

Mr. VUDRAGOVICH. Sometimes I struggle too, in looking at the medical evidence that is presented. I, personally, believe that if we train the people and can teach them to be compassionate——

Mr. RIDGE. Have you ever looked internally—maybe this is a proper point of inquiry—to see the number of claims that have been disallowed even though the external medical testimony may have even been in conflict but substantial body of external testimony was in conflict. Are the adjudicators looking for that imprimatur, that stamp of approval, from within the VA system?

Mr. VUDRAGOVICH. I think the rating board—I think as you are aware, whenever we make a decision, say basic service connection; that we are talking about private medical evidence earlier as opposed to VA testimony or VA evidence.

Normally if you get a private medical statement, to grant service connection you need some sort of VA affirmation to say yes, this is correct. This is proper, this is the disability that the person has. If you can tie them in somehow, which I assume you are talking about secondary service connection or service connection for one disability due to an already service-connected disability.

Mr. RIDGE. Yes, secondary service.

Mr. VUDRAGOVICH. One knee, secondary to the other knee.

Mr. RIDGE. You got it. It sounds to me like you might know one of the cases.

Mr. VUDRAGOVICH. I am sure that I do. In specific cases like that you try to get as much evidence as possible and make a fair decision, fair to the veteran. It's the rating boards' responsibility to try to apply the law as equally as possible to all of our claimants.

In cases like that, yes, we will go for a VA examination. Sometimes we will request a medical opinion from the VA examiner to see what the tie in is, if there is some way to tie that disability in, that additional condition.

Mr. RIDGE. Do we need a regulation that says that the adjudicators at the VA—if a physician within the VA, if a physician within the VA system says—or establishes a causation and corroborates the disability or causation—should that be prima facie evidence and the adjudicator ought to say that ought to be an easy end work product. Here is the claim—the VA physician says it sure is related to that. Yes, and out the door. Do we need that?

Mr. VUDRAGOVICH. Congressman, you would make it much easier on the rating boards if you did that. It would take away a lot of their judgment.

Mr. RIDGE. My concern is, you have medical people making medical judgments and somebody at a rating board sitting—maybe trained, sensitive and compassionate, but who may not be medically inclined—saying the heck with the VA doc, the heck with the psychiatrist, the heck with the orthopedic surgeon. We don't care what the medical doctor said in the VA, claim denied.

Again, I am not critical—I am just saying, what do we need to do systemically?

Mr. BUSHEY. You are talking about the system.

Mr. RIDGE. Yes.

Mr. BUSHEY. That's one of the things that they are working on, going back to one person ratings rather than the three person ratings. That's one of the things that the Comp and Pension Service is looking over, to see whether they might return to that so that they have one person type rating.

Mr. RIDGE. I went a little deeper than even the person, because there is some dispute as to one or three people. I am just wondering if we ought to say—maybe this is how we strengthen the presumption, one of the ways that we strengthen the presumption. If you got a physician within the VA health care delivery system who offers for the adjudicator's review the testimony that seems to absolutely corroborate the claimant's position, how does the non-medical adjudicator say it wasn't service related? You really don't have the medical problem that you think you have, in spite of the fact that the VA said you had it.

I am thinking that maybe we ought to look at that.

Mr. SERRINO. There are two things here. We have two things, first off, a rating board doctor that will review the medical reports. That rating board doctor will work with the rating board specialists.

The situations you are saying, shouldn't need any laws. We should be able to do that on our own. I don't think people need to be led by the nose to water.

Mr. BUSHEY. We agree on that, too.

Mr. RIDGE. Of course, we are going to run into an occasion where the veteran—I don't want to deny the veteran the opportunity to go outside the system as well to say gee, I think the doctor made a mistake or that there's at least a legitimate difference of opinion. Maybe with external medical information as well as some other corroborating evidence, I might be able to persuade the rating board to get a different disposition.

That's clearly within the system. I am even looking beyond that, where there shouldn't be much controversy and say what the heck are you doing. We are supposed to be looking holistically and supposed to be working as a system, on behalf of the veteran. I am repeating myself.

Let me ask you—Mr. Chairman, I don't mean to be dominating. Go ahead, I will defer to you.

Mr. EVANS. No, that's fine.

Mr. RIDGE. Thank you. With regard to the managerial challenge that a lot of people have talked about today in the adjudication

process—I think Mr. Bushey, you mentioned that you could use another 15 or 20 adjudicators. Is that about right?

Mr. BUSHEY. Yes.

Mr. RIDGE. That's almost a doubling of what you have available today?

Mr. BUSHEY. That's if you were taking into consideration clearing out all the backlogs, even if it was a temporary ceiling for two years, assuming that our intake wouldn't stop. Our intake is increasing at all RO's. In fact, the other point that happened at our Director's conference—and you had two members over from the Senate and Congressional group. We raised on the floor that our people work for two years now are working overtime, almost six days a week.

It becomes a morale problem. They are getting burned out, and that they are also refusing overtime because of family commitments and things of that nature. It's just being burnt out. When they were asked to raise their hands, every one of 58 directors raised their hand; they are running into the same situation.

It's an ever continuing problem, and I don't know it's going to be adjusted. Again, we have to do our job and be innovative and try to come up with working smarter and not harder.

Mr. SERRINO. One thing that would help, I think tremendously is, from time in memorial we get a budget and we get a FTEE or personnel ceiling that is set by the Office of Management and Budget. It would make a heck of a lot more sense if they gave us a program budget and if we can save money in one area and put it into staffing, if we could do those kind of things.

It seems that your hands are tied in that respect. You are paying people to manage, and you ought to make them manage.

Mr. RIDGE. Do you have money to pay them overtime, or do the adjudicators get overtime or comp?

Mr. BUSHEY. They get both. They have a choice, between comp and overtime. Overtime, we have to pay them overtime. If they elect to take comp time they can take comp time. Most of it is overtime. It's overtime money that is supplied to us by the area offices and the CBD. They are looking all over to find additional money, trying to keep their head above level.

Mr. RIDGE. Mr. Chairman, you and I have a plane and have to move on. I would like to ask unanimous consent to submit for purposes of the record, additional questions to our friends at the Regional Office.

Mr. EVANS. Without objection, so ordered. The written responses to those questions will be made part of the record. I have a little more time and would like to ask some questions, and yield back when I am done with those.

I know the remand rate situation is really a national problem, that you are faring better than the national rate. Really, doesn't the remand rate tell us in effect that the Regional Offices of the VA as a whole, really isn't doing a good job because they are sending these cases back to the adjudicators?

Mr. VUDRAGOVICH. Mr. Evans, part of the reason that they are sending them back is because of the Court of Veterans Appeals. The court will make a precedent decision. The case may already be at the BVA based on the criteria that was in effect at that time.

The rating board made their decision based upon the law in effect say in maybe 1991 or 1992.

The court hands a new decision down which may change that part of the law. So, what BVA does is send the case back to the Regional Office. The Regional Office has to consider the issue based upon the court decision that was just promulgated. At that point in time based on the direction by the court, if the Regional Office can grant the benefit it does.

If not, then the claimant would be sent a supplemental statement of the case—and it would go back to the Board of Veterans' Appeals for their review. Depending on the board decision, and certainly if it's unfavorable, then the veteran would have the opportunity to present the case before the Court.

Mr. BUSHEY. You are right, Congressman, it is not good. It is an average of 50 percent that is being returned to all stations. We are slightly below that, so we are doing a little bit better. It's not good. It was a result of the COVA and the courts, because every time that they make a precedent decision it affects all cases, and they go back to the stations for further development.

Mr. EVANS. What might we be able to do to reduce the remand rate considerably, by 50 percent? Is it better education?

Mr. BUSHEY. Better education, and as the courts continue—I think they are getting better themselves and getting a little more consistent. That was raised at our Director's conference too, because that is not good, that 50 percent remand nationally. I agree with you.

Mr. EVANS. How many days could it take before a claim delivered to the Regional Office was actually recorded or entered into the VA's recordkeeping system?

Mr. VUDRAGOVICH. Generally from one to seven days, depending on the volume of work and number of correspondence clerks we have available.

Mr. EVANS. Is that one to seven days put into the calculation for the statistics about the time to process a claim?

Mr. VUDRAGOVICH. Yes, it would. It would be from the date that the claim is received, not the date that we record the claim.

Mr. EVANS. What percentage of calls to the Regional Office are not being completed, when lines are busy or the call wasn't answered?

Mr. BUSHEY. He's Tony Annoreno, and he's the Acting Chief of the Veterans Service Office. The lost call rate is, again, below the national average. He will give you the actual figure.

Mr. ANNORENO. The actual lost call rate that we have experienced probably was around 14 percent. Within the last three months actually, we have been reducing it significantly by utilizing personnel in different areas to basically handle calls during busier times, when we receive an influx of calls whether it be my counselor's in the personal interview activity or any of my special units.

We do get busier times and we are handling those calls as they do come in. This month here, we are about 9.8 percent and are continuing to keep at it.

Mr. BUSHEY. Tony, the national average is what?

Mr. ANNORENO. I believe it's about—I am not certain exactly. The standard is ten percent. We are supposed to answer 90 percent of our calls, and our standard is ten percent.

Mr. EVANS. You are below——

Mr. ANNORENO. At this point this month, we are. We did have difficulty, I will admit that.

Mr. BUSHEY. One other thing that we do though is, we keep code a phones on 24 hours a day. Any overload goes into the code system and they are immediately called back the next day and even in the evening. The code a phones work, and that's one of the ways that we reduce our lost calls.

Mr. EVANS. What are some of the most typical questions that people ask?

Mr. ANNORENO. We have a number of types of questions, many questions relative to types of benefits that we have, explain the eligibility requirements. Also, status of claims, quite often. Depending upon the time of the month, status of the check, question on the amount of a check. Depending on the time of the year we may also encounter a lot of educational calls, beginning of enrollment and such, as well as calls from our pension recipients concerning forms that they may have to complete that they have specific questions on them.

Mr. EVANS. Before recognizing Congressman Ridge for further questions, I wanted to thank you very much for your testimony. We have some disturbing issues that have been raised, but I think you are getting some good help out there to veterans.

I am curious about your focus groups and town meetings. They are something that we normally do in politics. I think you are making some efforts to reach out to veterans. Which is necessary. We are not here to simply criticize you, we want you to know that we appreciate the good work that you are doing. I appreciate your coming before us and being straightforward with us as well.

Congressman Ridge.

Mr. RIDGE. Mr. Chairman, I thank you for the good words. I do recommend—I don't know what the closest Regional Office to you is—they had a very successful outreach forum with representatives from the different VSO's and other organizations and even individuals up in Erie, PA.

I don't think they have a traveling team. We have to deal with the veterans in Western Pennsylvania. You are on your own, Mr. Chairman. I suspect that the VA Regional Office would respond to a call from the chairman of the Oversight Subcommittee. I don't know for sure, but I think they would probably say yes.

I want to talk quickly about two things. One, again, about the special processing unit. It was just made known to me that this was a recent development, and different Regional Offices use it differently and give it higher priority. It is my understanding that in some Regional Offices the SPU has really the authority to go right to the different division chiefs and basically with the imprimatur of the Director—you have a problem, you cut through it and go with it.

What is the relationship in that regard, between the SPU and either you, Mr. Bushey or the unit chiefs, division chiefs within this Regional Office?

Mr. BUSHEY. Direct access to my office. They come directly to Jerry Serrino or myself or my management analyst. If they have a problem and we would loosen it up if there is a problem, so that it is direct to our attention.

The one thing that we would like to close on too is, believe me, the message is that the veteran, in doubt, gets the benefit. I have used everything but baseball clubs to make sure that they know that.

Mr. RIDGE. I appreciate that. I was curious about that. So that I understand completely though, before the roadway was cleared you, as director, would like to know what the special problem is and you will help him clear it, rather than them going independently of you.

Mr. BUSHEY. Exactly.

Mr. SERRINO. They normally go right to our rating board with a case and it's earmarked as a special. If they have any problems with them they come up to us.

Mr. BUSHEY. Come directly to us.

Mr. RIDGE. They punch it up to you. Secondly, with regard Mr. Chairman to the whole question of remand and the 50 percent remand, I didn't want it to go left unstated. Part of the problem—and it's not specific to this Regional Office—I think one of the reasons we still have a substantially higher remand rate than we want is that they get up to the board, they get up to the court, and the record is still inadequate.

We will serve the veteran best, by trying to get all information, as complete a file, as quickly as you possibly can, and we possibly can get it earlier on. I think that we have been talking about results. We know that the output reflects the input.

Maybe that's where Congress ought to be focusing some of the efforts, as we go about looking constructively and critically at the VA system, maybe we better start looking to inputs ourselves as we are assessing the resources that you have and the direction that you are given by Congress as to what you ought to be doing at the front end.

I do think that one of the reasons that you have so many remanded is that they are being remanded for more testimony, remanded to clear up this discrepancy, remanded for these additional medical or military records. Again, that delay in the process.

I know that by the time the three million men and women who served with me in Vietnam probably got their draft notice and most of them ended up in the field, it was probably a lot quicker than most of them had claims adjudicated. That's for veterans of all wars. The point is, that if the government spares no expense to get you there, when you come back with problems and disabilities, we should not spare the expense.

We ought to be doing as an effective and efficient job in taking care of you as we did training you to get you overseas. Again, Mr. Chairman, to you, a great debt of personal thanks, and also to your wonderful staff who helped make this a quality hearing.

I must tell my colleagues and the friends here, I have done a lot of these hearings around Pennsylvania and around the country. We are knocking on almost four hours with only three panels. I appreciate the lengthy public discussion of these matters.

Again, I would ask unanimous consent to include written questions and written responses, as part of the record. Thank you.

Mr. EVANS. So ordered. I will be doing the same thing. As I said, those written responses as well as the questions, will be made a part of the record of this hearing.

Thank you, Congressman Ridge, for hosting us. We look forward to working with you on these issues, and appreciate your continuing leadership.

Thank you all, very much. The hearing is now adjourned.

[Whereupon, at 12:29 p.m., the hearing was adjourned.]

RUN DATE: 05/12/93

COIN DOOR: 1015

STATION: 311 PITTSBURGH,PA

ADJUDICATION DIVISION-C&P ISSUES
WIPP EPC REPORT

AS OF: 04/30/93

RCS # 20-0207

AREA 1

	TIMELINESS				PENDING ISSUES			
	AVERAGE PROCESSING DAYS (CM)	AVERAGE PROCESSING DAYS (FYTD)	AVERAGE CONTROL TIME	AVERAGE DAYS PENDING	(W10) TOTAL	(W10) OVER 3 MONTHS	(W10) OVER 6 MONTHS	% OVER 6 MONTHS
C&P - ORIGINAL CLAIMS:								
110 INITIAL DISABILITY COMP	223.6	218.7	12.6	150.6	873	550	275	31.5
180 INITIAL DISABILITY PENSION	131.6	149.7	16.4	112.1	277	145	55	19.9
140 INITIAL DEATH COMP & DIC	102.6	122.1	17.8	121.0	93	42	19	20.4
190 INITIAL DEATH PENSION	60.9	86.1	18.0	67.8	144	45	7	4.9
160 BURIAL/PLOT/HDSTONE/MARK/ENG	40.8	39.8	10.6	36.6	216	27		
165 ACCRUED CLAIMS	65.2	84.5	12.6	63.1	19	6	1	5.3
C&P - ADJUSTMENTS/SUPPLEMENTALS:								
120 REOPENED CLAIMS	132.2	132.6	17.9	103.8	2,264	1,058	316	14.0
130 DISABILITY & DEATH DEPEND	20.1	36.4	6.7	71.2	397	122	21	5.3
135 HOSPITAL ADJUSTMENTS	1.0	1.0		45.9	21	2	1	4.8
150 INCOME, ESTATE & ELECTIONS	43.8	53.2	8.0	59.7	612	138	14	2.3
154 PEN & PARENT DIC INCOME MATCH	319.4	190.9	3.4	290.4	1,248	1,141	1,135	90.9
155 EVR REFERRAL	56.3	49.2		61.4	774	244	31	4.0
310 REVIEWS-FUTURE EXAMS	56.1	73.9	2.1	73.7	127	30	10	7.9
314 SC UNEMPLOYABILITY WAGE MATCH		189.0						
320 REVIEWS-DUE TO HOSPITAL	82.5	100.2	13.5	93.3	86	33	10	11.6
C&P - ANCILLARY ACTIONS/CLAIMS:								
170 C&P NOTICES OF DISAGREEMENT	323.0	54.0	323.0	227.8	1,338	972	677	50.6
173 HEARINGS - OTHER	31.0	33.5	.3	97.4	19	9	2	10.5
174 HEARINGS - HEARING OFFICER	188.8	159.2	4.8	152.3	263	155	97	36.9
290 ELIGIBILITY DETERMIN-OTHER	44.6	56.5	6.1	90.3	304	126	32	10.5
293 WAIVER & COMPRO DECISIONS	42.2	37.1	2.6	92.7	65	26	8	12.3
500 SPECIAL CONTROLLED CORRES	1.7	2.2	.7					
510 FOIA & PRIVACY ACT REQUESTS								
600 PREDETERMINED NOTICE CASES	80.6	85.2	3.2	60.5	252	52	9	3.6
C&P - SPECIAL REVIEWS								
680 REVIEWS - RATING INVOLVED	589.3	476.7	1.7	720.3	332	325	308	92.8
682 REVIEWS - RATING INVOLVED								
683 REVIEWS - RATING INVOLVED	1.6	1.6	.6	23.0	1			
684 REVIEWS - RATING INVOLVED		1.0						
690 REVIEWS - AUTHORIZATION ONLY	5.2	44.8	.7	18.3	16	8	7	43.8
692 REVIEWS - AUTHORIZATION ONLY	172.5	78.1		217.5	6	6	5	83.3
693 REVIEWS - AUTHORIZATION ONLY		26.6						
694 REVIEWS - AUTHORIZATION ONLY	3.7	4.3	.3	25.8	72			
STATION TOTAL	58.7	74.0	6.5	159.0	9,819	5,262	3,040	31.0

APPENDIX

RUN DATE: 05/12/93

COIN DOOR: 1015

NATIONWIDE

ADJUDICATION DIVISION-C&P ISSUES
WIPP EPC REPORT

AS OF: 04/30/93

RCS # 20-0207

	TIMELINESS				PENDING ISSUES			
	AVERAGE PROCESSING DAYS (CM)	AVERAGE PROCESSING DAYS (FYTD)	AVERAGE CONTROL TIME	AVERAGE DAYS PENDING	(W10) TOTAL	(W10) OVER 3 MONTHS	(W10) OVER 6 MONTHS	% OVER 6 MONTHS
C&P - ORIGINAL CLAIMS:								
110 INITIAL DISABILITY COMP	183.8	179.0	7.2	144.9	81,458	48,233	26,369	32.4
180 INITIAL DISABILITY PENSION	116.2	119.9	7.1	91.1	13,718	5,186	1,814	13.2
140 INITIAL DEATH COMP & DIC	99.7	103.3	8.9	90.2	6,958	2,455	893	12.8
190 INITIAL DEATH PENSION	67.0	67.7	7.2	63.2	7,592	1,696	411	5.4
160 BURIAL/PLOT/HDSTONE/MARK/ENG	31.7	32.0	4.5	47.1	13,996	2,011	466	3.3
165 ACCRUED CLAIMS	36.2	42.1	6.5	51.1	1,591	248	49	3.1
C&P - ADJUSTMENTS/SUPPLEMENTALS:								
120 REOPENED CLAIMS	123.2	122.9	10.0	115.4	145,450	68,259	30,651	21.1
130 DISABILITY & DEATH DEPEND	17.9	34.1	4.3	55.6	23,601	4,519	969	4.1
135 HOSPITAL ADJUSTMENTS	1.0	1.0		51.9	1,267	168	27	2.1
150 INCOME, ESTATE & ELECTIONS	42.2	38.6	6.9	55.6	21,898	3,863	604	2.8
154 PEN & PARENT DIC INCOME MATCH	148.8	166.8	2.9	180.5	20,538	10,421	8,823	43.0
155 EVR REFERRAL	30.8	27.2	.1	46.6	27,878	4,520	720	2.6
310 REVIEWS-FUTURE EXAMS	59.1	66.3	3.7	69.3	9,498	2,251	726	7.6
314 SC UNEMPLOYABILITY WAGE MATCH	137.3	78.0	2.6	175.1	135	98	41	30.4
320 REVIEWS-DUE TO HOSPITAL	67.9	67.6	6.7	75.1	6,815	1,974	598	8.8
C&P - ANCILLARY ACTIONS/CLAIMS:								
170 C&P NOTICES OF DISAGREEMENT	191.0	45.1	191.0	226.9	61,529	42,895	30,412	49.4
173 HEARINGS - OTHER	69.5	80.1	13.2	115.8	415	181	89	21.4
174 HEARINGS - HEARING OFFICER	130.3	122.1	10.4	114.6	9,022	4,286	1,978	21.9
290 ELIGIBILITY DETERMIN-OTHER	41.4	45.2	6.4	81.8	13,325	4,215	1,441	10.8
293 WAIVER & COMPRO DECISIONS	15.3	15.4	4.3	58.2	710	179	28	3.9
500 SPECIAL CONTROLLED CORRES	1.7	2.0	.7	128.3	12	4	4	33.3
510 FOIA & PRIVACY ACT REQUESTS	7.0	5.8	3.5	39.2	104	10		
600 PREDETERMINED NOTICE CASES	71.6	72.4	2.0	43.5	44,050	2,451	444	1.0
C&P - SPECIAL REVIEWS								
680 REVIEWS - RATING INVOLVED	395.6	353.9	37.3	718.7	28,729	27,921	27,013	94.0
682 REVIEWS - RATING INVOLVED	1.0	1.7		204.0	3	3	2	66.7
683 REVIEWS - RATING INVOLVED	4.3	18.0	1.6	112.3	52	21	14	26.9
684 REVIEWS - RATING INVOLVED	2.0	3.9		508.5	2	1	1	50.0
690 REVIEWS - AUTHORIZATION ONLY	6.8	20.8	.9	12.4	1,396	543	171	12.2
692 REVIEWS - AUTHORIZATION ONLY	4.5	7.5	2.6	125.4	152	79	66	43.4
693 REVIEWS - AUTHORIZATION ONLY	9.6	23.4	4.5	174.9	40	25	22	55.0
694 REVIEWS - AUTHORIZATION ONLY	3.8	3.1	.6	55.7	462	91	13	2.8
STATION TOTAL	52.2	56.9	4.3	146.4	542,396	238,807	134,859	24.9

STATEMENT OF THE HONORABLE TOM RIDGE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
COMMITTEE ON VETERANS' AFFAIRS

DELIVERY OF BENEFITS AND SERVICES BY THE PITTSBURGH REGIONAL OFFICE

JUNE 28, 1993

Mr. Chairman, I would like to thank you for all the work you and the Committee Staff have done to organize today's hearing. I appreciate you arranging your schedule so that the hearing could be held in Pittsburgh.

I would also like to acknowledge the University of Pittsburgh, especially the Government Relatins office, for all the help they have given us.

America has always felt a debt of gratitude toward those that serve and protect the principles of the country. This country, since its birth, has recognized that veterans should be compensated for service-connected disability or death. America's commitment to its veterans has grown stronger with each war that this country has had to fight.

It is one thing to make such a commitment and another to ensure this commitment is carried out. If the system is broke we have no choice, but to fix it. Otherwise, we are not living up to the promise we made to the young men and women who have served.

The Regional Office in Pittsburgh has jurisdiction over 560,700 veterans, which makes them the nineteenth largest regional office nationally. They have the responsibility of ensuring that each and every one of these veterans are receiving the highest level of care, not to mention the benefits and services that they rightly deserve.

And I am concerned that they are not doing their job correctly. During my elven years in Congress, every caseworker who has worked in my office, and I personally, have seen too many veterans who were not treated with the proper respect and dignity.

I have seen too many examples of the Regional Office repeatedly denying a veteran disability, even when their claim is strongly supported by medical evidence. Eventually the veteran -- who is sick to begin with -- will either give up the fight or die. This could be called the "leave me alone syndrome."

When we talk about the claims process, we are not talking about mere statistics. I don't care about how many end products are in the system in a given month or the number of work credits. What I care about and what my constituents care about is why it takes an average of 220 days for a decision to be reached on an original compensation claim, 127 days for an orignal pension claim, and 120 days for a reopened claim. I also am left to wonder why during the first quarter of this fiscal year alone, a total of 57.5% of Board of Veterans' Appeals (BVA) decisions were remanded back to this Regional Office.

I want to know why an audit of the Regional Office done last year, by the Inspector General of the Department of Veterans' Affairs showed that claims were not processed in a timely manener and many of the delays could have been avoided or reduced. I fully agree with the IG's assertion that claims processing delays may result in financial hardship for the claimants. We are not talking about numbers here, we are talking about people's lives.

The purpose of today's hearing is to find out what solutions are needed to rectify the problems that exist in this Regional Office, which I believe are the timliness of claims processing; the lack of recognition of stress conditions; and the lack of sensitivity toward the veteran on the part of some of the workers. If we find that these problems or some portion of them exist in the Regional Offices throughout the country, then it is my job to see that I fix them back in Washington. But, if we find that the problems or some portion of them are specific to Pittsburgh, then it is the management's job to make sure that there is change in policy and attitude. The Regional Office has to carry out their mission of serving the veterans.

Mr. Chairman, I would like to once again thank you for your efforts with regard to this hearing. I would also like to welcome all of our witnesses and thank them for their input.

CONGRESSMAN
RICK SANTORUM
18th District, Pennsylvania

COMMITTEES: Ways and Means
Subcommittee on Human Resources — Ranking Member
Subcommittee on Oversight

1222 Longworth House Office Building • Washington, D.C. 20515

Testimony of Hon. Rick Santorum
before the
Subcommittee on Oversight and Investigations
June 28, 1993

Mr. Chairman and Members of the field hearing:

I am honored to be here today in Pittsburgh to discuss with you important issues facing the veterans community in western Pennsylvania. As a former Member of the House Committee on Veterans Affairs, I have placed the needs of America's veterans among the highest priorities of my office.

In the Spring of 1991 I formed the Veterans Affairs Advisory Board which is composed of individuals from Allegheny County who play an active role in the region's veterans community. The aim of this board was to raise my own awareness of the unique concerns of the nearly 200,000 veterans living in Allegheny County. The Board has easily surpassed my original expectations. Many of its recommendations and insights have resulted in positive gains for our veterans.

When the Subcommittee on Oversight and Investigations last held a field hearing in Pittsburgh on April 11, 1992, at the Highland Drive Veterans Administration Hospital, I delivered testimony regarding the plight of homeless veterans in Allegheny County. The impetus for this testimony was derived from survey results provided me by the members of the Social Services Committee of my Veterans Affairs Advisory Board. The work of my Advisory Board, along with efforts of other veterans advocates, directly contributed to a heightened awareness of the homeless veterans crisis in Allegheny County. I was pleased to be informed that Congress specifically appropriated additional funds for homeless veterans initiatives nationwide, and that the Highland Drive VA received over $1 million dollars to create a 50-bed Domiciliary Care facility for homeless veterans. It is noteworthy to say that Highland Drive was the only Medical Center authorized this fiscal year to activate such a facility for homeless veterans.

The initiative of the Social Services Committee, specifically Chairman Tom Fitzgerald and Vice Chair Lieutenant Commander Karen Trueblood, illustrated precisely what I had envisioned as the role of my Advisory Board.

Today, Trea Graham, a member of the Benefits Committee of my Veterans Advisory Board, will personally report on the efforts of her committee. Since last yea, the Benefits Committee, in cooperation with the Department of Veterans Affairs Regional Office in Pittsburgh, has conducted a study of the timeliness in processing benefits claims in the Adjudication Division.

Although there is more to accomplish, through the cooperative efforts of the Benefits Committee, VA Regional Director Harold bushey and my office, tangible improvements in the Adjudication Division have been realized. Ultimately, I believe that this positive relationship will ensure that deserving veterans receive their benefits in a more timely fashion.

I would like to thank the committee for spending the time to listen to the testimony of veterans' advocates like Trea Graham who have helped to raise the consciousness of the unique needs of our nation's veterans.

Testimony of Honorable Ron Klink
before the
Committee on Veterans' Affairs
Subcommittee on Oversight and Investigations
June 28, 1993

I would like to thank Chairman Lane Evans and Congressman Tom Ridge, Ranking Member of this Subcommittee, for bringing this hearing to the Pittsburgh area in order to examine the benefits and services available to our local veterans at the Pittsburgh Regional Office of the Veterans Benefits Administration.

Mr. Chairman, as you know, the Veterans Administration is the only means we have to honor and care for the men and women who have served so faithfully defending this great country. Unfortunately, I have been contacted by numerous veteran constituents who feel victimized by the system and ultimately slip through the cracks.

I realize the needs and problems of delivering benefits and services to our veterans is complicated and the Veterans Administration offices across the country are being forced to work through continuous budget cuts and substandard working conditions. However, the needs of our local veterans are clearly not being properly addressed. The veterans that have contacted me for example, feel that they are not given the support they need in developing their claims. Approximately 88% of first time claims are denied. And it is not uncommon for claimants to wait six to eight months for this decision, just to be told to contact one of the service organizations such as the Veterans of Foreign Wars, the American Legion or the Disabled American Veterans to advocate their

appeal. The veteran then waits another approximate six to eight months for the appeal decision.

When the veteran files a claim he/she is held to certain time parameters but the Veterans Administration, although held to the same parameters, does not always feel the need to comply, thus delaying the processing of cases. The Veterans Administration needs to begin playing on a level playing field. And this is only one example of the poor treatment veterans are receiving.

I believe our veterans deserve the very best this country can offer and I don't believe they are currently given the help or respect they deserve. The Veterans Administration was formed as an ally for our veterans but many veterans feel it is playing an adversarial role instead. I believe the laws governing the Veterans Administration are adequate, however, the manner in which they are carried out needs to be re-examined. And hopefully, today we can begin to do just that.

I would again like to commend the committee for having the recognize the need to hold this hearing here today and also to thank them for inviting me to participate. I would also like to present to you a few of the veterans' cases that have come to my attention.

Claimant: Does not wish to be identified
Wife does not wish to be identified for fear of retaliation against her husband
Type of Claim : Overpayment of VA benefits

This Veteran is currently in a VA facility. On April 15, 1993 a notice from St. Paul was forwarded indicating that an overpayment had been created in his account in the amount of $18,651.00 due to the fact that the VA continued to pay benefits at an unreduced rate.

His wife contacted the VA Regional Office in St.Paul and told them that she fills out his EVR's and reported to the VA that when he was in a private nursing home his expenses were much greater than they were at the present time being that he was now in a VA Medical Center. She reported when he was moved from the private nursing home to the VA. Although the VA discontinued the Aid and Attendance benefits they continued to send his pension to his wife for her living expenses.

While she was still on the phone with St. Paul, they contacted the Regional Office in Pittsburgh and were told that they had never received anything from the wife concerning this matter.

Unknown to the VA the wife sent everything registered mail, (returned receipt requested) and received the receipt back stamped from the VA.

On June 15, 1993 a Financial Status Report was forwarded to the Regional Office in St. Paul concerning this debt, with a statement from the wife requesting a waiver due to the fact that everything was reported in a timely manner. She feels it is not her fault that her papers are laying somewhere up at the VA lost in the shuffle.

On June 17, 1993, the wife received a letter dated June 14, 1993 stating that the VA received her claim for benefits and there was no further need for action on her part at this time.

Claimant: Does not wish to be identified

Type of Claim : Computer Letter from VARO Concerning Nursing Home

On May 28, 1993 the claimant's widow received a letter form VARO advising her that her Widow's Pension benefits would be reduced on August 1, 1993 due to the fact that she had been in a Medicaid approved nursing home since October 29, 1992. She is 89 years old so when she received this letter it really upset her because she had never been in a nursing home.

The widow's daughter brought the letter into our office and we called the phone unit at the Federal Building in Pittsburgh. We were advised that this letter is being sent out to people in her age bracket to catch the one's that have not reported to the VA that they are in a Nursing Home. We sent a 4138 (Statement in support of claim) advising the Veterans Administration that the widow was never in a nursing home. This was done on June 7, 1993.

As of June 17, 1993 the office had heard nothing.

Note:
What a waste of taxpayers money trying to catch "old people" ! Manpower (VA), postage and aggravation to the people. If they would handle claims coming in and solve those, they wouldn't have time to play "detective".

Claimant : Does not wish to be identified

Type of Claim : DIC, Widow's Pension with A&A

In September of 1984 the claimant applied for Widow's Pension and was denied because of excessive income.

On February 19, 1985 the claimant re-opened her claim based on the fact that her income had decreased. Widow's Pension Benefits were granted at this time.

On February 20, 1986, the claimant received a letter stating that her benefits were being discontinued effective March 1, 1985 because of Social Security income that the Veterans Administration said she never reported. A corrected EVR (Eligibility Verification Report) was submitted on February 25, 1986 showing the widow's income.

On April 12, 1986, the claimant received an overpayment letter from St. Paul Regional Office showing an overpayment of $1,406.00 A 4138 (Statement in Support of Claim) was filed on April 29, 1986 requesting a waiver of the debt based on the fact that she claimed she notified the VA that Social Security had begun but the VA continued sending her checks so she felt that she was entitled to them. Also she requested that it be investigated that her husband was 40% Service Connected for Diabetes and died from an Acute Myocardial Infarction due to Diabetes Mellitus so she felt that she should be receiving DIC benefits. Another letter was received on May 5, 1986 from St. Paul with a Financial Status Report attached. This was filled out and returned on May 16, 1986.

On May 28, 1986 the widow received a letter from VARO Pittsburgh advising her that her request for a waiver had been denied based on the fact that she misstated her income when she re-opened her claim for benefits on February 19, 1985, that she knew she was going to be receiving Social Security in March of 1984 and did not report it, but continued to receive Pension from the Veterans Administration. She again requested a waiver and received a letter dated June 3, 1986 that her request was being referred to the Committee on Waivers and Compromises for review.

On August 4, 1986 after investigation her request to look into DIC benefits a letter was forwarded to her from the VA Regional Office in Pittsburgh advising her that the claim for Service Connected DIC benefits was denied, that the Veterans death was NOT due to his Service Connected Condition. On August 15, 1986 A POA (Power of Attorney) for the American Legion was forwarded to VARO along with a Notice of Disagreement on October 9, 1986. A Statement of the

case was sent and an appeal was forwarded to the American Legion on October 16, 1986, requesting a personal hearing at the Regional Office in Pittsburgh. On November 6, 1986 a hearing date was sent to the widow for November 21, 1986 at 10:30 AM. Benefits were denied based on the hearing and this claim is still pending with the Board of Veterans Appeals in Washington DC according to the American Legion.

In March of 1987, the widow received another letter from St. Paul concerning her overpayment and a Financial Status Report was forwarded on March 27, 1987 stating that she could not pay this debt back.

On January 3, 1989 she re-opened her claim for Widow's Pension with Aid and Attendance based on the fact that she is legally blind and also has several health preventing her from taking care of herself.

As of June 16, 1993 this claim is still pending and is her claim for DIC benefits.

This claim is taking 9 years for a decision.

Claimant : Does not wish to be identified

Type of Claim : Higher rating for service connected knee condition

On March 19, 1991 the claimant filed for a higher rating of his Service Connected knee condition along with a Medical report from his private physician. This was forwarded to the VA Regional Office in Pittsburgh.

On April 8, 1991 the claimant received a letter from the Regional Office that they had denied his claim for increased Service Connected benefits based on the report from his physician.

On May 20, 1991 a Notice of Disagreement was filed with the American Legion. On July 29, 1991 a Statement of the case was sent to the claimant. On October 1, 1991 additional Medical evidence was submitted to the American Legion.

On October 25, 1991 the claimant received a letter from VARO, requesting additional evidence. This evidence was submitted on November 27, 1991 to the American Legion.

On February 14, 1992 the Veteran received a letter from VARO again denying his claim for a higher rating. A Notice of Disagreement was filed February 26, 1992.

The Veteran received a statement of the case and forwarded Appeal to the American Legion March 25, 1992.

On March 24, 1993 the Veteran called and was very upset. He had not heard anything from the VA since February 1992. The service officer was contacted. There was nothing in the Veteran folder but the statement of the case dated March 25, 1992. They never received the appeal that the Veteran had forwarded to them. The service officer asked us to contact the Veteran and have him call him. This office contacted the veteran and relayed the message. On April 27, 1993 the service officer contacted our office and asked us to fax all the paperwork we had in the claimants file to him. This was done. On May 20, 1993 the Veteran called the office and requested we call the service officer and have him call him. We left a message with the secretary as the officer was not in his office.

We have not heard from either of them since May 20, 1993.

Claimant: Does not wish to be identified

Type of Claim: Higher Rating for VA Compensation
Right Knee Condition

The Claimant called our office on April 24, 1991 for information on how to file for a higher rating for his VA Compensation. He is a 20% Service Connected Veteran for a right knee condition. We advised him to come into the office and we would do the paperwork for him.

On May 15, 1991 the Veteran came into the office and we filled out a 4138 (Statement in Support of Claim) along with Medical Records from his private physician and Medical Records from the Military. This information was forwarded to the DAV VARO, Pittsburgh Pa.

On May 22, 19991 the claimant received a letter from a National Service Officer, DAV advising him that his claim has been submitted to the VA and it would take approximately 4 to 6 months for the VA to fully develop his claim.

On March 17, 1992 the Veteran called. He wanted to know who his POA was. After checking with the DAV concerning his claim he was advised by them that they had no authorization to process his claim, that they were not his Power of Attorney. No work had been done on his claim since it was first submitted. We found out that in 1988 he changed his POA to the American Legion.

The office notified that American Legion of the problem, they obtained his records and started working on his claim. On November 12, 1992 he received a letter from VARO denying him an increased evaluation. He contacted our office and advised us that he would let us know if he wanted to file a Notice of Disagreement.

On November 18, 1992 the American Legion Service Officer filed a Notice of Disagreement on behalf of the claimant.

On January 23, 1993 the Veteran called to check on his claim. We contacted the service officer who checked on the claim the same date and advised us that the case was in the rating board.

On March 4, 1993 the claimant again called our office to check on his claim. We called the American Legion and the service officer again and advised us that this case was still in the rating board.

On June 11, 1993 the Veteran called the office to check on his claim. We contacted the American Legion who again checked on this. The service officer called our office and told us that this claim has been in the rating board since November 1992. He was going to personally contact the rating board and see why this is taking so long.

Federal Burial - VA form 21-530 was filed on January 27, 1993.

A call was made to the Pittsburgh Regional Office on June 15, 1993 to find out why this claim had not been paid and was told that although they had a death certificate it was not on the computer that the Veteran was deceased. The reason they had put a stop to his pension checks was because the Income Verification report had not been returned. This complaint was from a widow who was having problems collecting her widows pension from the V.A.

Claimant: Does not wish to be identified.

Type of Claim: Reduction of benefits.

Claimant, a World War II veteran went to the Bethesda Naval Hospital where he was diagnosed as having bone cancer. His leg was amputated at the hip and he was given 100% disability. He returned to his home in Lawrence County and was summoned to the Pittsburgh Office for a physical. He appeared at the proper time for his appointment and his physical consisted of an introductory "How do you feel?" and a stethoscope was placed on his chest to check his heart. His disability was reduced to 60% although he was still unemployable.

The following is a summary of a letter written by a Viet Nam Veteran.

I am writing this letter to express the main problems that are facing the veterans in this district.

I would like to use and discuss my case as a general example for you to fully comprehend the of the treatment that we are receiving at the hands of the V.A.

According to the National Veterans Legal Services in Washington D.C. the Pittsburgh Regional Office is ranked 56 out of 58 Regional Offices in the United States.

The Pittsburgh Office interprets the law on a personal level and places the veteran in a adversarial position which is contrary to the concept of the Veterans Administration. The Pittsburgh Office encourages employees to make medical opinions and legal conclusions which according to the U.S. Court of Veterans Appeals is illegal.

It seems that the veteran is required to live by the rules and regulations, that is he must file his papers in the time allotments allowed and if he does not he must start over. However, the V.A. does not live by the same rules. Their answer, when asked why they do not follow the rules is, If you win we will pay you retroactivelY.

NOTE: This veteran would be willing to testify before any committee or board at any time.

The Honorable William J. Coyne
Testimony for the
House Committee on Veterans' Affairs
Subcommittee on Oversight and Investigations
Field Hearing
Pittsburgh, Pennsylvania
June 28, 1993

Mr. Chairman, Members of the Committee, I want to thank you for this opportunity to testify today. More importantly, I want to thank you for holding this hearing in Pittsburgh to examine the needs of veterans in western Pennsylvania and West Virginia.

This hearing should provide the House Committee on Veterans' Affairs with an excellent opportunity to hear directly from veterans, local Pittsburgh Veterans Benefits Administration Regional Office officials and other interested parties. You will hear first hand about the concerns many veterans share regarding the future of veterans programs at a time when many federal programs are being cut. You will also hear testimony expressing a range of views on the manner in which these programs are administered by the Department of Veterans' Affairs.

It is appropriate the Veterans' Affairs Subcommittee on Oversight and Investigations should choose to hold this field hearing in Pittsburgh since this area is the home to one of the region's largest concentrations of veterans. The Pittsburgh Regional Office of the Veterans Benefits Administration has a jurisdiction encompassing 560,700 veterans. Allegheny County alone is home to 179,000 veterans, the highest number of veterans in any one county within the Commonwealth of Pennsylvania. The veteran population in the Commonwealth of Pennsylvania overall exceeds 1.4 million.

As the U.S. Representative for the 14th Congressional District, which includes the City of Pittsburgh, the North Hills and many surrounding boroughs and townships, I understand how important veterans programs are to the people of this area. My constituents share with all Americans a feeling of gratitude for the sacrifices made in the defense of our country by veterans and their families. I can also report that veterans issues and questions regarding the administration of veterans programs rank second only to Social Security issues in terms of constituent contacts to my congressional office here in Pittsburgh.

Veterans of every major U.S. military conflict make their home in western Pennsylvania. The diverse nature of the local veterans population -- including veterans from World War I, World War II, Korea, Vietnam, and Operation Desert Storm -- requires that the Department of Veterans Affairs must allocate its financial and human resources in the most effective manner possible.

The veterans population in this region has a broad range of needs. Many older veterans find themselves needing to rely increasingly on veterans health care programs. The number of older veterans in Pennsylvania and across the country continues to increase as senior citizens account for a steadily growing segment of the overall U.S. population. At the same time, the post-Cold War downsizing of active U.S. military forces is adding to the number of veterans who need assistance re-entering the civilian workplace. These new veterans will create fresh demands for VA vocational programs.

It is also a tragic fact that a large number of veterans in this area are homeless. It is estimated that there are between 1700 and 1900 homeless individuals in Allegheny County at any given moment, and approximately 35 to 40% of these are veterans. The Federal Government has a special duty to reach out and help those homeless veterans who are unemployed, have suffered financial loss or who suffer from severe medical or psychiatric problems.

As a result of the size and diversity of the local veterans population, it should be noted that fiscal 1992 Veterans Affairs expenditures in Allegheny County totaled $322,977,541. This represents the largest amount spent by the Department of Veterans Affairs in any single county within the Commonwealth of Pennsylvania, and amounts to 21 percent of total statewide Veterans Affairs expenditures.

A significant portion of the Veterans Affairs expenditures in Allegheny County are allocated to provide medical services and to cover administrative costs. Over $188 million, or 58 percent, of total Veterans Affairs Fiscal 1992 expenditures in Allegheny County were used to cover medical services and administrative costs. By comparison, less than $80 million, or 25 percent, of total VA Fiscal 1992 expenditures in Allegheny County were used to provide VA compensation and pensions.

Since there are many needs which must be met with these limited VA resources, it is vital that the Pittsburgh Regional Office make every effort to administer VA programs in the most cost effective manner possible. We are fortunate to have in Pittsburgh many dedicated Veterans Affairs professionals who are committed to working productively with veterans and the local community. While no organization is perfect, and there is always room for improvement, I know that the men and women of the VA's Pittsburgh Regional Office are ready to work with this Committee to achieve the best results possible for the veterans of this region.

I want to note as well the key role played by local veterans organizations in highlighting opportunities for improving the quality of veterans programs. I am very proud of the leadership which is being provided in this area by local veterans organizations. The members of these groups deserve the recognition and thanks of the Congress, the VA, and our local community for reaching out to their fellow veterans and playing an active oversight role in focusing attention on opportunities to improve VA programs and service delivery.

In closing, I want to thank the Committee again for holding this hearing in Pittsburgh. I am confident that you will find your time here to be well spent.

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STATEMENT OF U.S. REPRESENTATIVE JOHN MURTHA REGARDING THE PERFORMANCE OF THE PITTSBURGH REGIONAL OFFICE OF THE VETERANS BENEFITS ADMINISTRATION

SUBMITTED TO THE HOUSE VETERANS AFFAIRS SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

IN REFERENCE TO THE JUNE 28, 1993 HEARING

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE. I appreciate this opportunity to submit testimony to the House Veterans Affairs Subcommittee on Oversight and Investigations regarding the performance of the Pittsburgh Regional Office of the Veterans Benefits Administration.

Veterans in the area of Western Pennsylvania which I represent rely on the Pittsburgh Regional Office as the coordinating point for the benefits and services which they have earned through their loyal service to our nation. These dedicated men and women deserve nothing short of the finest treatment in return for their years of sacrifice, and it's our duty to ensure they receive it.

When I learned this hearing was to take place, I immediately contacted Veterans' organizations in my Congressional District to ask for feedback on the performance of the Pittsburgh Regional Office. The general reaction from area Veterans was positive. The consensus of the organizations and individuals I have spoken to is that the Pittsburgh Regional Office has improved their performance over the past few years, especially in their dealings with Veterans from the area outside the immediate Pittsburgh metropolitan area.

Veterans in a number of the counties I represent, which are up to 90 miles from downtown Pittsburgh, have complained in the past about what they felt were unreasonable delays in hearing cases and making final decisions. In addition, there appeared to be a feeling among Veterans from these areas that the Pittsburgh office was oriented toward the problems of Veterans in metropolitan areas, especially in areas such as housing and employment assistance. But recent initiatives by the Pittsburgh Regional Center, such as an outreach program for counseling for Vietnam Veterans, have been well-received by Veterans in my area, and the overall feeling of Veterans' groups toward the Regional Center are now much more positive.

A suggestion I feel has merit which came from an area Veterans' group involved a further increase in outreach by the Regional Office. This proposal involves regularly-scheduled meetings between top officials at the Pittsburgh Office and Veterans in the outlying regions served by the Office. These types of meetings would lead to the top officials becoming more aware of the concerns of Veterans at the grassroots level, especially in the more rural areas of Western Pennsylvania.

I wanted to mention one particular area of praise which I received

for the Pittsburgh Office. The Veterans Office at Indiana University of Pennsylvania, which certifies benefits for over 400 students a year, reported to me their very positive relationship with the Pittsburgh Regional Office. With furthering their education such an important and vital activity for Veterans, I'm pleased that the Pittsburgh Office maintains such a positive relationship with a major educational institution like Indiana University of Pennsylvania.

I also wanted to make some observations about the Pittsburgh Regional Office based on the day-to-day involvement my staff and I have with the Office. I receive a large number of inquiries about Veterans' benefits and compensation from constituents, and my first source of information about the details of these cases is the Pittsburgh Office. For the vast majority of inquiries, the response I receive is prompt, within two weeks of the initial inquiry. I have occasionally been disappointed at the quality of the response, feeling that a more detailed explanation for the decision of the Veterans Benefits Administration should have been expected. The most common complaint I receive from constituents is that they feel cases sit in the Pittsburgh Office for too long a period of time without a decision being made.

Most complaints I receive about the Veterans Benefits Administration are not directed at the Pittsburgh Regional Office, but at the overall polices on the federal level. In particular, the burden of proof on Veterans to show that medical conditions are service-related has proven to be a time-consuming and overly-bureaucratic process. Although I understand that many of the records of Veterans Benefits Administration were destroyed in a fire at the St. Louis records facility, at times I feel there is not enough sensitivity given to Veterans seeking treatment. The bureaucratic difficulties in the Veterans Benefits Administration, as in many other federal agencies, continue to frustrate me, and I hope that this Subcommittee will continue its work to untangle this maze of often conflicting and contradictory regulations to make the Veterans Benefits Administration more "Veterans friendly."

In conclusion, I'd again like to thank the Subcommittee for coming to Pittsburgh and focusing on the Pittsburgh Regional Office. Although these hearings tend to focus on the negatives, the Pittsburgh Regional Office generally serves Veterans in Western Pennsylvania well. I hope the Subcommittee will be able to use the suggestions made here in a manner which will help Western Pennsylvanian Veterans get their benefits in the most efficient manner with as little red tape as possible.

University of Pittsburgh
SCHOOL OF MEDICINE
Office of the Dean

STATEMENT OF DR. GEORGE M. BERNIER, JR.
DEAN, SCHOOL OF MEDICINE
UNIVERSITY OF PITTSBURGH

BEFORE THE HOUSE VETERANS AFFAIRS
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

FIELD HEARING AT THE
UNIVERSITY OF PITTSBURGH SCHOOL OF LAW
JUNE 28, 1993

Good morning, Mr. Chairman and members of the Committee. My name is George Bernier, M.D., Jr. I am a physician and Dean of the University of Pittsburgh School of Medicine. I am pleased to have the opportunity to testify before the House Veterans Affairs Subcommittee on Oversight and Investigations about the role the Department of Veterans Affairs (VA) plays in Pittsburgh through its Pittsburgh Regional Office of Veterans Benefits Administration (VBA).

I would like to welcome members of the Committee and their staff to Pittsburgh and wish them a pleasant stay. As you know health care is most prominent in Pittsburgh. One of the reasons that Pittsburgh has become a nationally recognized city for its excellence in health care delivery is the relationship between health care providers like the Pittsburgh-based VA medical centers and the University of Pittsburgh Medical Center.

One basic idea regarding the delivery of health care to veterans is that it has been improved by affiliation agreements between VA hospitals and medical schools at various locations throughout the country. This has certainly been the case in the Pittsburgh area where the University of Pittsburgh has worked in a collaborative manner with the Pittsburgh VA hospitals to enrich the clinical care environment within the VA hospital system and enhance the research and educational opportunities available in the region. In addition, utilizing sharing agreements avoids costly and unnecessary duplication for both veterans and non-veterans medical centers. Faculty and medical staff often have joint appointments too.

An example of the positive results of the collaborative efforts between VA medical centers and teaching hospitals is the development of state-of-the-art procedures such as those found in the liver transplant program at the University Drive VA Medical Center in Pittsburgh, one of two VA liver transplant programs nationally. Since the transplant program at the University Drive VA draws upon the same faculty, fellows, and residents that the program at Presbyterian University Hospital does, the VA gains the benefit of what all will acknowledge is the world's most advanced expertise and talent.

Another collaborative agreement between the VA medical centers and the University of Pittsburgh School of Medicine resulted in funding for a positron emission tomography (PET) scanner and cyclotron which is located in Pittsburgh and serves the tri-state region including Pennsylvania, Ohio and West Virginia. The PET scanner permits non-invasive observation of cell function beyond the technical capability of magnetic resonance imaging and other scanners. This type of technology permits both a high level of patient care and research due to its far-reaching applications.

A second basic idea is therefore that the development of high-tech, shared medical services and equipment within the VA Hospital system is essential to the well-being of the veterans treated in these facilities. Funding for VA health care can be leveraged by the shared purchases and other cooperative agreements. Thirdly, the level of research and training associated with such complex procedures greatly enhances the opportunities available to trainees to further their medical education and professional courses within the VA system. The development of complex treatment and research services also provides the VA system the

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opportunity to recruit and retain physicians who are the best and the brightest in the country. Provided the VA continues to reasonably fund its research program, clinical investigators will continue to find the VA a congenial environment which will greatly benefit patients. Certainly, citizens who have served the country in our nation's armed forces deserve to be treated by the best the country has to offer.

In this era of health care reform, I believe it is essential to stress that these arrangements result not only in high quality patient care, increased educational and training opportunities for young physicians which lead to a better qualified medical staff, but also cost savings for the country as a whole. Shared services between VA medical centers and teaching hospitals reduce the cost of duplicating services and research initiatives in the health care industry thereby reducing overall health care costs.

The primary missions of the VA medical system are to provide quality clinical care for veterans and to be prepared to serve active duty personnel when needed. The Highland Drive VA Hospital, in conjunction with the University of Pittsburgh Medical Center, provided clinical treatment for those brave men and women who served in the Gulf and suffered from post-traumatic stress disorder. The fifteen members of the Army Reserve's 14th Quartermaster Detachment who survived the Iraqi Scud missile explosion were treated for the stress disorder in an outpatient setting by a clinical team comprised of psychiatrists, social workers, and nurses.

The development of a clinical treatment program for veterans of an armed conflict is essential to their well-being. An estimated 15% of Vietnam veterans suffer from post-traumatic stress disorder and are in need of adequate treatment. In addition, civilian victims of stress-related injuries who suffer from post-traumatic stress disorder benefit from the expertise developed in the VA health care system.

The care that veterans and their families receive in the VA hospital system has also been the topic of review on numerous occasions and several academic studies have been prepared on the subject. I would like to direct the attention of the distinguished members of the panel to a report published in the Annals of Surgery titled "Comparison of Postoperative Mortality in VA and Private Hospitals." This study was conducted by one of our faculty members, Dr. John Stremple, and mandated by Public Law 99-166, Section 204. The study was a comparison of postoperative mortality and morbidity rates for each type of surgical procedure performed within the VA system and the prevailing national standard. (Annals of Surgery, March 1993; 217:277-285).

The study found that postoperative mortality in 113 surgical procedures or procedure groups is comparable to that in private hospitals. That finding is significant because it demonstrates that veterans are receiving quality care within the VA hospital system when undergoing surgical procedures.

I believe it is important to analyze and review the quality of care and benefits that service men and women and their families are receiving in the VA health care system. The VA health care system, especially through its affiliations with academic medical centers, is able to provide quality health care to veterans, develop a meaningful environment for clinical research to apply to patient care, and attract and retain well qualified medical staff. I am especially delighted to have been able to share my thoughts on this issue with members of this Committee and would be pleased to continue to work with the Congress on these very important issues.

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Comparison of Postoperative Mortality in VA and Private Hospitals

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Objective

This study compared unselected VA (Department of Veterans Affairs) and private multi-hospital postoperative mortality rates. In the absence of national standards for postoperative mortality rates and in view of the unique volume and range of surgical procedures studied, the second objective is to help establish national standards through the dissemination of these postoperative mortality norms.

Summary Background Data

Public Law 99-166, Section 204, enacted by Congress December 3, 1985, required that the VA compare postoperative mortality and morbidity rates for each type of surgical procedure it performs with the prevailing national standard and analyze any deviation between such rates in terms of patient characteristics.

Methods

The authors compared postoperative mortality in the VA to that in private hospitals, adjusting for the patient characteristics of age, diagnosis, comorbidity, or severity of illness. We used a total of 830,000 patients discharge records (323,000 VA and 507,000 private patients) from 1984 through 1986 among 309 individual surgical procedures within 113 comparison surgical procedures or procedure groups.

Results

The authors found no significant differences in postoperative mortality rates between the VA and private hospital systems for 105 of the 113 surgical procedures or procedure groups. VA postoperative mortality rates that were higher than those in private hospitals were found for suture of ulcer, revision of gastric anastomosis, small-to-small intestinal anastomosis, appendectomy, and reclosure of postoperative disruption of abdominal wall ($p = 0.05$). Vascular bypass surgery, portal systemic venous shunt, and esophageal surgery showed a significantly lower postoperative mortality in the VA as compared with that in private hospitals ($p = 0.05$).

Conclusions

VA postoperative mortality in 113 surgical procedures or procedure groups is comparable to that in private hospitals.

This study compared unselected Department of Veterans Affairs (VA) and private multi-hospital postoperative mortality rates. These data include the broadest range and largest number of different types of surgical procedures studied to date.

In the absence of national standards for postoperative mortality rates in private hospitals and in view of the unique volume and range of surgical procedures studied, the second objective of this report is to help establish national standards through the dissemination of these postoperative mortality norms. These standards and the large postoperative mortality data base[1] may then be valuable to other government agencies and quality review organizations when examining national health care policy issues.[2-6]

This report examines the method and a portion of the clinically relevant results of the completed Phase II report on the Quality of Surgical Care in the VA, which was issued to the Congress of the United States on April 1, 1991. The Phase II report to Congress compares postoperative mortality and morbidity in the VA with private hospitals and analyzes VA mortality through individual medical record review as required by Public Law 99-166, Section 204, enacted December 3, 1985.[7]

METHODS

Data Sources

The National Center for Health Service Research and Health Care Technology Assessment (NCHSR) provided the VA with hospital discharge data from the Hospital Cost Utilization Project (HCUP-2). This database contains more than 3 million patient discharges each year from 406 private short-term, general and nonfederal public hospitals. Teaching hospitals and hospitals with higher bed size are over-represented in both the VA and the HCUP database. The VA Patient Treatment File (PTF) database contains more than 1 million patient discharges each year from 172 VA Medical Centers including all 132 with surgical services and also includes 105 teaching and 27 nonteaching surgical services.

The VA PTF and the HCUP databases contain a minimal amount of data pertaining to surgical risk. Age and comorbidities are present, but neither database records the American Society of Anesthesiologists (ASA) physical status risk classification of the patient or whether the operation was an emergency or scheduled as an elective. They also do not contain information about the indications for operation or the cause of death. No information is available within the VA PTF system nor the HCUP database regarding the survival of patients beyond the date of discharge. Therefore, the analysis of mortality rates was restricted to 30-day in-hospital deaths only.

Selecting Surgical Procedures for Comparison

Before beginning any comparative analyses of these two databases, we compiled a list of surgical procedures to be studied. In making up this list, all attempts were made to include as many procedures as possible to fulfill the intent of Public Law 99-166 provided that a sufficient number of patients had undergone the procedure in the VA for a meaningful analysis to be carried out. A further criteria imposed on the surgical procedures to be studied was the requirement that patient deaths occurring after one of these procedures could legitimately be presumed to be related to the procedure itself. Thus, diagnostic or palliative procedures were excluded as well as those identified as treatment of complications.[8]

A surgical procedures list that included all procedures meeting these requirements, provided that a minimum of 100 cases per year were present in the VA, was assembled. To permit less common surgical procedures to be studied, the list was expanded to include procedures accounting for at least 10 deaths a year within the VA even if they were performed on fewer than 100 patients. In a further effort to examine even more of the less common procedures, groupings of related procedures were constructed by employing the hierarchical nature of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) coding system. The result of this selection process was 66 individual surgical procedures and 47 surgical procedure groups, which were used for data analysis and comparison. These 113 were comprised of a total of 309 individual surgical procedures.

The VA Office of Quality Management designed the study to include the specific comparisons of VA to private hospitals, using Hospital Studies Program statistics, and is solely responsible for interpreting the results. The role of the Hospital Studies Program at the National Center for Health Services Research and Health Care Technology Assessment was limited to providing the data file requested by the VA. No official endorsement by the National Center for Health Services Research and Health Care Technology Assessment is intended nor should it be inferred.

The opinions and conclusions expressed are solely those of the authors and should not be attributed to the Department of Veterans Affairs or the National Center for Health Services Research and Health Care Technology Assessment of the Department of Health and Human Services.

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Study Population

Data availability considerations for both the VA and NCHSR/HCUP data led to the selection of the 3-year time frame from 1984 through 1986. The NCHSR data was restricted to men over 18 years to be more comparable to the VA population. For the analysis, we studied all patients who met the sex and age criteria and had one of 113 surgical procedures or procedure groups identified on the list. This gave us a total of 830,000 patient discharge records, including 507,000 private patients and 323,000 VA patients.

Definition of Variables

Variables in patient characteristics included age, diagnosis, comorbidity, or severity of illness. Age was categorized into four ranges: <50, 50 to 64, 65 to 79, and >80 years of age. Age was categorized instead of being used as a continuous variable because we did not want to assume that risk increased linearly with age.

Beginning with a set of diagnosis classification categories used by the Health Care Financing Agency (HCFA) in their mortality analysis, we constructed a 15 category classification scheme that was more appropriate to the VA patient population. The classification scheme relied exclusively on the principal diagnosis in assigning a patient to a diagnosis category. The categories in this diagnosis classification scheme were: cancer, stroke, severe acute heart disease, metabolic and electrolyte disorders, pulmonary disease, ophthalmologic disease, low-risk heart disease, gastrointestinal disease, urologic disease, orthopedic conditions, infectious diseases, symptoms and ill-defined conditions, severe trauma, follow-up care without acute diagnosis, and other.

Thirteen comorbidity conditions, determined from both the principal and secondary diagnoses, were identified as having a possible influence on mortality. Each comorbidity was analyzed in a separately adjusted comparison of VA and private patients. The comorbid conditions were: neoplasms, diabetes mellitus, nutritional deficiencies, metabolic or immune disorders, alcoholism, drug dependency, hypertension, atherosclerosis, other chronic ischemic heart disease, chronic obstructive pulmonary disease, pneumoconiosis, liver disease, and renal disease.

To adjust the mortality rate comparisons for the severity of illness of patients in both hospital systems, we applied the Disease Staging method to the two databases.[9] This system, developed by Systemetrics, Inc., and known as Coded Disease Staging, was selected because of its availability within the NCHSR database. Coded Disease Staging employs a computer algorithm operating on the ICD-9-CM codes for diagnoses to identify each disease a patient has and to assign the severity to one of three stages. These stages represent the progression of disease. When stages are used, comparisons are valid only between groups having the same diagnosis and surgical procedure. Therefore, we adjusted for severity of illness by identifying the most important diagnosis group or groups that corresponded to each surgical procedure. The adjustment for severity is calculated only from those identified diagnosis groups.

Statistical Analysis

The statistical significance of the overall mortality rate comparison was assessed using the Chi Square technique with the Yates correction for continuity at the 5% significance level.[10] Whenever a significant statistical difference was found in comparing the overall VA postoperative mortality rates to those in private hospitals, a more detailed comparison was made by adjusting for age, diagnosis, comorbidity, or severity of illness in an attempt to account for the difference. Hypothesis tests were carried out that adjusted for each of these patient characteristics in comparing the mortality rates. These adjustments took only one patient characteristic into account at a time because of limitations in the data supplied by NCHSR. The VA was provided only with summary statistics by NCHSR and could not access the database itself to protect patient privacy. As a result of NCHSR confidentiality constraints, the VA did not receive data in cells with small numbers of patients. Consequently, a true multivariate analysis was made impossible, and thus, our analysis utilized one patient characteristic at a time. The significance of a comparison between the VA and HCUP data controlling for any one patient characteristic was assessed using the Mantel Haenzel test, corrected for continuity.[10] All comparisons were defined *a priori* and, therefore, no adjustment to the significance level is necessary for multiple hypothesis tests.

To illustrate the extent to which population differences due to age, diagnosis, or severity of illness have contributed to the differences in postoperative mortality rates, the direct standardization method has been applied. The VA postoperative death rates were directly standardized using the distribution of the private hospital population as the standard population. This standardization was repeated separately for each of the patient characteristics analyzed. Directly standardized rates were used for illustration only, and can make the VA death rates immediately comparable to private hospital death rates with no further adjustment because both death rates are based on the same standard population distribution.

RESULTS

We observed ten or fewer deaths in VA and private hospital samples for 39 surgical procedures or procedure groups. None of the differences were significant. Because our samples showed so few deaths, there is little value in attempting to ascertain mortality rate standards for these procedures.

Analysis of 41 surgical procedures or procedure groups with unadjusted mortality rates showed no significant differences between VA and private hospitals (Table 1). These rates did not differ significantly after adjusting for age with the exception of three procedures: ventriculostomy, partial gastrectomy or other gastroenterostomy, and amputation above knee. Adjustments for differences in the diagnosis classification for these three procedures confirmed the findings of the unadjusted comparison, reinforcing the conclusion that no difference was present in any of the 41 surgical procedures. In addition, the postoperative mortality rates for the 41 procedures in Table 1 are reliable as standards because at least one sample has a sufficient number of deaths.

The mortality rates for 19 other surgical procedures in VA and private hospitals did not differ significantly when difference in age, diagnosis, or comorbidity were taken into account (Table 2). Once adjustments were made for age or diagnosis, comorbidity was not found to influence the remaining procedure groups sufficiently to explain the remaining mortality rate differences. The single exception was for esophageal anastomosis or esophagocolostomy. This procedure is not a common one, and the sample from private hospitals had only 58 patients. When overall mortality rates were considered, the VA mortality rate was 11.89% compared with 24.14% in private hospitals. However, this difference became insignificant once adjustments were made for the presence of neoplasm comorbidity.

When adjustments were made for the severity of illness, the mortality rates of six surgical procedures or procedure groups were found comparable although they had seemed, at first, to differ significantly (Table 3).

After fully controlling all of the available mortality data for age, diagnosis, comorbidity, or severity of illness, one factor at a time, we found no significant differences in the postoperative mortality rates of the VA and the private hospital samples for 105 of the 113 surgical procedures or procedure groups, despite some very large sample sizes.

We were unable to identify a plausible reason for the higher VA postoperative mortality rate in 5 of the 113 procedures (Table 4). In four of these five procedures, the differences between the VA and private sector samples were reduced by age adjustment (appendectomy) or diagnosis adjustment (reclosure of postoperative disruption of abdominal wall, suture of ulcers, revision of gastric anastomosis). Nonetheless, the residual difference was still significant.

Vascular bypass surgery (other than coronary artery), portal systemic venous shunt, and esophageal surgery, showed a significantly lower mortality in the VA relative to private hospitals even when patient characteristics are taken into account (Table 4). Adjustments for patient characteristics made little difference in the comparison.

DISCUSSION

Of the 113 surgical procedures and procedure groups studied, 78 showed no significant difference in unadjusted mortality rate. When the results of a significance test revealed a difference between VA and private hospital mortality rates, the two patient populations were further analyzed to ensure that the comparison was not affected by differences in patient population characteristics.

Appendectomy is one procedure in which a great deal of information is concealed by the use of a single overall or unadjusted mortality rate. This operative procedure had a VA unadjusted mortality rate of 1.43%. Adjusting for age alone, using the four very wide age categories, decreased the mortality to 0.68%. While the reduction is considerable, it is still higher than the 0.23% found in private hospitals. Patients in the private hospital sample were primarily under 50 years of age; here, only 5 deaths were observed. While this is the most populous age group in the VA, it accounts for less than half of the VA sample. We can speculate then that since most of the appendectomy patients are well below the age of 50 in the private hospital sample, our crude adjustment system did not take out the full effect of age. A more refined age adjustment may have reduced the difference even further. The elderly patient with acute appendicitis frequently has atypical symptoms and signs[11] and seem to progress to perforation faster. Perforation occurs in about 40% of elderly patients within 24 hours of the onset of symptoms.[12]

Small-to-small intestinal anastomosis had a postoperative mortality rate of 17.36% in the VA, significantly higher than the 9.42% in private hospitals. The mortality rate rose among VA patients over 65 years of age, but this increase was not found in private hospitals. Below age 65, the VA mortality rate is not significantly different from that of private hospitals. The patients in the private hospital sample who had this procedure fell into the diagnoses categories of gastrointestinal disease and cancer. While there are fewer patients with cancer, this

Table 1. SURGICAL PROCEDURES WITH ADEQUATE SAMPLES FOR POSTOPERATIVE MORTALITY STANDARDS AND NO UNADJUSTED SIGNIFICANT DIFFERENCES BETWEEN VA AND PRIVATE HOSPITALS

	VA		Private	
Type Procedure	# Cases	Death Rate %	# Cases	Death Rate %
General surgery				
Sympathectomy	487	1.23	671	1.79
Endarterectomy	8451	1.68	12766	1.83
Total splenectomy	1105	7.15	2178	6.70
Local excision of other lesion or stomach tissue	103	11.65	193	8.29
Partial gastrectomy or other gastrectomy	3139	9.14	3855	8.95
Total gastrectomy	742	11.99	771	10.12
Total colectomy	366	10.66	544	8.82
Other small-to-large intestinal anastomosis	1234	8.02	198	12.12
Large-to-large intestinal anastomosis	1542	2.92	163	2.45
Other biopsy of pancreas	116	12.07	190	9.47
Unilateral repair of inguinal hernia	39614	0.20	60125	0.20
Bilateral repair of inguinal hernia	1601	0.50	8802	0.22
Unilateral repair of femoral hernia	764	1.44	925	1.41
Repair umbilical hernia	2748	0.80	2738	0.47
Repair of ventral hernia	4650	0.52	4948	0.61
Thoracic surgery				
Thoractomy and lobectomy	5020	4.02	4253	3.86
Segmental resection-lung	1905	4.04	1511	3.57
Complete pneumonectomy	875	10.17	856	11.45
Reopening recent thoracotomy	182	18.13	34	11.76
Mediastinoscopy	1462	2.67	688	1.89
Excision or destruction lesion of chest wall	559	1.97	339	2.36
Decortication of lung	306	5.88	403	5.46
Esophagectomy	248	14.52	302	9.93
Orthopaedic surgery				
Internal fixation femur without fracture reduction	734	4.22	1079	3.89
Arthrotomy for removal of prosthesis-hip or knee	394	2.79	374	1.60
Total knee replacement with prosthesis	3634	0.22	6766	0.41
Total hip replacement	6025	0.93	9604	0.98
Hip operation	3604	4.61	4208	5.44
Amputation above knee	5676	13.00	2719	11.66
Urology				
Nephrostomy	447	5.37	1177	4.59
Nephroureterectomy	1660	2.59	3119	2.73
Formation of cutaneous uretero-ileostomy	148	6.08	182	6.59
Retropubic prostatectomy	.952	0.53	1284	1.25
Radical prostatectomy	1585	0.82	1454	0.55
Neurosurgery				
Ventriculostomy	222	24.77	378	30.42
Ventricular shunt	694	7.06	899	6.45
Revision or removal of ventricular shunt	317	3.79	377	3.71
Otolaryngology				
Complete laryngectomy	801	2.12	438	1.60
Radical laryngectomy	1444	1.59	457	1.53
Radical neck dissection	2833	2.05	946	1.48
Ophthalmology				
Insert intraocular lens prosthesis at cataract extr (one stage)	36265	0.05	220	0.00

Table 2. SURGICAL PROCEDURES WITH NO SIGNIFICANT DIFFERENCES AFTER ADJUSTMENT FOR AGE, DIAGNOSIS, OR COMORBIDITY

	VA		VA*	Private	
Procedure Group	# Cases	Death Rate %	Adj Rate %	# Cases	Death Rate %
Rate adjusted for age					
Exploration thoracotomy	830	9.04	9.71	543	13.44
Transurethral resection bladder neck	9342	0.48	0.59	14567	0.73
Radical cystectomy	915	2.30	3.09	960	4.60
Transurethral prostatectomy	37355	0.41	0.50	71071	0.51
Suprapubic prostatectomy	1340	0.67	0.87	2150	1.63
Spinal fusion	2025	1.14	0.71	3631	0.61
Disarticulation of hip†	170	32.35	0.00	64	15.63
Rate adjusted for diagnosis					
Skull procedures	4093	12.07	12.34	7345	13.78
Lens procedures	5597	0.18	0.11	21825	0.06
Vagotomy and pyloroplasty	1096	7.66	5.39	1739	5.69
Rectum resection	2770	4.91	3.85	3605	3.44
Cholecystostomy	349	27.51	15.04	283	15.44
Cholecystectomy	11878	2.05	1.65	29340	1.70
Bile duct surgery	3321	6.23	9.84	1746	10.14
Other biopsy of kidney	239	5.44	2.12	330	1.82
Ureterotomy	2149	2.00	1.00	3966	0.63
Removal of internal fixation device	5250	0.53	0.25	6014	0.13
Other amputation below knee	5369	6.43	4.65	3344	4.81
Rate adjusted for presence of neoplasm					
Esophageal anastomosis or esophagocolostomy	429	11.89	12.14	58	24.14

* The standard population is the private hospital population. We then applied the VA death rates to the standard population to give us a directly standardized mortality for the VA. An adjusted death rate for the private hospital population would be identical to the unadjusted death rates.
† No deaths among disarticulation of hip patients were observed in the VA within the age ranges provided in the private hospital data base.

diagnostic classification likely affects the difference in rates. The VA mortality rate among cancer patients who underwent this procedure was 24% while that in private hospitals was only 12%.

A comparison between the VA and private hospital data of any diagnosis defined by the term "other" is suspect. Coder interpretational difference could lead to an increase or decrease in the use of such catch-all codes that describe similar patients and consequently to an apparent difference in mortality rates.[13] Revision of gastric anastomosis is an example where much of the difference is traceable to patients categorized in the "other" diagnosis group. If the principal diagnosis were restricted to gastrointestinal disease diagnosis, the significant difference between VA and private hospital mortality for revision of gastric anastomosis would disappear entirely.

Those surgical procedures with a significant difference in mortality rates between VA and private hospitals that could not be explained by age, diagnosis, or comorbidity were reexamined using severity of illness data, adjusting the VA mortality rates to the severity levels of the patients in the private hospital sample.[14] To use the patient severity data generated by Systemetrics, it is necessary to restrict the comparisons to a small number of explicitly defined principal diseases. Because our analysis uses only a subset of the patients in each database, the conclusions that may be drawn are limited unless the number of patients used in the adjustment process is large.

Suture of ulcer had a postoperative mortality rate almost 11% higher in VA than in private hospitals. Adjustment for severity reduced this differential to less than 4%, but the VA mortality rate remained significantly greater than that in private hospitals. Two other procedures, appendectomy, and reclosure of postoperative disruption of abdominal wall did not show as much of a reduction in the VA mortality rate after adjusting for severity. Age and diagnosis adjustments were as effective in reducing the mortality rate difference in these two procedures, but the residual difference still showed a significantly lower mortality rate in private hospitals.

Reclosure of postoperative disruption of abdominal wall is obviously not a primary or principal operative

Table 3. SURGICAL PROCEDURES WITH NO SIGNIFICANT DIFFERENCES AFTER ADJUSTMENT FOR SEVERITY

Procedure Group (and Disease)	VA # Cases	VA Death Rate %	VA* Adj Rate %	Private # Cases	Private Death Rate %
Other exploration and decompression of spinal canal (other musculoskeletal conditions)	1315	0.38	0.38	2203	0.36
Small intestine surgery (vascular insufficiency of intestine and other gastrointestinal conditions)	300	14.33	12.85	156	9.62
Colon surgery (cancer of colon and rectum)	3555	4.39	4.67	5528	6.28
Reduction of fracture† (intracapsular/ extracapsular fractures of the hip)	4748	3.50	3.46	1403	5.49
Revision of amputation (skin ulcerations and gangrene)	1772	3.61	3.55	538	1.86
Laminectomy (herniated intervertebral disc; cervical, thoracic, lumbar)	3435	0.03	0.03	17234	0.09

* The standard population is the private hospital population. We then applied the VA death rates to the standard population to give us a directly standardized mortality for the VA. An adjusted death rate for the private hospital population would be identical to the unadjusted death rates.

† The comparison of mortality rates adjusted for severity for reduction of fracture showed a significantly lower death rate in the VA. This opposes the significantly higher mortality rate in the VA present in the entire sample even after adjustment for age, diagnosis, or comorbidity. The only conclusion compatible with both findings is that the death rates in VA and private hospitals do not differ for this procedure group.

procedure. In retrospect, it should not have been included as such in this study;[8] rather it is an operation for a complication, i.e., disruption of abdominal wall.

Vascular bypass procedures (other than coronary artery) had a significantly lower mortality rate in the VA. Age, diagnosis, comorbidity or severity adjustments were used to explain this difference but could not completely account for it. The fact that the residual difference was still highly significant supports the conclusion that the VA had a lower postoperative mortality rate for this procedure group than private hospitals. This was one of the most interesting findings to emerge from the postoperative mortality rate comparisons. The reason for the relative advantage enjoyed by the VA patient in this procedure group may be related to the relatively large volume of these procedures and the experience of surgeons in VA hospitals.[15]

Postoperative mortality rates can only be used as a

Table 4. SURGICAL PROCEDURES WITH SIGNIFICANT DIFFERENCES AFTER ADJUSTMENT FOR AGE, DIAGNOSIS, COMORBIDITY OR SEVERITY

Procedure Group	VA # Cases	VA Death Rate %	Private # Cases	Private Death Rate %
Death rate higher in VA hospitals				
Suture of ulcer	1434	23.15	1835	12.37
Revision of gastric anastomosis	207	12.56	178	3.37
Small-to-small intestinal anastomosis	1103	20.31	2965	11.60
Appendectomy	3506	1.43	20644	0.23
Reclosure of postoperative disruption of abdominal wall	819	18.32	168	3.57
Death rate higher in private hospitals				
Vascular bypass surgery (other than coronary artery)	16062	4.50	35946	11.58
Portal systemic venous shunt	410	17.80	260	27.31
Esophageal surgery	383	10.70	196	18.37

screening tool to tentatively identify circumstances affecting the quality of care rather than as a measurement of the quality of care itself.[14] Definitive evidence of deficiencies or strengths can only be established by a more focused review such as supplemental individual case chart review of actual care rendered by peer-group surgeons.[16,17]

The ICD-9-CM procedure code is not operation-specific[18] and has considerable clinical overlap.[19-21] We found that suture of ulcer, code group 44.40–44.42, included gastric or duodenal ulcer sites and bleeding or perforation. Although the overall postoperative mortality rate for perforated gastroduodenal ulcer is 6.6%, the mortality rate for gastric ulcer is 3.6 times higher than that for duodenal ulcer.[22] Postoperative mortality for bleeding gastroduodenal ulcer is about 3 times higher than for perforation.[23] Because of the wide differences in postoperative mortality rates between gastric and duodenal ulcer site and between perforation and bleeding, the rates for suture of ulcer, code group 44.40–44.42, contain too much clinical overlap to be meaningful without individual case chart review.

We must also ask, then, if there are other differences between VA and private hospital patient populations or hospital characteristics that might account for the differences in mortality rates.[24] The uniqueness of a patient population is an important variable when inter-hospital system data are compared since each hospital system is a reflection of its patients and their diseases. Veterans who use VA hospitals have been reported to have less formal education and annual income than veterans who use private hospitals. They are more likely to be retired because of health reasons, to live alone, to be unable to perform usual activity because of chronic health conditions, and to rate their health as poor.[25]

Another difference is the longer lengths-of-stay in VA hospitals, which are likely to artificially increase the number of postoperative deaths taking place within the 30-day period of hospitalization. Jencks et al.[26] found a 25% higher inpatient mortality for four major medical conditions in New York than in California, which disappeared when 30-day total cumulative mortality was used to determine hospital-associated death rates. They suggested that the difference in inpatient mortality was an "artifact" of a 99.0% longer length-of-stay in New York than in California.

The broad range of different surgical procedures and comparisons often based on extremely large samples from both data bases strongly support our principal finding that in-hospital postoperative mortality rates in the VA surgery program are similar to those found in many of the nation's private hospitals.

When viewed from a statistical perspective, applicable when multiple significance tests are done, 113 two-tailed, and independent hypothesis tests at the 5% level would be expected to yield approximately 3 rejections in each tail even if all null hypotheses were simultaneously true. We observed five rejections in one tail and three in the other. From a statistical view, our results are consistent with random occurrence and suggest that there are no differences in postoperative mortality rates between the two medical care systems.

Acknowledgments

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VETERANS ADMINISTRATION/PITTSBURGH CANCER INSTITUTE COLLABORATIVE LUNG CANCER EFFORTS

Lung cancer is the leading killer among cancers in the United States, accounting for over 150,000 deaths in 1992. It is responsible for more deaths among women than breast cancer and more deaths among men than prostate cancer. It is unequivocally related to cigarette smoking with 85-90% of all cases occurring in current or former smokers. Additionally, the Department of Health and Human Services recently released a report indicating that a proportion of the lung cancers occurring in non-smokers is directly related to passive smoking. Despite recent trends demonstrating a leveling off and possible decrease in the annual incidence of lung cancer in men, the rapid increase in the rate of lung cancer among women has caused a continued rise in the total incidence of this disease as well as mortality. Unfortunately, treatment of lung cancer has been relatively unsuccessful with approximately 90% of all victims succumbing to this disease. The magnitude of this epidemic has been graphically illustrated by Dr. Nael Martini, of Memorial-Sloan Kettering Cancer Center, who compared the death rate from lung cancer to awakening each morning to discover, on the front page of the newspaper, that a Boeing 747 had crashed and all of the passengers on board had been killed. Unfortunately, this analogy actually underestimates the annual cost incurred and loss of life secondary to lung cancer.

As smoking is very prevalent among the Veterans Administration Hospital population, lung cancer is one of the leading admitting diagnoses at these hospitals. Furthermore, lung cancer is quite prevalent in the Pittsburgh area. Recent data reveal that the North Side neighborhood of Pittsburgh has the highest prevalence of lung cancer of any neighborhood in the country. We, in Pittsburgh, therefore see an extraordinarily large number of lung cancer patients at the Veterans Administration Hospital.

Fortunately, the University of Pittsburgh Medical Center, through the Pittsburgh Cancer Institute, has designated lung cancer as one of its highest priorities in its recently issued 10 year strategic plan. This designation was spurred by the fact that the University of Pittsburgh was one of only four successful competitors for the designation as an NCI supported Specialized Program Of Research Excellence (SPORE) in lung cancer. This award recognizes the extraordinary depth and breadth of the cancer research, both clinical and basic, that is occurring at the Pittsburgh Cancer Institute. Mark L. Levitt, M.D., Ph.D., is the Co-Principal investigator of the SPORE grant and is Director of the Lung Cancer Center for the Pittsburgh Cancer Institute. Additionally, he is a full time VA physician with a laboratory and office at the VA hospital. He is also a VA Merit Review funded investigator for his research into the role of induction of squamous differentiation as a possible new approach to the treatment of lung cancer.

Dr. Levitt's efforts at the VA would be quite isolated in the absence of the University. As is the case for most serious researchers, a rich research environment with extensive collaborative opportunities is an absolute necessity for success. The VA alone is unable to provide such an environment, due to size constraints. However, its' affiliation with the University of Pittsburgh allows for the creation of a clinical and research environment that is stronger than either institution alone. Thanks to the collaboration, VA patients have at their disposal cutting edge experimental protocols for lung cancer which cannot be cured by conventional means. The Pittsburgh Cancer Institute also supplies research nurses and data managers to assist in coordinating these protocols. In addition, thanks to the collaboration, the VA is a participant in the Eastern Cooperative Oncology Group (ECOG), one of the large National Cancer Institute sponsored cooperatives for clinical cancer research. This further enables the physicians at the Veterans Administration Hospital to offer the most advanced treatments to VA patients.

While the VA Merit Review award pays for some of Dr. Levitt's research, other aspects of his research are supported through the SPORE grant and through direct funding from the Pittsburgh Cancer Institute. As VA funding is limited, these other funds are important supplements to his research program, allowing the lung cancer research program at the VA to grow beyond the constraints that would be mandated by the VA budget.

Additionally, the Divisions of Medical Oncology and Hematology of the Pittsburgh Cancer Institute also supply clinical staff to augment and diversify the attending staff at the VA. Furthermore, while the VA funds positions for two medical staff fellows to provide care on the consult service, the Department of Medicine has been allowing additional fellows to go to the VA to help take care of the enormous cancer load, much of it generated by lung cancer. On the other hand, the VA contributes to the University program by allowing for a more diverse patient population which creates a much better environment for research and training. In addition, VA contributions to protocol accrual help to speed clinical research in areas such as lung cancer.

Thanks to the University/VA collaboration, VA patients have access to many of the countries very best physicians - in all areas - including lung cancer. Unquestionably, the key to attracting these physicians to the VA has been the research budget and the joint VA/University appointment. Considering the relatively low pay and the difficult working conditions created by the underfunding of the VA system, without these 2 items the VA would be sorely lacking for quality professional medical personnel. Maintenance and expansion of both the research budget and the University/VA collaboration is essential to recruitment and retention of such physicians. Certainly, in the absence of the research budget and the availability of the joint VA/University appointment Dr. Levitt and the VA lung cancer research program would not be at the VA. In fact, it was the Department of Medicine at the University of Pittsburgh that recruited Dr. Levitt for this position.

Hopefully, with continued support from Congress and the Administration, the VA research budget and VA/University cooperation can continue to expand, hastening the day when lung cancer maybe cured and continuing to provide top notch medical care for veterans.

Respectfully submitted,

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Statement Of Ronald F. Conley
National Executive Committeeman (PA)
The American Legion
Before The Subcommittee On Oversight And Investigations
Committee Of Veterans Affairs
United States House Of Representatives
University Of Pittsburgh
Pittsburgh, Pennsylvania
June 28, 1993

Mr. Chairman And Members Of The Committee:

The American Legion appreciates the opportunity to appear before you and offer comments on the delivery of benefits and services by the Pittsburgh Regional Office of The Veterans Benefits Administration (VBA).

Mr. Chairman, we want to commend you for scheduling this hearing to examine the issues relating to the increasing backlog in claims pending in the Pittsburgh Regional Office and to seek possible solutions to this chronic problem.

The American Legion National Veterans and Rehabilitation Commission has testified in Washington, D.C. to the members of the Sub-committee on Compensation, Pension and Insurance concerning the Department of Veterans Affairs and the continuing deterioration in the quality and timeliness of processing benefit claims nationally.

The American Legion has pointed out that the length of time and lack of care taken in processing benefit claims is creating an unnecessary disservice to the veteran and his family. The entire time involved in processing claims in the Pittsburgh Regional Office is far greater than the national average. If you would compare the Pittsburgh Office with another division in similar size, you will find that it takes longer to process a claim in Pittsburgh.

The decline in service provided by the Veterans Benefit Administration is graphically illustrated by the increases reported in the processing time. The Department Of Veterans Affairs reported nationally that claims for service connected disabilities in FY 1990 were completed in 151 days. In FY 1992, this time increased to 164 days and in FY 1993 it rose to 174 days. By comparison, in FY 1992 it took the Pittsburgh Regional Office 192 days to complete similar claims and in September of 1992 it rose to 221 days. The Veterans Benefits Administration's stated processing time goal is only 106 days. It takes Pittsburgh 28 days longer than the national average and 86 days longer to complete a claim than the goal set by the Veterans Benefit Administration.

In FY 1990, DIC claims were being completed in 94 days. In FY 1992, it was taking 99 days and currently the time has increased to 103 days. In the Pittsburgh Regional Office for FY 1992, the time for DIC claim completion was 125 days. I believe the goal set by the Department Of Veterans Affairs is 77 days. Therefore, it takes Pittsburgh 26 more days than the national average and 48 days longer than the goal set by the VA. Many more comparisons could be made substantiating the length of time it takes to assist the veterans in the Pittsburgh Regional Office; however, we want to keep our statement as illustrative and concise as possible because we realize you do have a full schedule.

It is our firm belief that the number of days reported under the current work-related standards do not accurately reflect the total time required to complete the actual claims process. Months after the Regional Office has taken credit for claims certified, at least half of those claims have been subsequently remanded back to the Regional Office because additional due process development and re-adjudication was necessary. The Regional Office is not penalized because of unfinished work; the claims are merely added back to the pending workload, causing the veteran a longer delay in receiving his benefits.

The American Legion will continue to advise this committee to insure that veterans and their families receive the Congressionally-mandated monetary benefits to which they are justly entitled in a timely manner.

We are deeply concerned about the length of time it is taking to process claims because not only does it cause the veteran and his family to suffer but it causes a morale problem among the VA employees. We hope that by addressing these problems, productivity will increase. A better sense of realism must be developed by the Veterans Administration in determining their staffing and productivity goals for time elapsed for claims to be processed. The workload in Pittsburgh alone has increased 100.1% in 1992. This amounts to a larger workload in adjudications. Currently there are 25 adjudicators on the roster; however, there are less people working actually on claims. One is a Congressional liaison, one performs educational work and five are trainees. It is our firm belief that more adjudicators need to be hired and an ongoing educational and training program needs to be instituted. Not only does it take months to hire additional personnel but it takes a minimum of two years on the job before an individual has sufficient training and experience to become fully productive. The net result of inadequate staffing and training has resulted in more mistakes. The employees assigned to adjudication should do only adjudication.

To assist the adjudicators in becoming more efficient, there is a need to modernize the computer and backup systems. Computer compatability between the Regional Office and the VA hospitals is a must and should be a number one priority.

It is imperative that VBA managers be able to accurately measure both the quantity of work accomplished and the quality of that work. By effective management techniques, procedural errors could be cut in half. A training program should be in place for those employees engaged in positions of decision-making authority. Quality MUST be the priority and standard by which the personal performance of adjudicators, supervisors and management personnel is evaluated.

The American Legion believes that by hiring additional adjudicators, updating the computer systems (especially between inter-agencies' facilities), proper training for all personnel including management, scrutinizing the work performed, and speeding up the processing of claims, veterans and their families will most certainly benefit. Claims processing time must be cut in half.

Mr. Chairman, thank you for conducting this hearing. The American Legion will continue to monitor the situation in the Pittsburgh Regional Office along with the processing of claims and will also continue to make recommendations to improve the service given to our veterans.

This concludes our statement. We shall be happy to answer any questions you may have.

Statement Of Charles A. Zeglin
Department Service Officer (PA)
The American Legion
Before The Subcommittee On Oversight And Investigations
Committee Of Veterans Affairs
United States House Of Representatives
University Of Pittsburgh
Pittsburgh, Pennsylvania
June 28, 1993

Mr. Chairman And Members Of The Committee:

QUALITY & TIMELINESS OF VETERANS BENEFIT DELIVERY

When the Veterans Judicial Act of 1988 became law it indicated that the veteran would have his day in court. A great deal of activity was generated by reviewing past denials of claims, especially the ones reflecting combat exposure. A great number of claims were reopened upon declaration of a clear and unmistakable error. This meant that VA adjudicators would be forced to provide argument against the claimed error. It was our impression that the review would take place at the regional office level.

The VA, however, insists that decisions made by its regional office that were upheld by the Board of Veterans Appeals are not subject to revision on the regional office level. Grave concern about the fairness of VA policy of not giving information about procederal and appelate rights when a VA adjudicator determines that the regional office does not have jurisdiction of claim based on clear and unmistakable error. It is believed that VA strategy was to preclude judicial review of as many clear and unmistakable error decisions as possible.

The VA's hostile reaction to revision of decisions on clear and unmistakable error is understandable. It reflects the poor quality of decisions rendered, especially in claims involving combat exposure.

The combat and the former Prisoner of War have very little administrative protection. Rating action of their claims are largely descretionary. The Title 38 U.S. Code 1154, which in precise language instructs that pure credence be given to combat exposure claims. Denials are denoted by "absence of records" or the stressors under Post Traumatic Stress Disorder claims are not the correct type.

Little or no attention is given to combat exposure narratives which reflect the rigors of Prisoner of War exposure. Poor quality of rating practice is reflected upon claims which are filed when the veteran is still on active service. These claims were denied on the basis that no record of the claimed disability exists. These claims should have been given full adjudicative development as if it reflects an inservice clinical record. This poor quality of rating practice exists to this date. We have Prisoners of War being denied service connection for Post Traumatic Stress Disorder on the basis of no stressors. The adjudicators should realize that starvation each day for several months was and is stressful. Battle traumatisms which are recognized many years after discharge from service are not given the retroactive credit. Muscle group injuries are rated as scars, especially retained metal fragments.

Timliness is very poor. One particular Prisoner of War claim is being held in limbo since 1983. Claims pending in excess of one year exist.

Failure to provide important procedural protection was always and is an ongoing factor. An explanation of decisions in greater detail prevails. The resolution of the reasonable doubt doctorine, expecially in combat exposure claims is seldom applied. Expert medical opinions are refuted, both from the private and VA sector, especially claims dealing with stressors in a Post Traumatic Stress Disorder claim.

Ninety percent of calls received by my office relate to inquiries on timliness of claims.

AMERICAN DEFENDERS OF BATAAN & CORREGIDOR, INC.

(INCLUDING ANY UNIT OF FORCE OF THE ASIATIC FLEET, PHILIPPINE ARCHIPELAGO, WAKE ISLAND, MARIANNA ISLAND, AND DUTCH EAST INDIES)

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Consultation by Appointment

June 17, 1993

To Whom It May Concern:

My name is Kenneth D. Curley. I am a National Service Officer and a Past National Commander of The American Defenders of Bataan and Corregidor, Incorporated. For over twenty years, I have been working with former Japanese Prisoners of War, of whom I am one. With the help of The Pittsburgh Veterans' Affairs Regional Office, we have been taking care of POW's since Public Law 97-37 was introduced in the 1980's.

With co-operation on all levels of the Regional Office Staff, we were able to get the POW Program started. They assisted us in setting up meetings with the Medical Centers at Highland and University Drives. We began seminars for our POW population. These identified and familiarized the POW's entitlements.

The Regional Office Staff also was key in helping us understand exactly what Public Law 97-37 meant, as well as filling out claims for benefits to which we were entitled. The POW Protocol Program began here in Pittsburgh and later spread to almost every state in the Union. This was due in large part to these dedicated professionals.

Sincerely,

Kenneth D. Curley

Kenneth D. Curley
Past Nat'l. Commander
ADBC
Nat'l. Service Officer

STATEMENT OF
WILLIAM J. REED, DEPARTMENT SERVICE OFFICER
VETERANS OF FOREIGN WARS, DEPT. OF PENNSYLVANIA

BEFORE THE

HOUSE VETERANS AFFAIRS SUBCOMMITTEE
ON OVERSIGHT AND INVESTIGATION

WITH RESPECT TO
EXAMINING DELIVERY OF VETERANS BENEFITS AND
SERVICES BY THE PITTSBURGH REGIONAL OFFICE
OF THE VETERANS BENEFITS ADMINISTRATION (VBA)
AND RELATED ISSUES.

THANK YOU FOR INVITING THE VETERANS OF FOREIGN WARS OF THE UNITED STATES (VFW) SERVICE OFFICE OF PITTSBURGH, PENNSYLVANIA TO PARTICIPATE IN THIS VERY IMPORTANT HEARING. OUR ORGANIZATION HAS A GREAT INTEREST IN HELPING THE VETERAN AND ALL THE PROCEDURES USED BY THE DEPARTMENT OF VETERANS AFFAIRS WHICH WOULD AFFECT THE VETERAN.

I BELIEVE WE CAN ALL AGREE THAT THERE ARE PROBLEMS WITH IN THE REGIONAL OFFICE IN PITTSBURGH WHICH MUST BE FACED AND AN ADEQUATE SOLUTION FOUND WITH OUT DISRUPTING THE ADJUDICATION PROCEDURE OF SAID OFFICE ANYMORE THAN IT HAS BEEN. WE FIND THAT ONE OF THE MAIN PROBLEMS IS IN THE TIMELINESS OF THE DELIVERY OF THE DECISIONS AND BENEFITS TO THE VETERAN/CLAIMANT. IN ALL FAIRNESS TO THE REGIONAL OFFICE IT MUST BE POINTED OUT THAT AT TIMES THE INDIVIDUAL VETERAN/CLAIMANT MAY BE RESPONSIBLE FOR SOME UNUSUALLY LONG DELAYS BY NOT COOPERATING WHEN REQUESTED BY THE ADJUDICATION SECTION.

LOOKING AT THE REGIONAL OFFICE STAFFING, RESOURCES, WORKLOAD AND WORKING CONDITIONS. BEING THAT THE ADJUDICATION SECTION HAS A WORKLOAD THAT CONTINUES TO INCREASE INSTEAD OF BECOMING LESS, CAN HAVE AN ADVERSE AFFECT ON THE PEOPLE WORKING WITH-IN SAID OPERATION, THUS CAUSING A MORALE PROBLEM

WHICH AFFECTS THE PRODUCTION LEVEL AND QUALITY OF THE END PRODUCT. THIS I FEEL IS TAKING PLACE WITH IN THE AFOREMENTIONED SECTIONAT THE PRESENT AND NEEDS TO BE STOPPED. SECTION (ADJUDICATION) EXCELLENCE IS A FUNCTION OF HOW WELL THE SECTION IS STAFFED AND TRAINED. WE MUST LOOK AT ASSOCIATED PROBLEMS OF ATTRITION AND THE REALITY OF ADJUDICATION PERSONS OCCASIONALLY BEING CALL UPON TO WORK ON OTHER THAN STRICTLY ADJUDICATION PROBLEMS.

I FEEL THAT THE APPROPRIATE SOLUTION TO THE PRESENT SITUATION WOULD BE TO REQUEST INCREASED FUNDINGS SUFFICIENT TO ENSURE ADEQUATE STAFFING TO PROCESS ALL CLAIMS IN A TIMELY AND ACCURATE MANNER, THUS CLEARING THE BACKLOG OF CLAIMS WHICH NOW EXISTS.

Vietnam Veterans of America

CHAPTER 427 • P.O. BOX 543 • BUTLER, PA 16003-0543

Statement Of

VIETNAM VETERNS OF AMERICA

Presented By

Paul L. Webber

Western PA District Director

Before The

House Veterans Affairs Subcommittee On

Reform of VA Regional Office

What is the most important step the Pittsburgh VA Regional Office can take to improve its Outreach Program?

A. What we feel is needed for the Outreach Program to be more effective is to use the local newspapers. The newspaper can inform the veteran when the Outreach Program is in town on certain days, where the veteran is to go to get help, and what papers the veteran will need to open their claims.

Representatives from the Regional Office can make time available at most veterans service organizations at no cost to the Regional Office. This has the look that our government is trying to help all veterans and their families. At the same time the Outreach men can show the service officers the proper way of filling out quality claims submitted by veterans.

Do you know why Adjudicators are only accepting physical examinations performed by Va physicians?

A. By the Adjudicators not accepting outside physicians physical examinations and by passing or rejecting the claim, they get credit for a completed file.

If the claim goes to the next level and they again reject the outside physicians examinations, they again get credit for a completed file.

If it goes to the third level and they accept the claim or again reject the claim without the outside physicians examination they again get credit for a completed file. Three steps, three credits, and one file.

By accepting the outside physicians examinations and reports, they now have a more complete file and can make a more logical adjudication on claims.

Outside physicians are responsible to the patient, thereby giving more information in the patients file. The Va physicians are responsible to the Va. The unwritten Va rule is to put as little as possible in the patients file.

PARALYZED VETERANS
OF AMERICA
Chartered by the Congress
of the United States

STATEMENT OF

JOSEPH A. KIREN, LEGISLATION DIRECTOR

TRI-STATE CHAPTER

OF THE

PARALYZED VETERANS OF AMERICA

BEFORE THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

OF THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

CONCERNING

DELIVERY OF VETERANS BENEFITS AND SERVICES BY THE PITTSBURGH

REGIONAL OFFICE OF THE VETERANS BENEFITS ADMINISTRATION

JUNE 28, 1993

Mr. Chairman and Members of the Subcommittee, it is an honor to appear here today on behalf of the Tri-State Chapter of the Paralyzed Veterans of America (PVA). The Tri-State Chapter appreciates your invitation to present testimony regarding the delivery of benefits and services by the Pittsburgh Regional Office of the Veterans Benefits Administration on issues touching veterans here, and across the country.

801 Eighteenth Street, N.W., Washington, D.C. 20006
(202) USA-1300 Fax: (202) 785-4452 TDD: 800-795-4327

The delivery of benefits and services, and the issues of quality and timeliness, are at the very core of the relationship between the VA and the individual veteran. On one hand "justice delayed is justice denied," on the other hand "delay is preferable to error." Mr. Chairman, unfortunately, veterans today are getting the worst of both maxims: shoddy quality and unconscionable delays. This is true in Pittsburgh, and it is true over much of the country.

The response time to veterans' claims for benefits is worsening at an alarming rate. In Pittsburgh it now takes an average of 220 days for a decision to be reached on an original compensation claim, 127 days for an original pension claim, and 120 days for a reopened compensation claim. This phenomena is not recent, but has been many years in the making. We are faced with a situation where there is no timeliness and precious little quality.

During the first quarter of fiscal year 1993, a total of 57.5% of Board of Veterans' Appeals (BVA) decisions were remanded back to the Pittsburgh Regional Office. This percentage is higher than the national average of 52.9%. These decisions are being remanded today for many of the same reasons they were remanded in 1988, including:

> poor original claims development within the [D]VA regional offices, inadequate medical examinations conducted by private or VA physicians, overworked adjudicators within both the

> [D]VA and BVA, uncertainties regarding the resolution of highly complex cases like post-traumatic stress disorder or radiation exposure.... 1988 U.S.C.C.A.N. 3437.

The Tri-State Chapter stands ready to assist Congress and the VA in fashioning fair and workable solutions to adjudication problems. We understand that oftentimes there are no easy solutions, but this is no reason to shrink from our responsibilities to our veterans.

One solution, supported by some Veterans Service Organizations (VSOs), would be to amend Title 38 to allow one person Board of Veterans Appeals (BVA) decisions in all cases. We stand opposed to this. Only 4.8 percent of veterans who appeal to the BVA file a further appeal with the U.S. Court of Veterans Appeals. This means that for over 95 percent of veterans, the BVA is the final, full and complete review of their benefit claims. It is vital that this review be thorough and fair. PVA has no objection, and would support, single member allowances and remands. However, for a denial of benefits we believe that it is essential that a three member board decision be required so as to provide the veteran with a fair and equitable review. The institution of one member allowances and remands would still provide the BVA an opportunity to overcome some of their backlog and timeliness problems because a large majority of BVA's caseload presently results in an allowance or a remand. Furthermore, this would relieve that one member of the requirement for writing a complete BVA decision.

member of the requirement for writing a complete BVA decision.

Pittsburgh has taken steps to deal with its backlog. Within the last 4 months the Regional Office has hired 6 new adjudicator trainees and is in the process of adding to the rating board staff. Unfortunately, it is a case of robbing Peter to pay Paul. By adding to the rating board they are stripping people from the authorization end, which will cause problems and further delay claims processing in the very near future.

The need for proper case development is essential. This will decrease the percentage of remands. This can be accomplished by better training of existing personnel, and a temporary redeployment of other staff to decrease the present backlog that currently exists. PVA approves a temporary redeployment, but not to the extent of cannibalizing further the benefits delivery system. To do so would be to invite further delay into the process.

The Tri-State Chapter supports the VBA's computer modernization project. The fact of the matter is that this step, long planned and long overdue, would improve the quality and timeliness of the Pittsburgh Regional office, and all other regional offices. The VA recognized seven long years ago that there was a need for a modernized benefits delivery system. The delay in instituting this program can be blamed on the GAO, which believes that this modernization program is premature. PVA is satisfied with the VA's

response to this GAO report, VETERANS BENEFITS: Acquisition of Information Resources for Modernization is Premature (GAO/ IMTEC-93-6), and their justifications for proceeding with the implementation of this program. We believe that it is time to move forward with this modernization program.

Similarly, the VA computer system (Target) is not being fully utilized. It is essential that information be entered and it is essential that the information entered be correct. This is a simple thing that can be accomplished immediately that would have an impact on the intolerable delays that we are presently faced with. It would assist us and other VSOs in helping our members and fellow veterans in processing their claims.

It is imperative that valid claims folders be built. This is essential to reaching the right decision the first time. Enough information must be supplied so that when a regional office adjudicator examines the entire folder he or she will have enough information readily available to render a correct decision, thereby saving time.

The VA must institute a better system of case file management. Presently, all VA files are placed in a file room in a secured area. These files are removed for such matters as benefits determinations and for similar reasons. Each file is logged in and out. The problem with the current situation is that on any given

week there are over a hundred files found unaccounted for. They are not where the file log says that they are supposed to be. This can only cause further delays in an already dilatory system. Tighter controls must be implemented to better keep, and more accurately track, files as they are being worked on by VA personnel. This is not only a problem in Pittsburgh, it is a national problem as well.

To relate a personal story as to one element of the Regional Office's attempts at outreach. I was sent a letter from the regional office to participate in a focus group. The reason for the focus group was to purportedly gather opinions on topics relating to the delivery of veterans benefits. When I arrived I was assigned to a group whose sole purpose was to critique a form produced by the VA on Income Verification Match. Everyone who attended took the time, and for many, experienced the considerable difficulties necessary to attend. They did this in order to have real input into the delivery of benefits. Instead of working together to find solutions, a real form of outreach, we critiqued a form.

The regional offices and BVA's current work measurement standards, what is known as the "end product" method of assessing claims processing time and measuring job performance, must be changed. The method presently in place creates an environment in which high volume and low quality results are encouraged and rewarded. A

method that rewards and reinforces complete claims development, correct issue identification, and proper application of laws, regulations, procedures, and precedents should be developed. The method adopted should only grant credit once a "final" decision is reached and only after the appeals period has expired.

Mr. Chairman and members of the committee, our veterans deserve better. They deserve prompt, efficient and fair resolutions to their claims for benefits, benefits earned by service to this country. They deserve a Regional Office that is helpful to the veteran and to his or her dependents, and they deserve to have this disgraceful delay in processing claims ameliorated. Mr. Chairman, and members of this subcommittee, we must not only be "speakers of words, but doers of deeds." As I stated previously, we here at the Tri-State Chapter stand ready to assist you in any way we can to fashion workable and fair solutions to the problems that exist here in Pittsburgh, and the problems that exist throughout this country.

Thank you Mr. Chairman. I will be happy to answer any questions that you or members of this subcommittee might have.

PUBLIC HEARING TESTIMONY
House Veterans Affairs Subcommittee on Oversight & Investigations
MR. THOMAS M. FITZGERALD, JR.

June 28, 1993
Pittsburgh, Pennsylvania

****

Good morning. Members of Congress, colleagues and distinguished guests, I am here as a veteran who has had many concerns with the veteran community --- in particular with unemployed and homeless veterans. As such, I have been privileged to work with what I feel is one of the finest veterans' organization, the Vietnam Veterans Leadership Program of Western Pennsylvania (VVLP). I have been honored to serve as the Board of Directors president for the past ten years and have therefore been personally involved with veterans who have experienced many problems.

In brief, VVLP is the Greater Pittsburgh career advising and job placement assistance non-profit corporation for all unemployed, underemployed and homeless veterans of the U.S. military service. VVLP was established by Vietnam Veterans to serve *all* veterans. With a full-time staff of eight professionals, VVLP provides employment search services for more than 700 veterans annually. Recently, VVLP was named "Point of Light #753" for its work with corporate volunteerism. When VVLP opened its doors ten years ago, it was a fledgling organization operated by a small group of caring veterans who had a great desire to help their fellow unemployed veterans. This start up took place at a time when the Pittsburgh steel mills and factories were closing their doors. The unemployed veterans were the last hired when returning from Vietnam and were therefore the first laid off during the downsizing of Pittsburgh's manufacturing base.

This group of caring veterans had the right ideas but not the organizational expertise to alone create a strong service base for local veterans. Many veterans' groups tried to help, but the actual creation of such an agency was very time consuming and

difficult. As a member of the original VVLP team, I can say that from the first support meeting, the Department of Veterans Affairs Regional Office (VARO) was present and has consistently stood beside us over the past ten years.

During this time, VVLP had received many different types of assistance from the VARO: veterans' direct and referred assistance, operational guidance, community relations in support of VVLP's efforts, veterans' employment assistance, and training facility space. The VARO has also consistently written letters of support for VVLP government funding proposals and has participated in VVLP fund raising events. Most notably, the VARO has already allocated valuable staff time and resources for the Pittsburgh STAND DOWN for homeless veterans. In particular, they have pledged assistance for proof of veteran status, veterans' benefits processing, and identification care construction for each homeless veteran and volunteer.

If I may share my personal point of view, I have encountered many veterans with unique problems who are having difficulty with the Department of Veterans Affairs. When I became aware of their concerns, I have called the Regional Director, Mr. Harold Bushey, and the Assistant Director, Mr. Gerry Serrino, and they have always personally reviewed these issues. In all cases, the proper service was rendered or a very reasonable conclusion was reached.

I also want to share that I work as an Allegheny County Homicide Detective. Through this position, I deal with many grieving and distressed families of homicide and suicide victims. These victims' families are hard pressed and have many issues to deal with. I have had many of these families ask for assistance with the VARO. Most of these families have never previously dealt with federal agencies and usually do not know where to begin. I have personally called the VARO for assistance, and they have always shown compassion and have rendered immediate services. On behalf of these families, I would like to thank the Regional Office for being there when the families really needed something.

Testimony of Charles J. Lieberth
Pennsylvania State Civil Service Commission
Former Federal and State Official
Former Chairman, Federal Executive Board of Western PA

Presented to the House Veterans Affairs Subcommittee on Oversight and Investigations.
Public Hearing held in Pittsburgh, PA, June 28, 1993

Members of Congress, staff and guests I appreciate this privilege to testify before your committee. Thank you very much.

My comments will focus on the leadership, the extensive related activities, the tenacity of purpose on behalf of veterans and family, the broad network of veteran activities initiated, developed, and implemented, and the quality of service provided by Harold Bushey, Director of the Pittsburgh Regional Office, Department of Veterans Affairs. I will only highlight several of the special projects that we shared our efforts and concerns together.

In the early 1970's Mr. Bushey played the dominant role in conjunction with government agencies, the public and private employers, and the educational institutions in holding a series of Job Fairs and Educational Fairs to assist returning Vietnam Veterans.

From 1967 on through the years, Director Bushey held the first and succeeding veterans telethons in the nation.

We shared in the development of a Minority Business Opportunity Committee of the Federal Executive Board. The first minority owned and run bank was a major achievement in the early 1970's. His confirming chairmanship has led to many projects, programs that benefited minorities - racial and gender.

As PA Secretary of Labor & Industry I initiated the first high level state government conference on Agent Orange. Director Bushey provided exemplary support and assistance. A major outcome was the first Herbicide Commission in PA.

Director Bushey and I developed the Federal Education Center in Pittsburgh in the 1970's for federal employees. Scores of employees improved their careers through certificate programs, as well as Bachelor's and Master's degrees.

Director Bushey has served in a dominant role for over 20 years as past-Chairman and special project Chair and member of Western PA ASPA (American Society of Public Administration).

Again when I served as Senior PA Administrator for Senator John Heinz, Director Bushey supported vigorously a special project. It was the Hire a Viet Vet Job Pledge Project in PA.

It was a highly successful program resulting in the hiring of a thousand veterans. Bushey's support and assistance continued when the project was picked up by Governor Thornburgh in his first term.

In Pennsylvania, five of Governor Thornburgh's Outreach Offices for Veterans were implemented. Again Director Bushey was there with this support and assistance.

As disaster in Pennsylvania, I recall that Harold Bushey was there with strong support, service and assistance as we coped with Hurricane Agnes devastation, the 1977 Johnstown flood.

Harold Bushey exemplifies leadership - the professional positives of a government official. He truly has been a highly recognized, admired and appreciated public servant and leader.

In 1989 he was recognized by the American Society for Public Administration with its national award for excellence. Thru his service on the Boards of community service organizations, he has made the VA a leader in innovative programs. Pittsburgh has served as a national model with the VA and Commerce departments coordinating efforts thru the Federal Executive Board's Minority Business Opportunity Committee. This committee, which Mr. Bushey chairs, has served as a catalyst bringing together veterans, members of minority groups, government, and the private sector, assisting resulted in the Department of Commerce funding and staffing an office whose efforts Mr. Bushey coordinated. As a result, veterans have a small business program in this area second to none.

I have referenced just a few, in fact, just a handful of a long public career achievements. If the past is prologue to the future - veterans will continue to be well served because of officials such as Harold Bushey.

For 40 years I have been in public service. Fifteen of those years were in federal service. I can say with absolute candor and professional objectivity that Harold Bushey has been and continues to be the outstanding federal administrator in Western PA.

STATEMENT OF TREA GRAHAM
BEFORE THE HOUSE VETERANS AFFAIRS,
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

JUNE 28, 1993

Gentlemen,

I appreciate the opportunity to be here today. The timeliness and responsiveness of the Department of Veterans' Affairs in processing claims is a critical issue to our area's veterans, and I am grateful to you, Mr. Chairman, and Mr. Ridge, for taking the time to come to Pittsburgh today.

For several years, I have served on Congressman Rick Santorum's Veterans' Affairs Advisory Board. This advisory group is composed of veterans and other interested individuals from the Pittsburgh area. While we come from a wide variety of backgrounds, we share a common commitment to the veterans of our area and a strong belief that individuals--through concerted action--can change the way that our government serves us.

I was inspired to become involved in veterans issues as a result of the experiences of my husband, MSgt. David Graham of the 112th Security Police of the Pennsylvania Air National Guard. He is a veteran of the war in Vietnam, where he served as a Navy SEAL earning two Navy Crosses and a Purple Heart. Most recently, he served in Desert Storm. During the Gulf War, I was particularly frustrated in dealing with the various layers of bureaucracy which prompted me to help establish a support group at the Air National Guard Base for the families of servicemen and women. This support group was very successful in providing our families with the resources to deal with the long separation from our spouses, parents, and children serving in the Gulf War.

After David returned from six months duty in the Persian Gulf, shifting my focus to the concerns of veterans seemed to be a logical next step. When I joined Congressman Santorum's Veterans' Advisory Board, I was elected to participate with five other citizens in identifying veterans' benefits issues. We quickly discovered that timeliness in processing benefits claims was a serious concern. In the Pittsburgh region, for example, it was taking an average of eight months for a claim to be prepared so it could be processed. Our benefits committee decided to investigate why.

Our committee's initial goal was to determine if the Pittsburgh Regional Office was performing on a par with other regional offices serving communities with similar caseloads. If problems could be identified, we intended to work with Congressman Santorum and the VA to correct them.

During a meeting last year between the Congressman's Benefits Committee and William Byrnes, who at the time was the Chief Adjudication Officer, we examined VA statistics from a ten month period between October 1991 through July 1992 from the regional offices in Boston, Massachusetts, Jackson, Mississippi, Newark, New Jersey, and Little Rock, Arkansas. We compared these statistics with information from the Pittsburgh office.

While timeliness seems to be a problem throughout the country, we learned that the Pittsburgh region had one of the poorest records of timeliness in virtually every category that we could evaluate. Working in cooperation with the regional office, Congressman Santorum, and the Congressman's staff, we sought changes.

And indeed, since last year, change has occurred. Mr. Bushey and his staff have been very helpful in lending their time and assistance. Since our study began, Director Bushey, recognizing the deficiencies, has implemented a comprehensive action plan for the improvement of claims processing timeliness. The first quarterly progress report, dated April 7th, which set forth a new strategy for the division, was recently presented to the Congressman's staff. In addition, I am pleased to acknowledge that the regional office has added the largest class of adjudication trainees ever. As of next month, the rating board will be expanded by two positions.

As a direct result of these initiatives, timeliness comparisons that were conducted between October 1992 and last month illustrate that our regional office is moving in the right direction. While the national averages during this period remained the same or got worse, our timeliness by in large has improved.

All this sounds great--indeed, it is great. However, it is important to remember that while these are all positive changes, the Pittsburgh regional office will have to continue its effort to improve the productivity level in adjudication.

I say this for several reasons. The training of new adjudicators takes between 12 and 18 months. When trainee adjudicators are added, the training responsibilities fall on the present adjudicators. Also, when adjudicators are promoted to the rating board, it depletes the pool of experienced adjudicators. At this date, five of the new adjudicators have not yet completed their training and there are plans to promote two adjudicators to the rating board. Therefore, on paper, there may be 23 adjudicators, but in reality it will still take time for the Pittsburgh Regional Office to perform as if there were 23 fully trained adjudicators.

This situation is further complicated by a noticeable increase in workload, attributed to the downsizing of the military. last year alone, the Pittsburgh Regional Office had its pending workload increased from the year before by 27% compared to a national average increase of 15%. During a similar period, Pittsburgh's rating board workload increased by 100.1% compared to an increase of 46.4% nationally.

As these facts reveal, the positive changes that have been implemented so far in the Pittsburgh Regional Office have not totally solved the problem. Simply put, even though the regional office has illustrated its commitment to improving timeliness in several ways since our study was initiated, there is still more to be accomplished. I was very happy to hear that Congressman Santorum's office was given assurances during a face to face meeting with the Director and his top management, as recently as last Wednesday, that the Adjudication Division would continue to be the region's number one staffing priority. The Congressman's office was also assured that more adjudicators would be brought on board in the months to come. This is important because, even when the recently hired trainees are in place as full time adjudicators, our regional office will still lag behind other similarly sized regions in adjudication manpower.

It is my hope that our efforts on the Veterans' Advisory Board have helped to focus attention on the need to improve the timeliness of the Pittsburgh Regional Office. We all share the belief that more can be done. In particular, we will suggest the following:

1) That our regional office recruit experienced adjudicators from within the VA system to provide immediate assistance.

2) That the Director consider delaying his selection of two senior adjudicators for the rating board until a sufficient number of trained adjudicators are in place.

3) That the Pittsburgh Regional Office continue efforts to improve the efficiency of the office. One idea that has considerable merit would be a broader cross training of benefits counselors as adjudicators.

Members of the Armed Forces served when our country needed their service. If they were asked to march, they marched. If they were asked to fight, they fought. These men and women did not respond to Uncle Sam's call to arms by saying "not right now, give me eight months."

I think our country owes it to these veterans to return the courtesy and process their benefits claims in a timely fashion.

Thank you, and I would be glad to answer any questions.

DEPARTMENT OF VETERANS AFFAIRS
Regional Office
1000 Liberty Avenue
Pittsburgh PA 15222

April 7, 1993

In Reply Refer To:

311/21

Director, C&P Service (214A)
Department of Veterans Affairs
Veterans Benefits Administration
810 Vermont Avenue, N.W.
Washington, DC 20420

SUBJ: Quarterly Progress Report

Enclosed is the first quarterly progress report based upon the action plan for improving claims processing timeliness that was submitted on January 13, 1993.

HAROLD T. BUSHEY
Director

Department of
Veterans Affairs

Memorandum

Date April 7, 1993

From Acting Adjudication Officer

Subj Quarterly Progress Report

To: Director

In response to CO analysis of November 10, 1992 a claims processing timeliness improvement plan was implemented to address each out of line end product and establish a time table for improvement using realistic benchmarks to monitor improvement. The plan was submitted on January 13, 1993, and quality benchmarks were established for March, June and September 1993.

The following are division actual achievements since October 1992, as compared to the established benchmarks.

DIVISION IMPROVEMENT PLAN PERFORMANCE

	Division Actual Achievement						Benchmarks			Goal M21-4
EPs	10/92	11/92	12/92	1/93	2/93	3/93	3/93	6/93	9/93	
110	216	238	215	234	210	203	210	190	175	106
120	149	141	131	135	128	110	130	115	100	82
130	63	48	44	39	36	36	45	35	25	25
140	174	127	134	110	147	96	100	85	75	68
150	74	68	58	50	45	41	60	50	40	24
155	96	41	32	48	50	41	38	35	29	19
160	48	36	36	43	43	37	33	29	29	29
180	162	172	155	139	146	143	155	130	100	77
190	115	103	85	96	76	74	90	75	60	44
290	68	63	47	64	56	50	68	61	61	61
310	98	87	74	78	98	49	80	70	60	60
320	155	132	115	98	74	67	115	76	46	46
600	91	74	98	90	90	66	72	69	65	65

By EOM March we achieved our benchmarks (current month) for 11 of the 13 end products measured. In March, end products 290 and 310 bettered goal as outlined in M21-4, while the benchmark for EP 155 and 160 were not met. EP 155 was within 3 days of our March benchmark, while EP 160 was within 4 days. We are continuing to monitor our achievements and strive for a steady reduction in average days to complete each end product.

Although actual achievement for EP 155 was 3 days over the March benchmark of 38 days, it is substantially less than the 96 days average processing time for October 1992. Furthermore, a significant reduction has been made in the number of EP 155s pending over 30 days. Currently, there are 655 pending in all categories over 30 days, while in January there had been 1016 pending. For the past three months over 1000 EP 155's had been cleared each month. The unit chiefs are working closely with the adjudicators to resolve and clear the still pending 155 end products. Although in the short term it may negatively impact on processing timeliness, overall processing timeliness should improve by the next benchmark.

For March, actual performance for EP 160 was 37 days as compared to the March benchmark of 33 days. This is a low volume EP with 218 pending on April 1. The unit chiefs are printing detail lists for this end product for the development (burial) clerks. The goal will be for the clerks to process these old cases by the end of the month. (Currently 123 of the 218 cases are over 30 days old).

MCVudragovich

Michael C. Vudragovich

DEPARTMENT OF VETERANS AFFAIRS
Regional Office
1000 Liberty Avenue
Pittsburgh PA 15222

January 13, 1993

In Reply Refer To: 311/21

Director, C&P Service (214A)
Department of Veterans Affairs
Veterans Benefits Administration
810 Vermont Avenue, N.W.
Washington, DC 20420

SUBJ: Action Plan for Improvement of Claims Processing Timeliness

This is in response to the Central Office Analysis of the Adjudication Division dated November 10, 1992, and to our letter to Eastern Area of October 22, 1992, submitting an action plan for improvement of overall claims processing timeliness.

This revised plan is being submitted after discussions with Mike Bratz during and after his recent help visit to the office December 1-3, 1992. We appreciate his efforts and the insights provided while he was here. We intend to build upon ideas discussed when he was here, to closely monitor, enhance and modify the plan as necessary during the coming year.

Signed by
HAROLD T. BUSHEY
Director

Department of Veterans Affairs

Memorandum

Date: January 8, 1993

From: Adjudication Officer

Subj: Systematic Analysis of Operations - Claims Processing Timeliness

To: Director

Assistant Director

TOPIC: Processing Timeliness

REFERENCES: M21-4, Chapter 4, Claims Processing Timeliness

BACKGROUND: On October 19, 1992, an SAO on Claims Processing Timeliness was completed because of a slippage in timeliness within the Adjudication Division. CO Staff Analysis of the Adjudication Division of November 10, 1992, directed the formation of an overall claims processing timeliness improvement plan to address the timeliness of each out-of-line end product and to establish a timetable for improvement using realistic benchmarks to monitor progress.

To assist in this process, Mike Bratz, Chief, Field Operations Staff, visited our station on December 1-3, and provided suggestions and guidance on the formulation of a plan.

DESCRIPTION OF REVIEW: This review describes division management's plan to improve average processing time for each end product. Timeliness has slipped due to the variables outlined below to the point that 11 end products (130, 150, 155, 170, 190, 290, 600, 140, 180, 310, and 320) are reportable under the standard in effect on October 1, 1991 (M21-4, Par. 4.07). Additionally, none of the end products bettered the new timeliness goals outlined in M21-4, Chapter 4.

FINDINGS: Effective October 1, 1992, average days to complete is the guide Adjudication managers must use both to measure the success of their direction of the claims adjudication process and to identify areas where action to improve timeliness must be initiated.

The following variables have impacted upon the adjudication division's timeliness during the past year:

- The concentration on working claims pending over 180 days to the detriment of working newer cases.

- Dealing with the impact of the 43 "Desert Storm" scud missle attack cases. Both Senator Specter and Congressman Murtha had these cases reviewed by Central Office. There were several field hearings, and the Director personally met with Congressman Murtha in Washington on these cases. Each case has been reviewed numerous times during this period. These cases are still controlled in the Adjudication Officer's Office, and receive special handling by the division Desert Storm Team.

- Since February we have also experienced critical personnel losses in the Adjudication Division. One senior adjudicator and two journeyman adjudicators left government service; another journeyman adjudicator went on maternity leave. This had an adverse impact on our ability to complete the number of claims we would like to have completed in order to keep our timeliness under better control. To balance these personnel losses, we have recently hired an adjudicator and will shortly be filling two career ladder adjudicator positions internally. The adjudicator on maternity leave has returned on a part-time basis effective December 13, 1992.

- In May, the division participated in the VBA time management study. This was the second year the division was involved in this study.

- Software problems with AMIE. At present we have only two useable ports for eight development clerks and management to access the five VAMCs in our jurisdiction. This has impacted on the morale and efficiency of our development clerks. It appears, however, that approval will be shortly coming to change to a PC based AMIE system, giving us four ports for AMIE access.

For analysis, division managers are comparing the adjudication division's cumulative average days to complete each of thirteen (13) end products from October 1992 against both National average days to complete the same end products and against the FY 1993 goal for that end product (M21-4, Par. 4.02, Table 1). The following table describes our comparison:

AVERAGE DAYS TO COMPLETE

EP	VARO	NATIONAL AVERAGE	FY 93 GOAL
110	216	174	106
120	149	122	82
130	63	37	25
140	174	103	68
150	74	37	24
155	96	25	19
160	48	33	29
180	162	119	77
190	115	66	44
290	68	49	61
310	98	66	60
320	155	63	46
600	91	68	N/A

CONCLUSIONS: The division average processing days exceeds both National Average and FY 93 Goal in each end product compared. National average processing days substantially exceeds FY 93 Goal in each end product.

SAO - Timeliness
Page 3
January 8, 1993

RECOMMENDATIONS: Division managers decided to approach the goals in M21-4, Chapter 4, incrementally. Initially, our plan was to come within 10% of the RDPC average for each end product, as the RDPC average was readily available. After discussion with Mike Bratz, and now with the availability of the National Average on DOORS, our goal is to achieve the National Average for each end product as outlined below. Our desire is to show steady and continuous improvement in achieving this goal over the coming year.

	Division Actual Achievement				Benchmarks			Goal M21-4
EPs	9/92	10/92	11/92	12/92	3/93	6/93	9/93	
110	221	216	238	215	210	190	175	106
120	141	149	141	131	130	115	100	82
130	54	63	48	44	45	35	25	25
140	116	174	127	134	100	85	75	68
150	64	74	68	58	60	50	40	24
155	66	96	41	32	38	35	29	19
160	44	48	36	36	33	29	29	29
180	160	162	172	155	155	130	100	77
190	99	115	103	85	90	75	60	44
290	84	68	63	47	68	61	61	61
310	83	98	87	74	80	70	60	60
320	116	155	132	115	115	76	46	46
600	101	91	74	98	72	69	65	65

Our plan is to achieve goal in 12 of the 13 end products listed within one year with the exception of EP 110. As end product 170 will become a work credit only, it will not be included in the plan.

We will monitor our achievements monthly, and strive for a steady reduction in average days to complete each end product in order to show continuous improvement.

Benchmarks shown will be the actual achievement for the month. This method was suggested by Mike Bratz. As we strive for our goals on a monthly basis, the cumulative averages will ultimately come down.

In arriving at the benchmark figures, division management considered the number of pending claims already over their goal and the impact of upcoming projects that have already started to arrive. In order to encourage our employees to strive for improvement in our timeliness, we wanted to set realistic benchmarks that were achieveable with the hope that we could do better than them in some end products.

Because of the number of end product 110s pending over 180 days (321, or 30.7% of total pending) we do not anticipate achieving goal during this year. Average processing time for this EP was 216 days in October 238 days in November and 215 days in December.

Until these cases are worked down upon receipt of necessary records, we do not anticipate a dramatic improvement in timeliness to complete this end product.

Although improvement in processing timeliness for December was noted for 10 of the 13 measured EPs, we believe that the current benchmarks are challenging but achievable considering the number of cases in each EP category already over goal.

The attached W-10 screen of 1-4-93 shows the total number of cases already over 180 days and over goal.

Several suggestions discussed during the recent help visit are either in the process of or have already been implemented.

Effective January 11, 1993, all education cases (TD 00-99) will be specialized with one individual, with backup support. A standardized DISP procedure has been implemented (copy attached) which should ensure better control and tracking of claims. Regarding the software problems with AMIE, contact has been made with Jack McCoy at the Winston-Salem Regional Office. Ultimately, we were referred to Kevin Cosley who is involved with AMIE at VACO. He is exploring a potential solution utilizing a PC based system.

We are currently reviewing the adjudicator performance standards and the division WIPP User Plan and will be making appropriate changes to best utilize our available staffing (both supervisory and non-supervisory) in order to achieve our timeliness benchmarks and goals in the shortest timeframes as can reasonably be expected.

W10 WORK IN PROCESS STATUS 01-04-93

PITTSBURGH

EPC	DIVISION TOTAL	AVERAGE CONTROL DAYS	AVERAGE DAYS PENDING	(A) 00-14 DAYS	(B) 15-30 DAYS	(C) 31-60 DAYS	(D) 61-90 DAYS	(E) 91-180 DAYS	(F) 181-360 DAYS	(G) OVER 360 DAYS
110	1045	6	162	13	64	99	132	416	253	68
120	2266	9	122	64	221	384	347	788	410	52
130	492	8	89	27	75	107	87	145	50	1
135	29	2	122	5	8	1	1	3	11	0
140	107	8	112	2	11	20	18	41	13	2
150	581	8	80	33	116	143	100	143	46	0
154	1611	2	136	0	2	2	173	478	797	157
155	1902	1	52	166	716	513	242	200	61	4
160	313	7	64	33	85	76	39	65	14	1
165	17	14	107	1	1	1	5	7	2	0
170	1307	20	211	17	85	137	168	304	382	214
TOTAL	9670			361	1385	1484	1312	2590	2039	499

END PRODUCT CODE EPC TYPE C&P TERMINAL DIGIT RANGE 00 THRU 99 COLUMN DETAIL

NEXT SCREEN

YOU HAVE REQUESTED MORE THAN 11 EPCS. HIT ENTER TO CONTINUE

W10 WORK IN PROCESS STATUS 01-04-93

PITTSBURGH

EPC	DIVISION TOTAL	AVERAGE CONTROL DAYS	AVERAGE DAYS PENDING	(A) 00-14 DAYS	(B) 15-30 DAYS	(C) 31-60 DAYS	(D) 61-90 DAYS	(E) 91-180 DAYS	(F) 181-360 DAYS	(G) OVER 360 DAYS
173	16	3	68	0	5	6	0	5	0	0
174	360	5	163	11	12	53	35	123	109	17
180	384	7	116	13	26	75	61	147	53	9
190	176	7	91	10	22	38	34	55	16	1
290	364	8	95	22	62	67	60	104	46	3
293	55	1	65	6	15	10	11	10	3	0
310	148	2	104	8	13	40	15	61	8	3
314	0	0	0	0	0	0	0	0	0	0
320	95	12	98	6	11	24	16	25	13	0
330	0	0	0	0	0	0	0	0	0	0
400	0	0	0	0	0	0	0	0	0	0
TOTAL	11268			437	1551	1797	1544	3120	2287	532

END PRODUCT CODE EPC TYPE C&P TERMINAL DIGIT RANGE 00 THRU 99 COLUMN DETAIL

NEXT SCREEN

YOU HAVE REQUESTED MORE THAN 11 EPCS. HIT ENTER TO CONTINUE

W10 WORK IN PROCESS STATUS 01-04-93

PITTSBURGH

EPC	DIVISION TOTAL	AVERAGE CONTROL DAYS	AVERAGE DAYS PENDING	(A) 00-14 DAYS	(B) 15-30 DAYS	(C) 31-60 DAYS	(D) 61-90 DAYS	(E) 91-180 DAYS	(F) 181-360 DAYS	(G) OVER 360 DAYS
500	0	0	0	0	0	0	0	0	0	0
510	0	0	0	0	0	0	0	0	0	0
600	239	2	68	25	53	62	34	47	18	0
680	318	15	684	1	3	3	7	10	39	255
682	0	0	0	0	0	0	0	0	0	0
683	0	0	0	0	0	0	0	0	0	0
684	0	0	0	0	0	0	0	0	0	0
690	96	2	164	0	1	3	2	79	11	0
692	19	2	94	0	0	4	1	14	0	0
693	1	1	172	0	0	0	0	1	0	0
694	1	1	94	0	0	0	0	1	0	0
TOTAL	11942			463	1608	1869	1588	3272	2355	787

END PRODUCT CODE EPC TYPE c&p TERMINAL DIGIT RANGE 00 THRU 99 COLUMN DETAIL

NEXT SCREEN

YOU HAVE REQUESTED MORE THAN 11 EPCS. HIT ENTER TO CONTINUE

W10 WORK IN PROCESS STATUS 01-04-93

PITTSBURGH

EPC	DIVISION TOTAL	AVERAGE CONTROL DAYS	AVERAGE DAYS PENDING	(A) 00-14 DAYS	(B) 15-30 DAYS	(C) 31-60 DAYS	(D) 61-90 DAYS	(E) 91-180 DAYS	(F) 181-360 DAYS	(G) OVER 360 DAYS
930	2	1	72	0	0	0	2	0	0	0
960	0	0	0	0	0	0	0	0	0	0
TOTAL	11944			463	1608	1869	1590	3272	2355	787

END PRODUCT CODE EPC TYPE c&p TERMINAL DIGIT RANGE 00 THRU 99 COLUMN DETAIL

NEXT SCREEN

W10 WORK IN PROCESS STATUS 01-04-93

PITTSBURGH

EPC	DIVISION TOTAL	AVERAGE CONTROL DAYS	AVERAGE DAYS PENDING	(A) 00-14 DAYS	(B) 15-30 DAYS	(C) 31-60 DAYS	(D) 61-90 DAYS	(E) 91-180 DAYS	(F) 181-360 DAYS	(G) OVER 360 DAYS
200	5	6	314	0	0	0	0	1	2	2
210	3	5	146	0	0	0	1	1	1	0
215	3	1	34	1	0	2	0	0	0	0
220	30	6	70	1	5	11	4	8	1	0
230	30	13	92	3	3	9	2	8	5	0
240	11	4	126	2	0	3	1	1	3	1
250	26	10	80	3	6	6	2	6	1	1
260	100	8	74	6	17	32	19	18	8	0
270	3	5	303	0	0	0	0	0	3	0
273	0	0	0	0	0	0	0	0	0	0
274	0	0	0	0	0	0	0	0	0	0
TOTAL	211			16	31	63	30	43	24	4

END PRODUCT CODE EPC TYPE edu TERMINAL DIGIT RANGE 00 THRU 99 COLUMN DETAIL

NEXT SCREEN

YOU HAVE REQUESTED MORE THAN 11 EPCS. HIT ENTER TO CONTINUE

W10 WORK IN PROCESS STATUS 01-04-93

PITTSBURGH

EPC	DIVISION TOTAL	AVERAGE CONTROL DAYS	AVERAGE DAYS PENDING	(A) 00-14 DAYS	(B) 15-30 DAYS	(C) 31-60 DAYS	(D) 61-90 DAYS	(E) 91-180 DAYS	(F) 181-360 DAYS	(G) OVER 360 DAYS
280	47	8	93	3	9	9	6	12	8	0
290	2	22	140	0	0	0	1	0	1	0
295	157	6	128	12	17	22	19	49	33	5
TOTAL	417			31	57	84	56	104	66	9

END PRODUCT CODE EPC TYPE edu TERMINAL DIGIT RANGE 00 THRU 99 COLUMN DETAIL

NEXT SCREEN

Department of
Veterans Affairs

Memorandum

Date: December 10, 1992

From: Adjudication Officer

Subj: Standardized DISP Procedures

To: All Adjudication Personnel

1. In order to track the various stages of pending claims, the attached standardized DISP acronyms will be used to reflect the current status of these claims. Standardization of DISP procedures and acronyms for adjudication actions will benefit our regional office as a whole. Use of these codes will provide anyone reviewing pending claims more information regarding their status. Hopefully, this will result in a reduction of VAIs and requests for claims folders.

2. Since our main concern is the latest stage of adjudication action of these pending claims, it will no longer be necessary to DISP the claims folder back to files.

3. The attached standardized acronyms will be used anytime a Target command is processed which results in an input in the disposition field on the S99 Target screens. Enter the acronym in the "ROUTG" field on the S99 screen. If more than one acronym can be used, enter the code which best describes the action being taken.

4. If a VA Form is used for development, use the last three or four digits, as appropriate, prefixed with the letter "O". Any form in current use may be designated. Only the attached acronyms and not any unlisted combination of letters and/or digits should be used.

W. F. BYRNES

cc: Director's Office
VSD
VR&C
All Service Organizations

VA FORM
MAR 1989 2105

STANDARDIZED DISP AC

BURIAL

03101 - Service verification
0DC - Death certificate
ODCVA - Death certificate requested from V
OTRAN - Transportation costs
OFBIL - Funeral bill
OF&C - Facts and circumstances
OINFH - Initial funeral home receipt
OTEST - Letter of testamentary
OSMR - Service Medical Records

COMPENSATION/PENSION

Service Information

03101 - Service verification, pay grade, se
OSMR - Service medical records
OSGO - Discovered medical records (Surgeon
ODTYA - Duty assignments verification, all b
DA Form 20, Navy pages
ODNA - Defense Nuclear Agency verification
OF&C - Facts & circumstances
OESG - Information from Army & Joint Servic
Support Group pending
OSTRS - PTSD stressors - letter to vet
ORADD - Radiation exposure development - let
01355 - Information needed to reconstruct me
01375 - Information needed to verify militar

Medical Development

02507 - Examination requested
07131 - Request from VAMC (other than hospita
outpatient treatment records)
OAAME - A&A medical evidence
OAAST - Statement from vet requesting aid & a
OHRA - Hospital records - Altoona
OHRB - Hospital records - Butler
OHRE - Hospital records - Erie
OHRHD - Hospital records - Highland Drive
OHRUD - Hospital records - University Drive
OPMED - Private medical doctor's statement req
ORECT - Recent treatment
OHLPC - Helpless child

COMPENSATION/PENSION

Dependency

0686c - 21-686c (Declaration of Marital Status & Dependent)
0674 - Request for school approval
0674b - Certification of school attendance (674 submitted before beginning date of classes)
OMC - Marriage certificate
OBC - Birth certificate
OADOP - Adoption decree
ODV - Deemed valid letter to claimant
OCOHB - Continuous cohabitation
ODDV - Divorce decree(s) - veteran
ODDS - Divorce decree(s) - spouse
ODDB - Divorce decree(s) - both
OSSNA - Social security numbers - all
OSSNV - Social security number - veteran
OSSNS - Social security number - spouse
OSSNC - Social security numbers - children
OAPPO - Development on apportionment

Income/Expenses

0527 - 21-527 (form requesting income, net worth & employment)
ORETP - 21-651a to Retired Pay Center
OINCM - Income requested from claimant
ODEP$ - Dependent(s)' income
OEST$ - Estate development ($1,500 rule)
ONW - Net Worth
OSSLV - Social security award letter - veteran
OSSLS - Social security award letter - spouse
OSSLA - Social security award letter - all dependents
OTPQY - Third party query (VA request to social security)
OUME - Unreimbursed medical expenses
OFARM - Farm income development
ORENT - Rental income development
OELEC - Improved pension election
ONH - Nursing home statement
OCONT - Vet's contributions to dependent(s) support
OMNHR - Medicaid Nursing Home Reduction

General/Other

0592 - Fiduciary requested
OACRP - Accident report from police
OINCP - Due process for incompetence
OPROP - Proposal to terminate or reduce prior to due process
ODUEP - Due process
OFE - Field exam requested
OCLTH - Clothing allowance sent to prosthetics
OIU - Individual unemployability
OJAIL - Ltr to prison officials (felony determination)
OFREE - Ltr to obtain release date (vet and/or prison)
ONME - Develop for new and material evidence
OBSSI - Beneficiary supplemental security income

EDUCATION

02384 - Chapter 106 eligibility (NOBE)
O6YR - Six-year obligation
03101 - Service verification
OBC -- Birth certificate
OSSN - Social security number
OMITC - Mitigating circumstances
OPRCR - Prior credit requested
OUSAT - Unsatisfactory progress

INTERNAL ROUTING

ORBxx - Claim sent to rating board
OADJ - Claim coming out of rating board and routed to an adjudicator
OUC - Unit Chief
OSC - Section Chief
OAAO - Assistant Adjudication Officer
OAO - Adjudication Officer
ODENT - Dental Drawer
OBVA - File sent to BVA, Washington, D.C.

SUBMITTED TO

Subcommittee on Oversight and Investigations

U.S. House of Representatives

Committee on Veterans' Affairs

335 Cannon House Office Building

Washington, DC 20515

TESTIMONY

June 28, 1993

Jack S. Ehrhardt, MSW/ACSW

Psychotherapist/Team Leader

Vet Center

1000 State Street

Suite 1 & 2 (Lobby)

Erie, PA 16501

Gentlemen it is of the utmost importance that I tell you I am very honored to be asked to testify today before this Congressional Committee as a citizen, a professional, and more importantly as a veteran whom deeply appreciates my country and all that it offers me and my family.

In opening, let me say that my testimony today is based on twenty-four years experience with the Veterans Administration; as a 100% service-connected veteran, an out-patient psychiatric social worker (1982-1985), as Team Leader of the Erie Vet Center (1985-present), and as a researcher for the Rural Working Group of Readjustment Counseling Service (1991-present). So, my experience is that of patient, line staff worker, program manager, and researcher.

After being wounded in 1968 with one year of recovery in a naval hospital I converted my military disability retired pay into VA compensation, was treated at the out-patient clinic at the Federal Building, and the VA Hospital University Drive.

Patient experiences in the Department of Veterans Affairs hospitals have been mostly good; however, not as modern and well staffed as my patient experiences in the private sector. As was stated, I have received all my benefits via the Pittsburgh Regional Office. My approach during the time I sought benefits was aggressive; and therefore, I have been able to achieve most of my goals. There were times of bureaucratic bungling which resulted in frustration and anger; however, bureacratic bungling exists in other government agencies as well as in the private sector.

Frustration and anger got to a higher level at the VA because I had a strong feeling they were supposed to help. This feeling exists in all veterans, particularly the service-connected and those whom feel they should be service-connected. This same frustration and anger is now directed toward me as the VA employee expected to provide service.

I would like to turn my comments to that which are hopefully analytical and not critical, constructive and not destructive, and being as pro-active and directed toward quality I can. I will now speak to the last eleven years as social worker and Team Leader and how I view the Regional Office.

From this view point, problems at the Regional Office are not any one person or department, but a system problem that has its root in lack of resources; in terms of personnel and varied expertise and in the adjudication claim review process and rating process. In short, there are too many claims of different types being fed into an overloaded system that doesn't have enough circuits to receive, assimilate, and service the need

of the input (which in this case is the number of veterans seeking claims). This overload not only causes difficulty for the Regional Office, but also a ripple effect that goes through the system at the Medical Center, Vet Centers, other parts of the health care system, the individual veterans life, and the social and family systems with which he interacts.

In terms of knowledge on Post Traumatic Stress Disorder, the veterans whom already have a low tolerance for stress and other psycho-social problems (ie. unemployment, family dysfunction, and medical difficulty) are more severely effected. They also tend to act out more and be more demanding.

At times, probably because of case overload, cases don't appear to get full review or have all the information needed to adjudicate the claim properly. At the Vet Center we render as much assistance to the veterans as time allows, in hopes of cutting the load of the Regional Office. More time might be spent looking at how the disability has impacted the individuals life on a case-by-case basis, and how it impacts the veteran in relationship to the industrial index. New resource personnel in adjudication and claims review may need additional training in medical-clinical and occupational expertise.

A few brief times it has been rumor mill discussion that Jack Ehrhart thinks every veteran has Post Traumatic Stress Disorder and is a bleeding heart for all veterans. Let me address that by saying, I am indeed a strong advocate for all veterans, particularly my clients. It is my duty as a VA employee and professional therapist adhering to the N.A.S.W. code of ethics and to the VA code of ethics, to care for those who have bore the battle. I will continue to do so as best I can; but in cooperation not competition with other components of the Department of Veterans Affairs.

The reality is that our most recent statistics indicate that out of the 1,439 Vietnam Era veterans we have seen at the Vet Center, only 265 have been diagnosed as having Post Traumatic Stress Disorder and only approximately one-half of those have claim work. This is lower that the NVVRS and the national average.

In closing, I must say that 90% of our interaction with the Regional Office is positive. We refer hundreds of calls to their toll free number, get many of our forms and publications through their resources, and have active communication with all departments. A Vocational Rehab counselor is

stationed at the Vet Center several days per month, providing excellent service. A recent successful cooperative effort by the Vet Center, VAMC, and Regional Office, produced a well attended and highly effective Town Meeting. For the first time, I had the opportunity to meet Mr. Bushy and members of his staff. A line of communication has been opened and the results are already positve for the veterans of Northwestern Pennsylvania.

We are looking toward planning other Town Meetings in the rural Northwestern Pennsylvania interior and toward more cooperation in the future. The Vet Center, being the first line of contact with so many of the veterans of all eras, hopefully will be able to continue to observe, analyze, assist, and cooperate in providing America's most important citizens with quality and timely service, just as they have given us at Normandy, Inchon, Khe Sanh, and the Gulf.

Again, Thank you for allowing me the opportunity to share my views.

SUMMARY STATEMENT OF
HAROLD T. BUSHEY
DIRECTOR
VA REGIONAL OFFICE, PITTSBURGH, PA
BEFORE THE
HOUSE VETERANS AFFAIRS COMMITTEE
ON OVERSIGHT AND INVESTIGATIONS

JUNE 28, 1993

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

I AM PLEASED THAT YOUR SUBCOMMITTEE'S CONCERN FOR SERVICE TO VETERANS BRINGS YOU TO PITTSBURGH TO LOOK AT THE OPERATIONS OF A REGIONAL OFFICE. I APPRECIATE THIS OPPORTUNITY TO TAKE YOU THROUGH THE MYRIAD OF DECISIONS AND PROBLEMS WE FACE AND HOW WE ARE DEALING WITH THEM.

THE NEED AND CONCERN TO REDUCE GOVERNMENT SPENDING HAS HAD ITS IMPACT UPON THE DEPARTMENT OF VETERANS AFFAIRS AS WELL AS OTHER GOVERNMENT AGENCIES. IT HAS LEFT OUR REGIONAL OFFICES WITHOUT SUFFICIENT NUMBERS OF TRAINED PERSONNEL AND RESOURCES TO CARRY OUT A WORKLOAD WHICH HAS RISEN DRAMATICALLY IN SIZE AND COMPLEXITY. ADDITIONAL BENEFITS, DUE PROCESS LEGISLATION AND JUDICIAL REVIEW HAVE HELPED VETERANS BUT AT THE SAME TIME SLOWED THE CLAIMS PROCESS RESULTING IN A BACKLOG OF UNWORKED CASES OF MAJOR PROPORTIONS.

THERE IS CURRENTLY A 557,000-CASE BACKLOG IN COMPENSATION AND PENSION CLAIMS ACROSS THE COUNTRY. DESPITE THE EXTENSIVE USE OF OVERTIME, INNOVATIVE CLAIMS PROCESSING, AND OTHER MEASURES TO REDUCE THE PENDING BACKLOG, IT HAS BEEN PROJECTED THAT THE WORKLOAD WILL BALLOON TO NEARLY 900,000 CASES BY THE END OF FISCAL YEAR 1994.

I WISH WE COULD SAY THE SOLUTION TO OUR PROBLEM LIES IN FUNDING. IF THAT WERE SO, I WOULD SIMPLY SAY GIVE US THE RESOURCES AND WE WILL DO OUR JOB. WE ALL KNOW THE SOLUTION IS NOT THAT SIMPLE. THE PRESIDENT AND CONGRESS EACH YEAR HAVE TO DEVELOP A BUDGET THAT ADDRESSES THE NATIONAL DEBT AND PROVIDES FUNDING FOR WORTHY PROGRAMS SUCH AS VETERANS BENEFITS PROGRAMS. ISSUES SUCH AS, "DO WE INCREASE TAXES?, WHICH PROGRAMS DO WE CUT?, AND WHAT WILL BE THE IMPACT?" ARE NOT EASY ONES TO ADDRESS. OUR REGIONAL OFFICE DIRECTORS ARE FACED WITH SIMILAR DECISIONS BECAUSE THE IMPACT OF YOUR DECISIONS TRANSLATES INTO OUR BUDGETS. OF MAJOR SIGNIFICANCE IS THAT

FUNDED STAFFING LEVELS RARELY EQUATE TO THE NUMBERS NECESSARY TO ACCOMPLISH OUR PROJECTED WORKLOAD. THEN, WE HAVE TO ADDRESS QUESTIONS SIMILAR TO THOSE YOU DO.

A GOOD ILLUSTRATION OF OUR PROBLEM IS THE RELATIONSHIP BETWEEN THE WORKLOADS OF OUR VETERANS SERVICES DIVISION WHICH ANSWERS INQUIRIES AND ASSISTS VETERANS IN FILING CLAIMS, AND OUR ADJUDICATION DIVISION WHICH PROCESSES COMPENSATION, PENSION, AND EDUCATION CASES. THE MORE CLAIMS WE HAVE, THE GREATER NUMBER OF INQUIRIES WE HAVE RELATIVE TO THEIR STATUS. IF WE CONCENTRATE OUR RESOURCES IN CLAIMS PROCESSING, THEN WE HAVE LESS STAFF AVAILABLE TO RESPOND TO BENEFIT INQUIRIES, AND WE EXPERIENCE LOST CALLS AND DELAYS IN INTERVIEWS AND INQUIRY RESPONSES. EMPHASIS IN VETERANS SERVICES RESULTS IN LESS CLAIMS PROCESSED AND GENERATES MORE INQUIRIES. AS THE DIRECTOR AND MANAGER OF THE REGIONAL OFFICE, IT IS MY RESPONSIBILITY TO MAKE THESE RESOURCE DECISIONS IN THE MOST EFFECTIVE MANNER.

SINCE THE PURPOSE OF THIS HEARING IS TO REVIEW HOW WELL WE MEET THE NEEDS OF THE VETERANS FROM THIS AREA, I WOULD LIKE TO HIGHLIGHT SEVERAL OF OUR ACCOMPLISHMENTS, SOME OF WHICH HAVE RECEIVED NATIONAL RECOGNITION.

IN CONCERT WITH THE AMERICAN LEGION AND THE VAMC-HIGHLAND DRIVE, WE WERE THE FIRST OFFICE IN THE COUNTRY TO CONVERT A VA PROPERTY INTO A HOME FOR HOMELESS VETERANS. IT SERVES AS A NATIONAL MODEL, AND WE CONTINUE TO LEAD THE WAY WITH THREE FACILITIES OPERATING SUCCESSFULLY IN OUR JURISDICTION AND A PROSPECTIVE FOURTH CURRENTLY BEING DISCUSSED.

EMPLOYING TOTAL QUALITY MANAGEMENT (TQM) PRINCIPLES, WE HAVE BEEN ABLE TO PROVIDE IMPROVED TELEPHONE SERVICE - EXPANDED ACCESS AND REDUCED MISSED CALLS - AND BY USING AN INNOVATIVE COMBINATION OF VETERANS CLAIMS EXAMINER AND VETERANS BENEFITS COUNSELOR POSITIONS, WE HAVE SIGNIFICANTLY IMPROVED OUR INQUIRY RESPONSE RATE TO WHERE IT IS CURRENTLY BETTER THAN THE NATIONAL STANDARD.

OUR WORK WITH THE DESERT STORM VETERANS WAS REVIEWED DURING A FIELD HEARING AND AT BRIEFINGS OF LOCAL CONGRESSMEN AND SENATORS. THE QUALITY OF SERVICE PROVIDED TO THE DESERT STORM VETERANS AND THEIR FAMILIES RECEIVED NATIONAL RECOGNITION.

IN FEBRUARY 1993 WE HAD A SEMINAR FOR CONGRESSIONAL DISTRICT OFFICE STAFF PERSONNEL REVIEWING OUR PROCEDURES AND TO ASCERTAIN HOW WE MIGHT IMPROVE SERVICES. THERE WERE NO COMPLAINTS OR SUGGESTIONS FOR IMPROVEMENT BUT, RATHER, WE WERE COMMENDED FOR THE SERVICE WE PROVIDE.

MORE RECENTLY, WE HAVE INITIATED A SERIES OF TOWN MEETINGS LITERALLY BRINGING THE REGIONAL OFFICE TO POPULATION CENTERS REMOTE FROM PITTSBURGH TO NOT JUST PROVIDE INFORMATION ABOUT BENEFITS BUT TO DISCUSS PROBLEMS WITH VETERANS WHETHER IT BE THE EXPLANATION OF A LETTER OR PROCESS OR HOW WE MIGHT ASSIST THEM.

WE CURRENTLY HAVE STARTED STAFF TRAINING IN HOW TO CONDUCT FOCUS GROUPS, A PROCESS IN WHICH WE WILL BRING IN VETERANS AND SOLICIT THEIR VIEWS ON HOW WE CAN IMPROVE SERVICES.

WHILE WE TAKE PRIDE IN THESE ACCOMPLISHMENTS, WE RECOGNIZE THAT THERE ARE NEEDS FOR IMPROVEMENT IN OTHER AREAS. A CRUCIAL AREA OF CONCERN FOR EVERY REGIONAL OFFICE IS THE ADJUDICATION DIVISION. OUR MAJOR WORKLOAD AND, PERHAPS, MOST CRITICAL FUNCTION - THE PROCESSING OF DISABILITY COMPENSATION, PENSION, AND EDUCATION BENEFIT CLAIMS - IS DONE IN THIS DIVISION.

CLAIMS PROCESSING HAS BEEN INFLUENCED BY THREE IMPORTANT DEVELOPMENTS: CHANGES IN DUE PROCESS REQUIRED BY THE SEMENCHUK COURT DECISION; CLAIMANT NOTIFICATION PROVISIONS OF PUBLIC LAW 101-237, WHICH REQUIRE A STATEMENT OF THE REASONS FOR ADVERSE DECISIONS AND A SUMMARY OF THE EVIDENCE; AND THE COURT OF VETERANS APPEALS. IRONICALLY, THESE ACTIONS DESIGNED TO ASSIST VETERANS HAVE, IN FACT, FREQUENTLY PROLONGED PROCESSING TIMES.

THE FULL IMPACT OF JUDICIAL REVIEW WAS NOT APPARENT AT THE REGIONAL OFFICE LEVEL UNTIL LATE 1991. BEFORE THE ADVENT OF THE COURT, BVA REMANDED ABOUT 18% TO 20% OR 8,000 TO 9,000 OF ITS CASES EACH YEAR FOR REGIONAL OFFICE ACTION. THE BVA REMAND RATE HAS NOW REACHED 52%.

IT HAS BEEN ESTIMATED THAT IT NOW TAKES AT LEAST 25% LONGER TO PREPARE A RATING DECISION OR A DETAILED STATEMENT OF THE CASE FOR THE VETERAN WHO APPEALS SUCH DECISIONS. SIMILARLY, NEW "DUTY TO ASSIST" GUIDELINES REQUIRE CLAIMS EXAMINERS TO DEVELOP AND REVIEW ALL RECORDS CITED BY THE CLAIMANT, NO MATTER HOW REMOTELY THEY MAY BE RELATED TO THE ISSUE UNDER REVIEW. COMMUNICATIONS WITH CLAIMANTS ARE MORE FREQUENT AND GREATLY MORE DETAILED, TAKING 12% TO 13% LONGER TO COMPLETE.

VA MUST NOW MAKE EFFORTS TO SECURE THE PERSONAL MEDICAL RECORDS OF VETERANS AND TIMEFRAMES HAVE BEEN ESTABLISHED WHICH GOVERN HOW LONG WE WAIT BEFORE PROCEEDING TO FURTHER DEVELOP THE CASE; THESE ACTIONS CAN TYPICALLY DELAY A FINAL DETERMINATION BY AS MUCH AS 120 DAYS. THE COURT OF VETERANS APPEALS (COVA) HAS HAD SIGNIFICANT IMPACT ON CLAIMS PROCESSING. COVA DECISIONS HAVE REQUIRED EXPANDED, MORE

COMPLEX RATING DECISIONS WHICH THOROUGHLY DISCUSS THE EVIDENCE AND REASONING USED TO REACH THE DECISION.

ADDITIONALLY, AUTHORIZATION PERSONNEL ARE NOW REQUIRED TO PROVIDE A MUCH MORE DETAILED RESPONSE TO CLAIMANTS ESPECIALLY WHEN ADDRESSING THE BASIS FOR ANY DENIAL. THE CHANGES MADE ARE GOOD, BUT IT MUST BE RECOGNIZED THAT THEY ADD TO THE TIME NECESSARY TO PROCESS A CASE. VA COMPENSATION AND PENSION SERVICE NATIONWIDE STATISTICS INDICATE AN ORIGINAL COMPENSATION CLAIM IN OCTOBER 1991 TOOK AN AVERAGE OF 145.4 DAYS TO PROCESS. THE AVERAGE PROCESSING TIME FOR THIS SAME CLAIM IN MAY 1993 IS 191.2 DAYS.

THESE ISSUES ALONG WITH NUMEROUS SPECIAL PROJECTS SUCH AS SOCIAL SECURITY AND INTERNAL REVENUE WAGE MATCHES, THE PROMINENCE AND EFFORT GIVEN TO DESERT STORM CASES, CHANGES IN STAFFING, AND COMPLEXITIES OF WORKLOADS, HAVE COMBINED TO DRAIN RESOURCES WHICH WOULD OTHERWISE BE DEDICATED TO NORMAL CLAIMS PROCESSING AT THE PITTSBURGH REGIONAL OFFICE.

THE EFFECT ON OUR OPERATIONS WAS NOTICED IN JANUARY 1992 WHEN IT WAS OBSERVED THAT OUR TIMELINESS IN PROCESSING CLAIMS HAD INCREASED, AND WE WERE NOT IN THE ACCEPTABLE RANGE OF A FEW KEY END PRODUCTS (I.E.; TIME TO PROCESS NEW CLAIMS, REOPENED CLAIMS, ETC.). INITIALLY, WE ATTRIBUTED THE DIFFERENCES TO THE NATIONAL TIMELINESS PROBLEM CAUSES PREVIOUSLY MENTIONED, EMPHASIS ON DESERT STORM, AND OUR EMPHASIS ON CLEARING OUT OLD CASES. (THE TIMELINESS FIGURE REFLECTS THE AVERAGE AGE OF THE CASES COMPLETED SO IF YOU ARE EMPHASIZING OLD CASES, AVERAGE PROCESSING TIME WOULD BE HIGH.) BY APRIL WE HAD A QUARTERLY REPORT SHOWING THE BEGINNING OF A TREND AS THE DISPARITY BETWEEN LOCAL AND NATIONAL FIGURES WIDENED. OUR PROBLEMS HAD BECOME COMPOUNDED BY THE LOSS OF KEY STAFF AMONG OUR CLAIMS EXAMINERS. EMPHASIS WAS PLACED ON TRAINING OF CORRESPONDENCE AND DEVELOPMENT CLERKS AS WELL AS NEW CLAIMS EXAMINER TRAINING. BY SEPTEMBER, WE WERE LOOKING FOR NEW WAYS TO ADDRESS THE TIMELINESS PROBLEM, AND WE HAD KEY STAFF VISIT THE NEW YORK REGIONAL OFFICE TO REVIEW SOME INNOVATIVE DEPARTURES THEY HAD MADE FROM THE TRADITIONAL WAYS OF DOING THINGS. WE TALKED TO COMPENSATION AND PENSION SERVICE PERSONNEL AS TO WHAT HAD WORKED ELSEWHERE AND, MOST IMPORTANTLY, TO OUR OWN EMPLOYEES TO SECURE THEIR IDEAS AS TO HOW TO DO OUR JOB BETTER. WHAT CAME OUT OF THIS WAS A DEPARTURE FROM TRADITIONAL WAYS OF DOING THINGS WHERE IT MAKES SENSE (I.E.; VETERANS CLAIMS EXAMINERS LOCATED IN THE VETERANS SERVICES DIVISION TO WORK SIMPLE CASES ON THE SPOT WHICH DO NOT REQUIRE DEVELOPMENT); EMPLOYEE INVOLVEMENT AND COMMITMENT TO AN IMPROVEMENT PLAN DEVELOPED IN CONJUNCTION WITH OUR C&P SERVICE;

THE POSTING OF PROGRESS CHARTS PROMINENTLY DISPLAYED IN THE ADJUDICATION DIVISION FOR ALL TO SEE; AND, MOST IMPORTANTLY, PROGRESS.

WHILE THE QUALITY OF OUR WORK NEVER SUFFERED AS EVIDENCED BY VACO QUALITY REVIEWS AND APPEAL RATES THAT ARE BETTER THAN THE NATIONAL AVERAGE, WE HAVE SEEN IMPROVEMENTS IN MONTHLY TREND DATA THAT ARE ENCOURAGING. FURTHER EVIDENCE OF THE IMPROVEMENT AT THE PITTSBURGH REGIONAL OFFICE CAN BE SEEN IN THE REDUCTION OF PENDING WORKLOAD. SINCE OCTOBER 1992 THROUGH THE BEGINNING OF JUNE THIS YEAR, WE HAVE BEEN ABLE TO REDUCE OUR PENDING WORKLOAD BY OVER 3,000 CASES. DURING THE SAME TIMEFRAME, THE PENDING WORKLOAD NATIONALLY HAS DECREASED BY ONLY 700 CASES.

THE PITTSBURGH REGIONAL OFFICE HAS DEMONSTRATED IMPROVEMENT FROM OCTOBER 1992 TO MAY 1993. OF THE 13 MEASURED END PRODUCTS, THE TOTAL NUMBER OF CLAIMS PENDING DECREASED FOR 10 OF THESE EPs FROM OCTOBER TO MAY. THE NUMBER OF CLAIMS PENDING OVER THREE MONTHS FOR 12 OF THE EPs DECREASED AND ONE STAYED THE SAME DURING THIS PERIOD OF TIME. THE NUMBER OF CLAIMS PENDING OVER SIX MONTHS ALSO DECREASED FOR 12 OF THE EPs. THIS DECLINE IN PENDING CLAIMS IN ALL AGE CATEGORIES INDICATES MANAGEMENT'S IMPROVED EMPHASIS ON THE CLAIMS ADJUDICATION PROCESS.

AS OUR CLAIMS EXAMINER TRAINEES GAIN MORE EXPERIENCE, WE EXPECT TO SEE AN EVEN GREATER POSITIVE IMPACT ON PROGRESS, AND WE INTEND TO AGGRESSIVELY PURSUE OUR PLAN AND ACHIEVE OUR STATED OBJECTIVES.

I WANT TO THANK YOU FOR THE OPPORTUNITY TO TESTIFY BEFORE YOUR SUBCOMMITTEE, AND I WILL BE HAPPY TO ANSWER ANY QUESTIONS YOU MAY HAVE.

DEPARTMENT OF VETERANS AFFAIRS
Regional Office
1000 Liberty Avenue
Pittsburgh PA 15222

June 3, 1994

In Reply Refer To:

Committee on Veterans Affairs
ATTN: Pam Parker
335 Canon HOB
Washington, DC 20515

311/00

Dear Ms. Parker:

I am writing in response to our telephone conversation of June 2, 1994, relative to the number of adjudicators (Veterans Claims Examiners) we had in 1979 as opposed to 1993. Our records show we had 50 adjudicators in 1979 as opposed to 44 in 1993.

Although the number of adjudicators was reduced by only six over the four year period, that number does not truly reflect the impact of the budgetary constraints on claims processing. During the same period, we were forced to reduce the number of clerical personnel in our Adjudication Division from 49 to 30 clerks. This accounts for nearly 40% (19 of 49) of our clerical staff in the division which worked directly in the development and processing of claims. These claims processing tasks which were previously performed by clerical personnel are now done by adjudicators. The end result is we have fewer adjudicators with less time to make much more complex decisions.

Over the past year, we have continued to shift resources from other divisions to the adjudication activity to meet workload demands. Though we have actually lost personnel stationwide, we have added six claims examiners to the Adjudication Division. This staffing has come at the expense of stripping staff from other needed operations to meet the priorities of the high nationwide pending workload in claims processing.

Our office has continued to improve productivity and timeliness of processing since the hearing through innovation, employee involvement, and maximizing the efficient use of personnel. I feel I can confidently say that our office compares favorably to others, and we anticipate being one of the best in the near future. Tables illustrating the changes in staffing as of June 30, 1979, June 30, 1993, and currently June 1, 1994 are provided on Attachments 1 and 2.

Chairman Evans made it apparent the purpose of the hearing was constructive and to find ways of improving service to veterans not only in Pittsburgh but across the country. Needless to say, you were an invaluable part of conveying that message. Please advise me if we can be of further assistance.

Sincerely,

HAROLD T. BUSHEY
Director

Attachments

VARO Pittsburgh
Attachment 1

ADJUDICATION STAFFING

(June 30, 1979 - June 30, 1993)

	6/30/79	6/30/93
Claims Examiners (Adjudicators)	50	44
Clerical (claims development)	49	30
Total	99	74

VARO Pittsburgh
Attachment 2

ADJUDICATION STAFFING

(June 30, 1979 - Current Date)

	6/30/79	6/30/93	6/1/94
Claims Examiners (Adjudicators)	50	44	50
Clerical (claims development)	49	30	28
Total	99	74	78

SERVING
WITH
PRIDE

AMVETS Statement for the Record

before the

House Veterans Affairs Subcommittee
on
Oversight and investigations

regarding

Department of Veterans Affairs Adjudication
of
Claims for Veterans Benefits

June 28, 1993

A M V E T S

NATIONAL
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Mr. Chairman, thank you for this opportunity to present testimony on the challenges of improving VA's compensation and pension adjudication.

Veterans receive compensation to offset loss of income due to service-connected disabilities. Many suffer significant employment handicaps beyond what is compensated by the VA and others are totally disabled and are unable to augment their VA checks with outside income. Totally disabled, non-service connected VA pensioners must also rely upon the nation's generosity to live with a minimum of dignity.

The claims delivery system cannot and will not be fixed until this body and the administration admit to the total disaster a decade of under funding and under staffing has created. It is time to finally provide the resources that will enable the VA delivery system to adapt rapidly to emerging social and technological challenges, thus better-serving veterans and the country. Perhaps the single most important recommendation in this year's Independent Budget is the increase of 2013 FTEE for Veterans Benefit Administration (VBA). Simply put, there is no other way to significantly and rapidly reduce the backlog in claims. Therefore, AMVETS whole-heartedly supports the FTEE increase called for in the Independent Budget because waiting six to twelve months for action on a claim is unacceptable. And to assure veterans of timely claims adjudication, AMVETS supports legislation that would mandate a maximum reasonable processing time for a claim after which benefits would be granted on an interim basis. Today, the backlog in claims exceeds 600,000, and is expected to continue its rapid growth unless there is an increase in resources devoted to reducing that number. This is a prime example of the need to fund the costs of delivering benefits - including personnel costs - from mandatory spending accounts.

You have asked us to bring concrete ideas to the table today on how to fix the system. The really easy answers are more people and more money as stated earlier, and in the end, these must be considered to achieve meaningful improvements. But there are also management actions to augment some of the obvious fixes. AMVETS would like to suggest that a Total Quality Management approach to designing the adjudication system offers many solutions that would let VA work smarter, not harder. First, the adjudication process should be viewed as a production system that uses resources to produce a quality final product. In this case, the product is a final decision that accurately awards or denies benefits. More on how to define a final decision in a moment.

The production system must be designed from throughout with a high quality product as the ultimate goal. To begin, the system designers must consider the resources that will be available to accomplish that goal. VA's resources in this case are its employees, facilities and equipment, data, the claimant, and the VSO service officers and political strength. A systems engineer would design the system, put it into operation, stress the system to identify the weak component in the system, fix the component and stress the system again. As we have described previously, the weakest component in the system has been identified as the regional office, and that is where the resources should be devoted.

Statistics indicate the greatest need for additional personnel, technology and training is at the regional office to compensate for the increased workload due the effects of staff cuts, inadequate automation, insufficient training, rulings by the Court of Veterans Appeals and an increased demand for benefits.

Because of the increasing complexity of the adjudication process, VA estimates that it takes about two years to become a fully qualified adjudicator. Therefore the system designers must lay out a personnel program that addresses that complexity and assigns a grade sufficient to attract well-educated and educable personnel to fill the positions. The personnel structure must reflect an opportunity to advance within the adjudication system and not encourage qualified adjudicators to move to other divisions within VA or the government. AMVETS suggests universal testing similar to that employed by the military to identify those who excel in the intricacies of adjudication and who merit promotion based on their technical knowledge, quality and quantity of work as well as leadership and management abilities. It takes good, competent people to deliver services in an efficient and accurate manner. Adjudication has become a much more complex process requiring a higher level of skill and insight. Therefore, VA should consider increasing the GS ratings of adjudication personnel to attract and retain competent employees. VA must also develop performance standards that reward quality as well as quantity of work and redefine the standards by which cases are tracked through the system to accurately reflect adjudication times. VA must cease judging production on the mere movement of a claim from one desk to another.

Training programs must be designed to accommodate new hires as well as current employees. Supervision of new personnel is especially critical, and supervisors must be held accountable for the progress of those under their guidance.

It is also imperative that office automation be designed to allow VBA computers to interface with VHA computers to access all relevant records in a veteran's file to help speed adjudication and treatment. Improved automation will shorten the adjudication process. AMVETS suggests some form of on-line computerized help for adjudicators similar to those found in commercial computer programs. This would offer a way to keep adjudicators up-to-date on changes in regulations due to the latest decisions by the Court of Veterans Appeals or legislation. The on-line help system would provide an index of adjudication topics and complete explanations and guidance on implementation. If implemented properly, all adjudication staff would have instant access to the most recent information needed to process claims. This would also increase productivity by eliminating thousand of hours spent posting regulation changes and assuring uniformity of reference materials. Emerging artificial intelligence (AI) technologies also offer large productivity improvements, by reducing training requirements and records collection and analysis.

AMVETS also suggests some form of administrative triage to screen the more difficult cases from relatively easy decisions. That would allow VA to apply the minimum resources needed to a given case and would integrate the caseload into the training process. VA must also do a thorough analysis of its information requirements to determine the absolute minimum data needed to make a decision on a claim.

Perhaps consideration should be given to utilizing adjudicative personnel in some type of split shift configuration, i.e. half of the division would report to work four hours before the current normal work day - the other half of the staff would report two hours after the normal start-up time, thus ending the work day two hours after the normal office hours. This configuration would provide six hours of uninterrupted productivity. The hours that overlap with all of the regional office staff could be used for training and other day-to-day operational necessities. Also of interest would be the potential for using recently retired, knowledgeable adjudicators on a contract basis during the extra hours when they could be provided with all the needed resources. A further option would be to contract with a professional services firm to provide specialists to assist in the adjudication process similar to the way DoD contracts for help on procurement programs. We are sure that reasonable accommodations, adjusted office hours, contract retirees and/or professional services firms all offer the means to reduce the size of the claims backlog.

The transfer of records from the military services to VA is often a very time consuming process. AMVETS applauds the Army's decision to send separating soldier's medical records directly to the VA and we urge the Congress to mandate that the other services do likewise as a means to shorten the adjudication process.

Statistics for the Board of Veterans Appeals (BVA) illustrate the problem facing VBA. Since the advent of the Court of Veterans Appeals (CVA), the BVA has struggled under a heavier caseload, as have the Regional Offices, due to the actions of the Court. BVA operating statistics show a 43% decline in decision per FTEE, a 26% drop in total decisions and steadily rising remand rates now in excess of 50%. The Independent Budget for 1993 estimates that left unresolved, BVA response time will approach 550 days! Clearly only additional employees can help BVA dig out of the hole. (This is in no way offered as criticism of the Court, which we absolutely support. Rather it is intended to show the dire conditions facing the adjudication divisions.) Likewise, the performance numbers for the Pittsburgh RO illustrate the problem. BVA decided 262 Pittsburgh appeals as of April 28, 1993. Of those, BVA allowed 18.3% (VA-wide average = 15%), denied 30.5% (VA-wide average = 31.8%) and remanded 49.6% (VA-wide average = 51.4%). In other words, the Pittsburgh RO is correct in less than 1/3 of the cases appealed to BVA. While AMVETS concedes that many of the remanded cases will be denied, the sheer volume of remands indicates a serious problem that must affect the overall quality rates of the RO. We reiterate that VA must adopt a work credit system that rewards only quality performance, helps to identify those needing further training or dismissal and provides an accurate picture of the workload. This must be complemented by adequate staff and improved automation.

It also makes no sense to return a faulty product to the beginning of the assembly line for correction of a defect. If at all possible, the defect should be fixed on the spot and save the administrative cost and time of transferring the product between bureaucracies.

In closing Mr. Chairman, it is important to retain economic fairness for our most deserving veterans while decreasing the adjudication times. There is a crisis in the timely delivery of benefits and it is time for bold and decisive action. We ask this committee to consider the recommendations contained in the FY 94 Independent Budget for the Department of Veterans Affairs as a reasonable approach to funding VA. We believe that a common sense approach coupled with sufficient resources can solve the adjudication problem. That concludes our statement.

WRITTEN COMMITTEEE QUESTIONS AND THEIR RESPONSES

QUESTIONS ASKED BY REP. TOM RIDGE
PITTSBURGH FIELD HEARING
JUNE 28, 1993

1. Q.- DO YOU FEEL THAT THOSE CLAIMS FOR POST-TRAUMATIC STRESS SYNDROME ARE BEING ADJUDICATED FAIRLY? ANSWER--NO!!! ARE THERE AN INORDINATE NUMBER BEING DENIED? ANSWER--YES!!! A cross section check indicates 14 denials for PTSD. These claims are supported by medical diagnostication. One of these is a former prisoner of war.

2. Q.- WHAT DO YOU FEEL ARE THE MAJOR PROBLEMS AT THE VA REGIONAL OFFICE WITH RESPECT TO TIMELINESS AND QUALITY OF CLAIMS PROCESSING? IN YOUR OPINION, WHAT IMPROVEMENTS DOES THE REGIONAL OFFICE NEED TO MAKE?

   A.- THE MAJOR PROBLEM IS A COMPLETE DEPARTURE OF CREDENCE TO THE AFFIRMATIVE ASPECTS OF A CASE. THESE FACTORS ARE IGNORED OR INDICATED AS CUMULATIVE AND THAT THEIR ACTION WAS SUSTAINED BY THE BVA. DUE PROCESS WHICH EQUATES EVIDENCE DOESN'T EXIST. TIMELINESS IS RELATED TO THE POOR QUALITY OF RATING PRACTICE.

   REGARDING IMPROVEMENTS AT THE REGIONAL OFFICE LEVEL, AT THIS POINT OF TIME, I'M VERY ANGRY. WE NEED NEW FACES WITH PROPER CONCEPTS. THE "HARD LINERS" ARE GUILTY OF COUNTLESS TRANSGRESSIONS. THEY SHOULD BE LET GO AS THEY ARE STILL RATING CASES WITH COMPLETE DISREGARD TO DUE PROCESS.

3. Q.- ARE YOU AWARE OF ANY PERSONNEL PROBLEMS AT THE VARO IN PITTSBURGH WHICH MIGHT INTERFERE WITH THE PROCESSING OF CLAIMS IN A TIMELY AND ACCURATE MANNER?

   A.- THE ADJUDICATION OFFICER WILL TELL YOU, "I CAN'T TELL THE RATING BOARD WHAT TO DO". THE RATING BOARD WILL TELL YOU, "APPEAL IT", KNOWING FULL WELL THAT 90% OF THE APPEALS ARE RUBBER STAMPED, SUSTAINING THE RATING ACTION. THE RATING BOARDS ARE IMBUED IN THE IMMUNITY FACTOR AND DO AS THEY PLEASE. THEY SHOULD BE SUBJECT AND RESPONSIBLE FOR THE ENORMOUS VIOLATIONS. I DON'T BELIEVE THEY'LL EVER CHANGE.

4. Q.- IN YOUR OPINION, WHAT IS THE RELATIONSHIP BETWEEN MANAGEMENT AND CLERICAL ASSISTANTS, ADJUDICATORS AND RATING SPECIALISTS WITHIN THE VA REGIONAL OFFICE IN PITTSBURGH?

   A.- LACK OF DIRECTION.

5. Q.- ACCORDING TO OFFICIALS AT THE VA CENTRAL OFFICE, THE PITTSBURGH VA REGIONAL OFFICE HAS IMPROVED ON TIMELINESS SINCE OCTOBER OF 1992. HAVE YOU NOTICED ANY ACTUAL IMPROVEMENT IN THE AREA OF TIMELINESS SINCE OCTOBER?

   A.- YES, ON ONE CLAIM FOR DIC. IT CAME THROUGH IN A COUPLE OF WEEKS; HOWEVER, THIS IS A FLASH IN THE PAN. THEY ARE STILL IN THE DOLDRUMS WITH 1991 & 1992 CASES.

6. Q.- ON PAGE ONE OF YOUR PREPARED STATEMENT, YOU EXPRESSED GRAVE CONCERN ABOUT THE VA'S POLICY OF NOT GIVING INFORMATION ABOUT PROCEDURAL & APPELLATE RIGHTS. PLEASE EXPLAIN WHAT YOU MEAN.

   A.- WITH THE SURGE OF CLAIMS UNDER A CLEAR AND UNMISTAKABLE ERROR DUE TO THE VETERANS JUDICIAL ACT OF 1988, THESE CLAIMS WERE CANCELLED ON THE PREMISE THAT THE CLEAR AND UNMISTAKABLE ERROR WAS SUSTAINED BY THE BVA AND COULD NOT BE REOPENED. PROCEDURAL AND APPELLATE RIGHTS WERE DENIED. A CROSS CHECK OF OUR FILES INDICATES VIOLATIONS OF DUE PROCESS IN 15 CLAIMS. THESE ARE COMBAT EXPOSURE AND POW CLAIMS. I'M CERTAIN THAT A CAREFUL REVIEW WILL YIELD MANY MORE OF THESE VIOLATIONS.

FROM: CHARLES A. ZEGLIN
DEPARTMENT SERVICE OFFICER
THE AMERICAN LEGION

REPLY TO
QUESTIONS ASKED BY REP. TOM RIDGE
PITTSBURGH FIELD HEARING
JUNE 28, 1993

AUG 11

TO: LANE EVANS, CHAIRMAN
Subcommittee on Oversight
and Investigations

1. YOUR WRITTEN STATEMENT REFERS TO THE INCREASED WORKLOAD OF ADJUDICATORS WHICH HAS CAUSED A MORALE PROBLEM AFFECTING THE PRODUCTION LEVEL AND QUALITY OF DECISIONS. WHAT WOULD YOU RECOMMEND BE DONE TO CORRECT THE MORALE PROBLEM AMONG ADJUDICATORS? DOES THIS LOW MORALE IMPACT DIRECTLY ON HOW THEY TREAT INDIVIDUAL VETERANS?

ANSWER: TO CORRECT THE MORALE PROBLEM IT IS SUGGESTED THAT ADDITIONAL PEOPLE BE TRAINED AND PLACED IN THE ADJUDICATION SECTION TO EASE THE WORKLOAD THAT IS NOW PLACED UPON THE PEOPLE IN THIS SECTION. OVER LOADING OF WORK WILL CAUSE STRAIN, PRESSURE AND TENSION, THUS CAUSING THE MORALE OF THE PEOPLE TO DROP.

DUE TO THE FACT THAT A FEW PEOPLE HAVE BEEN ADDED TO THE SECTION, THERE HAS BEEN IMPROVEMENT SHOWN WITHIN THE PAST SIX (6) TO EIGHT (8) MONTHS.

THE MORALE PROBLEM DOES NOT SEEM TO HAVE A DIRECT AFFECT ON HOW THE INDIVIDUAL VETERAN IS TREATED, EXCEPT IN THE FORM OF TIMELINESS OF THE DELIVERY OF THE DECISIONS AND BENEFITS TO THE VETERAN. IT IS FELT THAT THE PEOPLE DO HAVE A TRUE FEELING FOR THE PROBLEMS OF THE VETERAN.

2. DO YOU FEEL THAT THOSE CLAIMS FOR POST-TRAUMATIC STRESS SYNDROME ARE BEING ADJUDICATED FAIRLY? ARE THERE AN INORDINATE NUMBER BEING DENIED?

ANSWER: IT IS FELT THAT THE POST-TRAUMATIC STRESS SYNDROME CLAIMS ARE BEING ADJUDICATED AS FAIRLY AS POSSIBLE. IN MANY CASES IT IS FOUND THAT THE CLAIM IS DENIED DUE TO THE LACK OF A STRESSOR AND THE VETERAN FAILS TO PRODUCE EVIDENCE OF A STRESSOR WHEN REQUESTED. THEREFORE IT IS FELT THAT THERE IS NOT AN INORDINATE NUMBER OF POST-TRAUMATIC STRESS SYNDROME CLAIMS BEING DENIED.

3. WHAT DO YOU FEEL ARE THE MAJOR PROBLEMS AT THE VA REGIONAL OFFICE WITH RESPECT TO TIMELINESS AND QUALITY OF CLAIMS PROCESSING? IN YOUR OPINION, WHAT IMPROVEMENTS DOES THE REGIONAL OFFICE NEED MAKE?

ANSWER: WITH RESPECT TO TIMELINESS AND QUALITY OF CLAIMS PROCESSING, I PERSONALLY FEEL THAT AS PREVIOUSLY STATED THE WHOLE PROBLEM IS THE LACK OF A SUFFICIENT NUMBER OF PEOPLE TO PROCESS THE WORKLOAD. AS STATED IN ANSWER NUMBER ONE (1) THERE HAS BEEN AN IMPROVEMENT SHOWN WITHIN THE PAST SIX (6) TO EIGHT (8) MONTHS.

4. ARE YOU AWARE OF ANY PERSONNEL PROBLEMS AT THE VARO IN PITTSBURGH WHICH MIGHT INTERFERE WITH THE PROCESSING OF CLAIMS IN A TIMELY AND ACCURATE MANNER?

ANSWER: BEING IN THE POSITION I AM, I AM NOT AWARE OF ANY PERSONNEL PROBLEMS WHICH MAY EXIST WITHIN THE VARO PITTSBURGHWHICH COULD INTERFERE WITH THE TIMELY AND ACCURATE MANNER IN WHICH THE CLAIMS ARE PROCESSED. THE TIMES THAT I MUST MAKE CONTACT WITH ANY OF THE VARO PERSONNEL, I HAVE RECEIVED PROMPT AND COURTEOUS ATTENTION TO THE PROBLEM THAT I PRESENT.

5. IN YOUR OPINION, WHAT IS THE RELATIONSHIP BETWEEN MANAGEMENT AND CLERICAL ASSISTANTS, ADJUDICATORS, AND RATING SPECIALISTS WITHIN THE VA REGIONAL OFFICE IN PITTSBURGH?

ANSWER: IN MY OPINION AND FROM MY OWN OBSERVATION, I FEEL THERE IS A GOOD RELATIONSHIP BETWEEN MANAGEMENT AND THE CLERICAL ASSISTANTS, AD-JUDICATORSAND RATING SPECIALISTS WITHIN THE PITTSBURGH VA REGIONAL OFFICE.

6. ACCORDING TO OFFICIALS AT THE VA CENTRAL OFFICE, THE PITTSBURGH VA REGIONAL OFFICE HAS IMPROVED ON TIMELINESS SINCE OCTOBER OF 1992. HAVE YOU NOTICED ANY ACTUAL IMPROVEMENT IN THE AREA OF TIMELINESS SINCE OCTOBER?

ANSWER: IN MY OPINION THERE HAS BEEN AN IMPROVEMENT IN THE TIMELINESS WITHIN THE PAST SIX (6) TO EIGHT (8) MONTHS. IT SEEMS THAT DECISIONS, AWARD LETTERS AND OTHER INFORMATION CONCERNING CLAIMS IS MOVING IN A MORE TIMELY MANNER THAN IT HAS FOR QUITE SOME TIME.

WILLIAM J. REED
DEPARTMENT SERVICE OFFICER
VETERANS OF FOREIGN WARS

PARALYZED VETERANS
OF AMERICA
Chartered by the Congress
of the United States

RESPONSES TO QUESTIONS PRESENTED BY THE
HONORABLE THOMAS J. RIDGE
AT THE PITTSBURGH, PENNSYLVANIA FIELD HEARING
JUNE 28, 1993

1. **What do you believe is the reason, or reasons, that the VARO in Pittsburgh has a higher than average claims processing time?**

Pittsburgh has, in the past, suffered from inadequate staffing and poor management. Changes have been initiated to increase staffing, and new management personnel will soon be in place. The VA and the Pittsburgh Regional Office are to be commended for these changes and their efforts to improve service.

The steps taken at the Pittsburgh Regional Office are in the right direction, but they alone will not solve these problems. Help is required from VA Central Office in the form of increased personnel authorization, improved management systems, and better equipment.

It is important to stress that longer claims processing time is a deplorable situation, and a situation that must be remedied. We must also remember that efficiency and quality should be viewed as twin goals of the entire VA effort.

2. **In your written testimony, you state one of the reasons for Pittsburgh's higher than average remand rate is due to poor original claims development. Can you explain in more detail why you feel the claims are not being developed properly?**

Prior to the advent of the Court of Veterans Appeals, the VA, including the Pittsburgh Regional Office, developed cases in a perfunctory manner. Policies and procedures for adequate

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development of claims were in some instances not complied with in a satisfactory fashion, and in some instances they were ignored. There was no effort to accomplish the thorough and complete development now required by the decisions of the Court.

Since the advent of the Court, many earlier deficiencies have become increasingly patent. First and foremost of these deficiencies is the lack of adequate training of the personnel responsible for developing claims. Today, training in claims development requires a thorough knowledge of claims development procedures. This necessitates a continual updating of development requirements as Court decisions are rendered and changes are mandated to comply with these decisions. The need for timely dissemination to the Regional Offices of changing development requirements cannot be over-emphasized.

New personnel have been hired to assist in claims development. These personnel require a period of training before they can become effective. Once their training has been completed we should witness some improvement in claims development at the Pittsburgh Regional Office.

Inadequate claims development is not solely the fault of the Pittsburgh Regional Office. The delays in processing claims may also produce cases which no longer meet the criteria for properly developed claims as the result of interim Court decisions. As a result, claims reaching the Board of Veterans' Appeals may no longer be adequately developed and must therefore be remanded back to the Regional Office to begin anew.

PVA National Service Officers receive extensive training in the requirements of appropriate claims development. These officers seek to submit to the Regional Office adjudication staff claims which are either fully developed for adjudication or contain the information necessary for completion of the development process.

In instances where the development is solely in the hands of the VA, there is nothing the Service Officer can do to assure that the claim is developed appropriately. An example of this situation is when the VA examination needed to rate a case is inadequate and the rating board refuses to obtain another examination.

3. Your written statements alludes to overworked adjudicators. What can be done to correct this problem? Does this impact on the quality of service a veteran receives?

Adjudicators are indeed overworked. They face an overwhelming number of cases which require disposition. One attempt to reduce this backlog has been to increase production quotas. These new quotas have been achieved at the expense of quality. PVA believes that any production quota system must reward quality claims development as well as efficiency, and not just reward paper shuffling. If claims are developed correctly, this will necessitate fewer remands and assist in decreasing the enormous backlog of claims that presently exist.

Another method to alleviate the backlog of cases has been the institution of overtime. This adds to the stress the adjudicators are already experiencing and causes more morale problems and less efficiency. This does indeed affect the quality of service a veteran receives.

The Pittsburgh Regional Office has added six new adjudicators. It takes time, however, to train these people. It will be some time before they are effectively integrated into the adjudication staff. Unfortunately, these six new adjudicators come at the expense of the authorization end of claims processing and this will cause problems and further delay down the road.

4. Do you feel that those claims for post-traumatic stress syndrome are being adjudicated fairly? Are there an inordinate number being denied?

"Post-traumatic stress disorder" (PTSD) is a specific mental disorder recognized in the American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-IIIR). The manual sets forth the medical criteria which must be met for the diagnosis to be applied. PVA National Service Officers are not aware of an inordinate number of claims for PTSD being denied. PVA does not see any difference in the adjudication of claims for PTSD than for other chronic diseases or injuries.

5. What do you feel are the major problems at the VA Regional Office with respect to timeliness and quality of claims processing? In your opinion, what improvements does the Regional Office need to make?

The major problems at the VA Regional Office are the same as those facing almost all other VA Regional Offices. There needs to be a commitment by the VA to both quality and efficiency in claims processing. More personnel need to be assigned to this important aspect of the VA's mission, but not to the extent of further cannibalizing the benefits delivery process. The VA must make a commitment to increase the training given to those involved in the process, as well as faster dissemination of necessary information and quicker adherence to Court of Veterans Appeals decisions. Finally, there must be a strong commitment on behalf of the VA to the individual veteran and a commitment to assist the veteran as he journeys through what can seem to be, at times, a maze-like bureaucracy.

6. Are you aware of any personnel problems at the VARO in Pittsburgh which might interfere with the processing of claims in a timely and accurate manner?

There are inevitable personnel problems in any large organization. There have been recent personnel changes in Pittsburgh, most notably a new Adjudication Officer. We at the PVA look forward to working with this new officer, and we await any changes that might be instituted by this personnel change.

7. In your opinion, what is the relationship between management and clerical assistants, adjudicators, and rating specialists within the VA Regional Office in Pittsburgh?

The relationship between personnel is no different than that found at other large Regional Offices. PVA believes that the new adjudication officer should be given the opportunity to improve any of the current personnel problems now outstanding. PVA believes it is more important to look toward the future than to look to the past. Along this vein we await with anticipation any constructive changes that might be instituted in the near future.

8. According to Officials at the VA central office, the Pittsburgh VA Regional Office has improved on timeliness since October of 1992. Have you noticed any actual improvement in the area of timeliness since October?

While there has been an improvement in timeliness, much still remains to be done. The back log of claims awaiting processing remains staggeringly high and many deserving veterans are suffering because of this.

Vietnam Veterans of America

CHAPTER 427 • P.O. BOX 543 • BUTLER, PA 16003-0543

Chairman
Subcommittee on Oversight
and Investigations

Question: What is the most important step the Pittsburgh VA Regional Office can take to improve its Outreach Program?

Answer: Notification of where Outreach Programs are being held,notification of time,and notification of a particular session of that Outreach Program.

At the present time, the Outreach Program from the Pittsburgh Regional Office is invisible. We know they have the Outreach Programs, but we don't know where or when. The Regional Office could contact the County Service Officer and let him know where the Outreach Program is going to be held.

The Veterans Organizations would in most cases be willing to open their doors at no cost to the Outreach Program in their own facilities throughout the entire region of Pittsburgh and the surrounding communities.

The Veterans Organizations would also have in most cases, their Service Officers there to assist the veteran and their families in the proper ways to fill out the claim forms currantly used throughout the Va system.

If the Service Officer conducting the Outreach Program was out one day a month, for a full day at each location,he could service the people. It should be the primary job of the Outreach Program.

By doing this in this manner, we believe it would speed up all claims filed at this time. It would also show the veterans and their families that our government does care.

Sincerely,

AMERICAN DEFENDERS OF BATAAN & CORREGIDOR, INC.

(INCLUDING ANY UNIT OF FORCE OF THE ASIATIC FLEET, PHILIPPINE ARCHIPELAGO, WAKE ISLAND, MARIANNA ISLAND, AND DUTCH EAST INDIES)

Service Officers:

John M. Emerick
6072 Pleasant Street
Finleyville, PA 15332
412 - 348 - 5478

Ken Curley
221 Evaline Street
Pittsburgh, PA 15235
412 - 371 - 0625

Service Office
Room 415 - Federal Building
1000 Liberty Avenue
Pittsburgh, PA 15222
412-644-4808
Consultation by Appointment

JUL 2 0 1993

CONGRESSMAN LANE EVANS
CHAIRMAN
SUBCOMMITTEE ON OVERSIGHT
AND INVESTIGATIONS
335 CANNON HOUSE OFFICE BUILDING
WASHINGTON,D.C.20515

DEAR CONGRESSMAN EVANS

JULY 16, 1993

QUESTIONS ASKED BY REP. TOM RIDGE
PITTSBURGH FIELD HEARING
JUNE 28,1993

1. DO YOU FEEL THAT THOSE CLAIMS FOR POST TRAUMATIC STREEE SYNDROME ARE BEING ADJUDICATED FAIRLY? ARE THERE ANY INORDINATE NUMBERS BEING DENIED?

A.NO,THERE IS LITTLE OR NO CONSIDERATION OR UNDERSTANDING OF POST TRAUMATIC STRESS SYNDROME,THERE ARE A SIZABLE NUMBER OF VETERANS WHO ARE NOT BEING CONSIDERED FOR P.T.S.S.

2. WHAT DO YOU FEEL ARE THE MAJOR PROBLEMS AT THE REGIONAL OFFICE WITH RESPECT TO TIMELINESS AND QUALITY OF CLAIM PROCESSING?
IN YOUR OPINION, WHAT IMPROVEMENT DOES THE REGIONAL NEED TO MAKE?

A.MORE OPEN MINDEDNESS AND A CLEARER UNDERSTANDING OF THE VETERANS NEEDS BY THE ADJUDICATORS AND RATING SPECIALIST.

3. ARE YOU AWARE OF THE PERSONNELL PROBLEMS AT THE VARO IN PITTSBURGH WHICH MIGHT INTERFERE WITH THE PROCESSING OF CLAIMS IN A TIMELY AND ACCURATE MANNER?

A.IWAS NOT AWARE OF ANY PERSONNELL PROBLEMS,BUT I DO KNOW THAT WITH THE FUNDS BEING CUT THE WAY ARE AT THE REGIONAL OFFICE,THERE ARE NOT ENOUGH RATING SPECIALIST TO HANDLE THE WORK LOAD FAST ENOUGH.

AMERICAN DEFENDERS OF BATAAN & CORREGIDOR, INC.

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4. IN YOUR OPINION WHAT IS THE RELATIONSHIP BETWEEN MANAGEMENT AND CLERICAL ASSISTANTS,ADJUDICATORS,AND THE RATING SPECIALIST WITHIN THE VA REGIONAL OFFICE IN PITTSBURGH?

A.IWAS NOT AWARE OF ANY FRICTION BETWEEN MANAGEMENT AND STAFF,BUT IF THERE WHERE OR IS,IT SHOULD NEVER HAVE INTERFERED WITH THE PROCESSING OF CLAIMS OR INTERFERED WITH THE VETERANS RECEIVING A FAIR RATING FOR THE INJURIES THEY RECEIVED WHILE IN THE SERVICE OF THEIR COUNTRY.

5. ACCORDING TO OFFICIALS AT THE VA CENTRAL OFFICE,THE PITTSBURGH VA REGIONAL OFFICE HAS IMPROVED ON TIMELINESS SINCE OCTOBER 1992, HAVE YOU NOTICED ANY ACTUAL IMPROVEMENT IN THE AREA OF TIMELINESS?

A. YES,BUT WITH THE VETERANS OF DESERT STORM PLUS THE VETERANS FROM ALL OF THE OTHER WARS,THE IMPROVEMENT IS NOT AS SUFFICIENT AS WE WOULD LIKE TO SEE.

6. YOUR STATEMENT DISCUSSED THE SUCCESS OF THE P.O.W.PROGRAM AT THE PITTSBURGH VA REGIONAL OFFICE.DO YOU HAVE ANY SUGGESTIONS AS TO WHAT THAT OFFICE CAN DO TO ACHIEVE THE SAME RATE FOR OTHER TYPE OF BENEFIT CLAIMS?

A.WHAT IS NEEDED IS BETTER UNDERSTANDING AND BETTER INTERPRETATION OF THE PUBLIC LAWS THAT CAN BENEFIT ALL VETERANS.
FOR SOME REASON THE INTERPRETATION IS NOT ADEQUATE ENOUGH TO BENEFIT ALL VETERANS.

SINCERELY
Kenneth D. Curley
KENNETH D. CURLEY,N.S.O.-P.N.C.-A.D.B.C.
221 EVALINE STREET
PITTSBURGH,PA. 15235

CONGRESSMAN RIDGE TO VETERANS' AFFAIRS ADVISORY BOARD

QUESTIONS ASKED BY REP. TOM RIDGE SUBSEQUENT TO THE VA COMMITTEE FIELD HEARING IN PITTSBURGH ON JUNE 28, 1993.

AUGUST 16, 1993

REMARKS

Our benefits committee began its investigation into the timeliness question because of a WIPP List (Exhibit A) was brought to our attention. We decided that to evaluate timeliness, we needed to compare regions that were similarly sized to Pittsburgh. We believed that this would be the only fair way to determine were problem areas existed. We requested the WIPP Lists from these regions from the VA itself through the Congressional Liaison office. They provided us with Exhibits B, C, and D. As you will note, these documents are not the WIPP Lists that we requested.

Exhibits B and C were sent to the Directors office not directly to our Committee the VA in Washington, D.C. These two exhibits were presented to our Committee by Director Bushey's staff along with Exhibit D. Our committee was told that the VA staff needed to interpret the information for us.

QUESTIONS AND ANSWERS

1. PLEASE EXPLAIN IN FURTHER DETAIL THE COMPONENTS OF THE COMPREHENSIVE ACTION PLAN FOR THE IMPROVEMENT OF CLAIMS PROCESSING TIMELINESS.

A. The committee recommended that the adjudication positions be advertised throughout the VA to attract experienced candidates. Since the hearing, it has been made clear to us that this will not be done. We think experienced adjudicators would give a "shot in the arm" to the staff, and relieve the "too many trainees to too few adjudicators" syndrome. Even if there was a temporary assignment of 2-6 months, this would provide at least some relief. Presently there are 20 adjudicators: 6 first class trainees, 3 second class trainees, 10 experienced adjudicators, and 1 person who is assigned full time to education claims. A couple of these 10 adjudicators will be assigned to authorizer slots leaving 2 less adjudicators until these slots are filled. We recommend that if 2 people are promoted, 2 people should be immediately put in the positions of adjudicators. Otherwise, you are back to square one and more crisis management.

B. We recommended a delay in the promotions of 2 trainees to the Rating Board. This was declined, the Director's staff said that this was not a viable idea. We also recommend stronger supervision to fully utilize the 8 hour day. There is obvious slacking by a number of the employees of this division.

C. We suggested broader cross training of benefits counselors as adjudicators.

2. WHEN YOU WERE CONDUCTING YOUR STUDY, DID YOU FIND ANY MANAGERIAL PROBLEMS AT THE PITTSBURGH REGIONAL OFFICE?

For the entire adjudication process, we recommend a careful look at the performance review process so inefficiency is brought to light. We have some reason to believe that management personnel who exhibit a lack of leadership shares the blame for poor performance. While this has been addressed recently by the Director and his staff, it is still evident today that poor performance is directly related to poor timeliness.

3. DO YOU FEEL THAT THE DELIVERY OF BENEFITS AT THE VA REGIONAL OFFICE IS ACCEPTABLE IN TERMS OF ACCURACY AND PROMPTNESS OF DECISIONS?

No, we do not believe that the delivery of benefits is acceptable at this date. Our committee believes the processing time is still in excess of 12 months. When we began our investigation, the WIPP List said initial disability compensation claims had a seven month processing time, and that figure was considered conservative.

Accuracy is at a minimum. Unfortunately, 50% of the cases in our regional office are overturned by the hearing officer. This indicates poor and inadequate preparation by VA personnel prior to the case reaching the hearing officer. Some of this can be attributed to poor examinations conducted by the VA hospitals. Examination inadequacies should have been recognized by rating board specialists. Also, these same specialists have consistently failed in their responsibility to note when all necessary evidence is not part of the veterans folder.

4. WHAT DO YOU FEEL ARE THE MAJOR PROBLEMS AT THE VA REGIONAL OFFICE WITH RESPECT TO TIMELINESS AND QUALITY OF CLAIMS PROCESSING? IN YOUR OPINION, WHAT IMPROVEMENTS FOES THE REGIONAL OFFICE NEED TO MAKE?

We see several problems. Among our concerns are: timeliness, poor management, insufficient staff, splintered attention to task, and morale affected by overload (Saturday overtime has been approved for every Saturday since January, give or take a few weekends). The committee does not recommend an increase in the present budget and resources. The Director must keep his pledge to make adjudication his #1 priority. Please refer to the quality of claims processing (see above), and also Exhibit E.

5. ARE YOU AWARE OF ANY PERSONNEL PROBLEMS AT THE VARO IN PITTSBURGH WHICH MIGHT INTERFERE WITH THE PROCESSING OF CLAIMS IN A TIMELY AND ACCURATE MANNER?

It is the committee's opinion that the Director in this regional office has not yet made the adjudication process his #1

priority. Without this adjudication process as the hub, the entire regional office shows a lack of productivity. Which creates a domino effect. In our view, personnel priorities should focus on the adjudication process.

Recently, the adjudicator that is assigned to solely act as a congressional liaison, got so far behind that another adjudicator had to be taken off his regular duty and assigned to work on the congressional backlog. Not only is the regional office having trouble servicing the VETERAN in a timely fashion, but it seems to be having trouble servicing the Congress of the United States as well. We believe the most important goal of the VA is to serve the veteran in a timely manner without causing undue hardship to the veteran.

6. IN YOUR OPINION, WHAT IS THE RELATIONSHIP BETWEEN MANAGEMENT AND CLERICAL ASSISTANTS, ADJUDICATORS, AND RATING SPECIALISTS WITHIN THE VA REGIONAL OFFICE IN PITTSBURGH?

Management verses adjudication division: first of all there is a poor relationship, there is no support for department heads. When decisions are made at the Division level they are consistently not supported by the Directors office thus making them ineffectual. See page 16 of Inspector General's report.

There is much evidence that the Director has been there so long that this alone transfers into some clout. The regional office is very in-bred. There are several husband/wife pairs that have protected themselves by the tag-team method. Morale is a serious problem.

7. ACCORDING TO OFFICIALS AT THE VA CENTRAL OFFICE, THE PITTSBURGH VA REGIONAL OFFICE HAS IMPROVED ON TIMELINESS SINCE OCTOBER OF 1992. HAVE YOU NOTICED ANY ACTUAL IMPROVEMENT IN THE AREA OF TIMELINESS SINCE OCTOBER?

NONE - The staff has worked almost every Saturday for a year. Timeliness is not up to par.

The Committee is grateful for an opportunity to share the results of our investigation with your committee.

Sincerely,

Trea Graham
Member, Benefits Committee

Steve Dennison
Chairman, Benefits Committee

The Benefits Committee is one of 5 Committees that comprise Congressman Santorum's Veterans' Affairs Advisory Board.

Memorandum
To: Harold T. Bushey
Director, Pittsburgh V.A. Regional Office
From: Rick Santorum
Congressman, 18th District of PA
Re: Information discussed during our meeting on 14 May 93
Date: 8 June 93

Please note that the following data was accumulated by members of my Veterans' Affairs Advisory Board, specifically members of my Benefits Committee. I would respectfully request that your office review the following information thoroughly and make any necessary corrections.

Keith Schmidt, my Veterans' Affairs Coordinator, will be in touch with your office very soon to determine a date when both of us will be available for a follow-up meeting.

My Benefits Committee compared 5 similarly sized districts:
1) Pittsburgh
2) Boston
3) Jackson
4) Newark
5) Little Rock

The following is a breakdown of the total number of Rating Board personnel and Adjudicators in each region:

	Rating Board	Adjudicators
* 1) Pittsburgh		23
2) Boston	11 PLUS 1 Doctor	30
3) Jackson	11 PLUS 2 Doctors	29
4) Newark	9	27
5) Little Rock	11	27

* Please note that Pittsburgh numbers are as of the date of this memo, but all other regions reflect their numbers as of February 1, 1993.

Pittsburgh and Little Rock include one Doctor each as part of their Rating Board count.

It is also important to note that our regional office includes Trainees in our total number of Adjudicators; the other four regions studied do not include Trainees in their count.

Of the five regions, only Jackson and Pittsburgh count a Congressional Liaison as part of their Adjudication total.

The following is a breakdown of the 23 Adjudicators in the Pittsburgh regional office:

Authorizers - 4
Ploskon, Ayuyang, Moody and Farrell

Full-time Adjudicators - 9
Boykins, Menefee, Szczepaniak, Malloy, McQuaide, Feather, Mosko, Gonzales and Prevost
Full-time Education Adjudicator - 1
Taylor
Trainees - 9
1st class: Forbes, Bair, Kruper, Nalepa, Scott and Wintermute
2nd class: Heiser, Olsen and Moore

Although my Benefits Committee unanimously agrees that everyone in Adjudication is giving 100%, the division is still significantly understaffed. The Committee contends that the staffing concerns naturally affect both productivity and timeliness. Based upon their interaction with Adjudication personnel, the Committee also believes that the heavy workload has had a serious impact on morale.

Increase in workload, 1992:

1)	Pittsburgh	100.1%
2)	Boston	17.0%
3)	Jackson	23.1%
4)	Newark	22.7%
5)	Little Rock	178.4%

Please note that, although Little Rock had almost twice as much increase as Pittsburgh, they had fewer rating cases pending. As of 1/29/93, Pittsburgh had approximately 100 more cases pending. Additionally, Little Rock had over 300 fewer cases over 6 months old. Pittsburgh had 280 cases over 6 months old as of 1/29/93. Consequently, Adjudicators worked nearly weekend since the beginning of the year.

* 63.2% of cases from Pittsburgh that go before a hearing officer, The Board of Veterans in D.C., or are remanded were overturned in 1991/1992.
56.8% - Boston
42.5% - Little Rock

My Committee has also brought to my attention that two full-time V.A. employees are assigned to "MBOC". Assuming that this is correct, does this have an impact on your overall budget or personnel ceiling?

I would also like to discuss with you at our next meeting the possibility of having Veterans' Benefits Counsellors cross-trained with Adjudication personnel. It is my understanding that this idea was considered once before but was never implemented.

Thank you for your continued cooperation with regards to my Benefits Committee's study of the Adjudication division.

RECEIVED IN DIRECTOR'S MAILBOX 8/12/92

TIMELINESS DATA

The Table below shows timeliness for completed claims for the ten month period from October 1, 1991, through July 31, 1992, for five of the largest Adjudication divisions, five of the smallest Adjudication divisions, four Adjudication divisions similar in size to the Pittsburgh Adjudication division (including Pittsburgh) and the National averages. Timeliness is represented by the average of monthly data showing the time in days to complete the claim. For example the Table shows the Boston Adjudication division completed original compensation claims in an average of 199 days for the period shown.

FIVE LARGEST ADJUDICATION DIVISIONS AND NATIONAL AVG.

TYPE OF CLAIM	ST. PETE.	ATLANTA	WACO	MUSKOGEE	ST LOUIS	NATIONAL
Original Comp	130	178	152	147	114	160
Reopened	79	110	107	87	60	99
Original DIC	69	96	114	85	77	99
Orig Pension	98	132	120	106	80	114

FIVE SMALLEST ADJUDICATION DIVISIONS

TYPE OF CLAIM	SIOUX FALLS	HONOLULU	WILMINGTON	WRJ*	ANCHORAGE
Original Comp	176	199	171	126	172
Reopened	110	160	126	72	129
Original DIC	116	122	101	66	76
Orig Pension	101	137	133	88	91

* White River Junction, VT

FOUR ADJUDICATION DIVISIONS SIMILAR TO AND INCLUDING PITTSBURGH

TYPE OF CLAIM	PITTSBURGH	NEWARK	JACKSON	BOSTON	LITTLE ROCK
Original Comp	192	159	168	199	190
Reopened	121	94	97	124	107
Original DIC	125	75	89	124	118
Orig Pension	154	111	102	144	139

NOTE: THE DATA SHOW ONLY ONE ASPECT OF PERFORMANCE EVALUATION, TIMELINESS, AND DO NOT REFLECT OTHER ASPECTS OF CLAIMS PROCESSING, SUCH AS QUALITY AND PRODUCTIVITY, WHICH ALSO MUST BE CONSIDERED WHEN EVALUATING A STATION'S TOTAL PERFORMANCE.

GHARTUNG:glh 8/10/92 214 210 21 WANG 0206B

WIPP LISTING
VAPO PROCESSING TIMES AS OF June 1992

END PRODUCT	DESCRIPTION	PROCESSING TIME
110	Initial Disability Compensation Claims	7 Months
120	Non-Original Claims	5 Months
130	Dependency Claims for C&P	1 Months
140	Original Death (C&P) Claims	4 Months
150	Income, Estate & Election Under New Law	2 Months
160	Burial & Accrued Claims	2 Months
170	C&P Notices of Disagreement	5 Months
180	Initial Disability Pension Claims	5 Months
190	Original Death Pension Claims	3 Months
200	Original Education	5 Month
210	Re-Entrance & First Change of Program	5 Month
220	Mitigating Circumstances	1 Month
230	Dependency Claims	1 Month
240	Unsatisfactory Progress	1 Month
270	Education Notice of Disagreement	2 Month
280	Second Change of Program	1 Month
290	Eligibility Determinations	1 Months
295	Eligibility	3 Months
310	Future Examinations & Unemployability	3 Months
320	Hospital/OPT Reports - Para 29 & 30	4 Months
330	Reviews - Regulatory & Procedural	1 Month
400	Letters of Explanation	1 Month
500	Special Correspondence	1 Month
680 & 690	New Legislation - CO Reviews	3 Months
960	Dependency Reviews	1 Months

As of 9-30-92

Station	No. of Rating Board Members	No. of Adjudicators	% of Total Workload Output	% of C&P Workload Output	% of Educ Workload Outpu
Pittsburgh	9	21	1.31	1.49	0.53
Newark	9	27	1.63	1.88	0.58
Jackson	11	31	1.94	2.20	0.80
Boston	11	30	1.55	1.73	0.80
Little Rock	11	27	1.65	1.85	0.77

Note: As of 2-1-91 (Pre-Desert Storm), there were 20 adjudicators on duty at VARO Pittsburgh, PA.

FOR CASES DELIVERED ON OR AFTER 5-11-93

AUTHORIZATION DIGITS: GROSE

TRAINING UNIT

Unit I - Dziubek (00-13)			Unit II - Dell'Aquila (14-56)			Unit III - Narushoff (57-99)		
	C&P	Educ. Spec.		C&P	Educ. Spec.		C&P	Educ. Spec.
Ploskon		00-15	Himmelhoch		33-49	Moody		67-82
Gebesta		16-32	Ayuyang		50-66	Farrell		83-99
		IVM						
~~Forbes~~	00-07	00-24	Taylor	00-99		McQuaide	55-62	
~~Gendelwai~~				11-16	25-49	Feather	63-69 Backup	
~~Bris~~	08		Boykins	17-24		Mosko	70-77	
~~Kruger~~	09		Menefee	25-32		Gonzales	78-85	
~~Helena~~			Szczepaniak	33-40		Prevost	86-93	
~~Boots~~			Malloy	41-48			94-99	IVM 50-74
					IVM			
	10			49-54	75-99			
For EPs 110,140,160,180,190						Jackson	50-74	
Eleam	00-24		Vinski	25-49		Krisher	75-99	
All Other EPs								
Gatewood	00-33		Goodwine	34-66		Richtar	67-99	
Biss	00-24		Ashby	25-49		Moore	75-99	
	A-G			H-M			T-Z	
			Miles	50-74		Welsh		
				N-S				

CH. 30: Dziubek - CH. 32: Narushoff - CH. 106 Coordinator: Dell'Aquila (Alt. S. Taylor)
AMIE EXAMINATIONS: Gatewood, U.D. 00-33; Goodwine, U.D. 34-66; Richtar, 67-99; Vinski, Altoona; Eleam, Erie; Krisher, Highland Dr.; Jackson, Butler

FOR CASES DELIVERED ON OR AFTER 7-19-93

AUTHORIZATION DIGITS: GROSE

TRAINING UNIT

Unit I - Dziubek (00-13)	C&P	Educ.	Spec.	Unit II - Dell'Aquila (14-56)	C&P	Educ.	Spec.	Unit III - Narushoff (57-99)	C&P	Educ.	Spec.
Ploskon			00-15	Himmelhoch			33-49	Moody			67-82
Sebesta			16-32	Ayuyang			50-66	Farrell			83-99
Forbes	00-06		IVM 00-24	Taylor		00-99		McQuaide	55-62		
Condeluci				Heiser	13-17		IVM 25-49	Feather	63-69	Backup	
Bair	07-08			Boykins	18-24			Mosko	70-77		
Kruper	09-10			Menefee	25-32			Gonzales	78-85		
Nalepa				Szczepaniak	33-40			Prevost	86-93		
Scott				Malloy	41-48			Moore	94-99		IVM 50-74
Wintermute	11-12			Olsen	49-54		IVM 75-99				
For EPs 110,140,160,180,190								Jackson	50-74		
Eleam	00-24			Vinski	25-49			Krisher	75-99		
All Other EPs											
Gatewood	00-33			Goodwine	34-66			Richtar	67-99		
Biss	00-19 A-F			Ashby	20-39 G-K			Wilson	60-79 Q-U		
				Miles	40-59 L-P			Moore	80-99 V-Z		

CH. 30: Dziubek - CH. 32: Narushoff - CH. 106 Coordinator: Dell'Aquila (Alt. S. Taylor)
AMIE EXAMINATIONS: **Gatewood**, U.D. 00-33; **Goodwine**, U.D. 34-66; **Richtar**, 67-99; **Vinski**, Altoona; **Eleam**, Erie; **Krisher**, Highland Dr.; **Jackson**, Butler

AVERAGE DAYS TO COMPLETE (Monthly)

EP	VARO SEP	National SEP	VARO OCT	National OCT	GOAL
110	221	174	216	174	106
120	141	122	149	122	82
130	54	34	63	37	25
140	116	102	174	103	68
150	64	47	74	37	24
155	66	27	96	25	19
160	44	32	48	33	29
170	94	99	90	87	29
180	160	116	162	119	77
190	99	66	115	66	44
290	84	43	68	49	61
310	83	65	98	66	60
320	116	63	155	63	46
600	101	68	91	68	Pending

AVERAGE DAYS TO COMPLETE (FYTD)

EP	VARO SEP	National SEP	VARO OCT	National OCT	GOAL
110	199	164	216	174	106
120	128	105	149	122	82
130	49	33	63	37	25
140	130	99	174	103	68
150	58	36	74	37	24
155	52	26	96	25	19
160	45	32	48	33	29
170	84	89	90	87	29
180	154	115	162	119	77
190	94	64	115	66	44
290	94	44	68	49	61
310	87	67	98	66	60
320	107	60	155	63	46
600	106	70	91	68	Pending

COMMENTS: Effective October 1, 1992, the average days to complete is the guide used to monitor the general effectiveness of adjudication claims processing and identify out of line situations. Guidance is provided in M21-4, Chapter 4.

Because of the emphasis being placed on completing old cases, division management anticipates average days to complete to increase before starting to improve.

Questions Asked by Rep. Tom Ridge
Pittsburgh Field Hearing
June 28, 1993

To Thomas M. Fitzgerald, Jr. - VVLP:

1. Do you feel that those claims for Post-Traumatic Stress Syndrome are being adjudicated fairly? Are there an inordinate number being denied?

We at the Vietnam Veterans Leadership Program of Western Pennsylvania, Inc. (VVLP) are not actively involved in the adjudication of (Post Traumatic Stress Disorder) PTSD claims. In fact, all of our work in this area is done on a referral basis with either the VARO or a veterans service organization. Most of the VVLP information regarding adjudication of PTSD or any other type of veteran benefit claim is received directly from VVLP veteran clients. Some of our clients say that too many claims are being denied and that the needs of veterans afflicted with PTSD are not being addressed. Other clients, however, say that too many veterans are being diagnosed with PTSD to fulfill the program continuation needs at the local VAMC psychiatric facility's PTSD program (i.e., to justify its existence).

2. What do you feel are the major problems at the VA Regional Office with respect to timeliness and quality of claims processing? In your opinion, what improvements does the regional office need to make?

From VVLP client responses, major VARO concerns include: poor staff morale and the consequent negative effects on quality customer care; poor record keeping; and, seemingly non-interest from management in creativity. Again, from VVLP client responses, needed improvements include: customer service training for VARO staff.

3. Are you aware of any personnel problems at the VARO in Pittsburgh which might interfere with the processing of claims in a timely and accurate manner?

From VVLP client responses, poor VARO staff morale has a negative effect on quality customer care. No noted situations or named personnel were mentioned in these client responses.

4. In your opinion, what is the relationship between management and clerical assistants, adjudicators, and rating specialists within the VA Regional Office in Pittsburgh?

VVLP staff members do not generally work with the VARO staff but rather deal primarily with veteran clients. Therefore most of the feedback from the VARO is generated from these very clients, and VVLP does not have solid information on VARO management/staff working relationships.

Continued ....

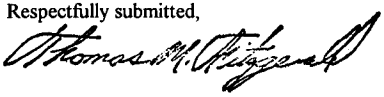
5. According to officials at the VA Central Office, the Pittsburgh VA Regional Office has improved on timeliness since October of 1992. Have you noticed any actual improvement in the area of timeliness since October?

VVLP veteran client responses reflect no noticed differences in VARO timeliness issues since October of 1992. Please keep in mind, however, that VVLP is involved with veteran employment issues and is not directly involved with veteran benefit claim issues. Due to this emphasis, a longer time period (i.e., longer than since October, 1992) would be need for the VVLP office to recognize this change. This particular question may be best directed to veteran service organizations, since these are the organizations which deal directly with veteran claims.

6. Has any employee of the Pittsburgh VARO ever explained to you as to why they have a lower than average allowance rate for PTSD claims?

No. Please keep in mind, however, that the VVLP staff has no opportunity or reason to talk with VARO employees regarding this issue.

Respectfully submitted,



Thomas M. Fitzgerald, Jr.
Immediate Past President -
Vietnam Veterans Leadership Program
of Western Pennsylvania, Inc. (VVLP)
August 30, 1993

TMF/jj

QUESTION ASKED BY REP. TOM RIDGE
PITTSBURGH FIELD HEARING
JUNE 28, 1993

TO CHARLES LIEBERTH:

YOU HAVE HEAR MUCH TODAY ABOUT THE PROBLEMS PITTSBURGH VARO HAS WITH CLAIMS PROCESSING. GIVEN THE SUCCESS WHICH YOU INDICATE THAT OFFICE HAS HAD IN OTHER AREAS, WHAT DO YOU BELIEVE CAN BE DONE TO IMPROVE THE TIMELINESS AND QUALITY OF CLAIMS PROCESSING?

In response to the above question, let me expand on the suggestion I made in my testimony at the recent field hearing in Pittsburgh.

It seems to me, based on experience and observation, that a significant amount of claims processing can be attributed to the difficulty of validating, documenting and authenticating a claim. A claimnant bases his claims on memory, military records which may or may not exist, or witnesses who cannot be located and other reasons.

The suggestion I would make and repeat is that at the time of discharge, counseling and processing a special form should be developed.

This form would be utilized by the counselor and the information to be provided by the "about to be" discharged person. This information to be provided would include the statements by the person as to sickness/injury, date, place, nature of accident, witnesses and such other pertinent facts.

Copies would become part of the person's military record; copy provided to the person; copy given to veteran's organization of choice (VFW, AL, DAV).

This data would assist considerably in claims processing and adjudication.

QUESTIONS ASKED BY REP. TOM RIDGE
PITTSBURGH FIELD HEARING
JUNE 28, 1993

RESPONSE RESPECTFULLY SUBMITTED BY
JACK S. EHRHARDT, MSW/ACSW
TEAM LEADER, VET CENTER (222)

1. DO YOU FEEL THAT THOSE CLAIMS FOR POST-TRAUMATIC STRESS SYNDROME ARE BEING ADJUDICATED FAIRLY? ARE THERE AN INORDINATE NUMBER BEING DENIED?

In response to the first part of question one (1), I would say that given the resources available to the individuals rating the cases, that they are adjudicated fairly. However, I would say it's not a fair shake for the veteran because of the time element involved and the tremendous burden of proof that is placed on the veteran, such as detailed information on where the stressor event occurred and details about location, personnel, and geography that are often difficult events for the veteran to recall because of repression and suppression of those very memories as a coping mechanism for PTSD.

PTSD is very difficult to work with in treatment and claims process. It is a complex disorder and very difficult in the legal sense (ie., claims process, court defense, etc.). Thus, claims are not adjudicated fairly for PTSD because they require more time and resources than are available to give the veteran a fair shake for his service.

It has been stated that the Pittsburgh Regional Office has the lowest rate of PTSD adjudicated in the veterans favor in the nation. This may need to be addressed further.

2. WHAT DO YOU FEEL ARE THE MAJOR PROBLEMS AT THE VA REGIONAL OFFICE WITH RESPECT TO TIMELINESS AND QUALITY OF CLAIMS PROCESSING? IN YOUR OPINION, WHAT IMPROVEMENTS DOES THE REGIONAL OFFICE NEED MAKE?

As I stated in June, problems at the Regional Office are not any one person or department, but a system problem that has its root in lack of resources; in terms of personnel and varied expertise and in the adjudication claim review process and rating process. In short, there are too many claims of different types being fed into an overloaded system that doesn't have enough circuits to receive, assimilate, and service the need of the input (which in this case is the number of veterans seeking claims). This overload not only causes difficulty for the Regional Office, but also a ripple effect that goes through the system at the Medical Center, Vet Centers, other parts of the health care system, the individual veterans life, and the social and family systems with which he interacts.

From my vantage point, the improvements needed at the Regional Office would include more human resources and more training for those personnel. Field offices such as the Vet Centers could be a tremendous asset to the claims process and the Regional Office, if they were additionally staffed and trained to work with the veterans and the claims process. This might include assisting the veteran in packaging the claim, etc.

3. ARE YOU AWARE OF ANY PERSONNEL PROBLEMS AT THE VARO IN PITTSBURGH WHICH MIGHT INTERFERE WITH THE PROCESSING OF CLAIMS IN A TIMELY AND ACCURATE MANNER?

Only in one (1) instance did I encounter an individual that appeared to be inappropriate. That individual is no longer working in the claims process and is under indictment for fraud related to the claims process.

4. IN YOUR OPINION, WHAT IS THE RELATIONSHIP BETWEEN MANAGEMENT AND CLERICAL ASSISTANTS, ADJUDICATORS, AND RATING SPECIALISTS WITHIN THE VA REGIONAL OFFICE IN PITTSBURGH?

I could not comment on this, since I am not closely involved in the day-to-day management of the Regional Office. I would say that their relationship with us has improved a great deal recently and that a cooperative effort is producing a much better result for both us and them and most importantly those who served.

5. ACCORDING TO OFFICIALS AT THE VA CENTRAL OFFICE, THE PITTSBURGH VA REGIONAL OFFICE HAS IMPROVED ON TIMELINESS SINCE OCTOBER OF 1992. HAVE YOU NOTICED ANY ACTUAL IMPROVEMENT IN THE AREA OF TIMELINESS SINCE OCTOBER?

There has been some improvement since October 1992. We still have a long, long, way to go to be an adequate and timely service for the veteran (as was stated in June 93 by one of the hearing attendees). We put 500,000 men in the Gulf along with all their supplies and equipment in a matter of months, and completed the mission in several months. It will take most veterans three (3) times that amount of time to have their claims come to a final disposition.

6. HAS ANY EMPLOYEE OF THE PITTSBURGH VARO EVER EXPLAINED TO YOU AS TO WHY THEY HAVE A LOWER THAN AVERAGE ALLOWANCE RATE FOR PTSD CLAIMS?

- Only that resouces are limited -

CHAIRMAN EVANS TO HAROLD BUSHEY, DIRECTOR, VARO, PITTSBURGH, PA

QUESTIONS SUBMITTED BY
HONORABLE LANE EVANS, CHAIRMAN
SUBCOMMITTEE ON OVERSIGHT & INVESTIGATIONS
COMMITTEE ON VETERANS' AFFAIRS

DELIVERY OF VETERANS BENEFITS & SERVICES
BY THE PITTSBURGH REGIONAL OFIFCE AND RELATED ISSUES

JUNE 28, 1993

1. HOW CAN THE PITTSBURGH REGIONAL OFFICE, "WORK SMARTER, NOT HARDER"?

We have identified several ways to work smarter and not harder. One which we feel will have major impact is the adoption of Total Quality Management principles into the operation of the regional office. Through the use of TQM, the people actually performing the duties and who are most familiar with the operations are involved in resolving the problems and improving work processes. We use intradivisional task teams to look at problems which cross division lines and attempt to foster a regional office perspective as opposed to a division or employee perspective in resolving problems.

Support divisions without direct program responsibility have been carefully scrutinized to make them as lean as possible. Through these efforts, we have been able to affect more efficient manpower utilization by moving personnel to the Adjudication Division. We have reassigned six employees from other areas of the regional office to the Adjudication Division resulting in the addition of six claims examiner (adjudicator) positions. We will continue to monitor workloads and staff for maximum utilization.

We are also looking at non-traditional ways of doing work. A good example of which is the training of Veterans Benefits Counselors to perform "select" adjudicator duties which do not require a great deal of training but allows us to process routine cases expeditiously. The establishment of a Special Processing Unit for congressional inquiries which will eventually handle our Veterans Assistance Inquiries is another example. The use of personnel from other program areas who would be available on a short term basis to do development work relative to claims processing is being explored. Follow-up calls to secure information needed to process the claim and review of the claims folder to ensure that all necessary information has been secured prior to processing are two areas which show promise. We are looking at the possible use of Veterans Benefits Counselors assisting in case development and further down the line at the assignment of case managers to ensure better control of processing.

IDENTIFY THE STEPS OR ACTIONS WHICH THE PITTSBURGH REGIONAL OFFICE CAN TAKE TO IMPROVE THE QUALITY OF VETERANS' BENEFITS CLAIMS ADJUDICATION (QUICKER DECISION-MAKING WITH FEWER PROCEDURAL AND SUBSTANTIVE ERRORS) WITHOUT A CORRESPONDING REDUCTION IN THE QUALITY OF ANY OTHER SERVICE PROVIDED BY THE PITTSBURGH REGIONAL OFFICE.

The following are some of the steps or actions the regional office can take to improve the quality of claims adjudication:

- Explore further specialization of functions within the division.

- Broaden the scope of standardization of procedures.

- Further review and refine work flow processes to identify and eliminate unnecessary delays and inefficiencies.

- Expand the emphasis on the identification of training needs, and the development of programs to meet those needs.

- Explore the use of telephone contacts and FAX transmissions to obtain and confirm evidence from claimants to expedite claims processing.

2. IDENTIFY THE ACTIONS TAKEN BY THE PITTSBURGH REGIONAL OFFICE TO REDUCE OR ELIMINATE UNNECESSARY DELAYS IN THE PROCESSING OF BENEFIT CLAIMS, AS REPORTED BY THE OFFICE OF INSPECTOR GENERAL.

The following actions have been undertaken as reported to the IG regarding improvement of claims processing timeliness:

In February 1993, the regional office Automated Medical Information Exchange (AMIE) System was converted from Wang Office to a PC based application which runs faster and smoother. This has given the development clerks better access to the VA Medical Centers (VAMCs) in our jurisdiction. This and other joint actions with the VA Medical Centers have resulted in improved efficiencies in the areas of communication and medical processing, achievements which Secretary Brown has noted in his recent comments as an indication of the cooperative spirit that exists within the Department of Veterans Affairs.

A plan has been devised to redistribute the development clerk work. The GS-5 clerks are responsible for all activity on EP 160 (burial claims), for initial claims establishment to completion of claim. They are also responsible for all development on original claims (EP 110 (compensation), EP 140 (service-connected death), EP 180 (nonservice connected pension), EP 190 (nonservice connected death pension). This allows the more experienced clerks to do the development for Service Medical Records (SMRs), and service verification, while allowing the GS-4 clerks to do all other development actions. Closer supervisory Work In Progress (WIPP) reviews will also ensure more timely follow-ups.

The responsibility of printing completed AMIE examinations has been given to one GS-3 file clerk. In addition to printing the examinations, he associates them with the claims folders, and refers them to the rating board, thus relieving the development clerks of these duties.

Senior adjudicators have been reviewing all original pension claims, EP 180 and EP 190, and making initial eligibility determinations regarding income and qualifying wartime service. This reduces or eliminates unnecessary development by the rating board and other authorization personnel.

A screening table was established in February for all cases being referred to the rating boards. At this point a rating board specialist reviews cases, and immediate rating board development is undertaken; examinations are scheduled; cases are certified to the Board of Veterans Appeals (BVA); quick rating actions are identified; and only those cases that appear ready to rate are referred. This is resulting in more timely development and follow-ups.

In January 1993, one claims examiner was assigned primary responsibility for the processing of all education cases in the regional office. This has relieved the other adjudicators of this responsibility, and allowed them more time to process compensation and pension cases.

The development clerks have been given standardized checklists to temporarily place in claims folders and to use as a guide in the development of cases. A standardized DISP procedure has also been established to allow for easier monitoring and control of pending cases by supervisors. The standardized DISP procedures were implemented in December 1992. At that time, training was completed on both the DISP procedures and the checklist. In November 1992, the correspondence clerks received training on Circular 20-92-24, which dealt with the receipt of service medical records from the Service Medical Records Center (SMRC). They had also received training on Word Processing and E-mail procedures.

In January, both development and correspondence clerks received training on the recent circular pertaining to environmental hazards encountered during Desert Storm. Correspondence clerks were instructed in the proper procedures to E-mail confirmation of cases to the Louisville Regional Office, and the generation of Wang letters to claimants.

Training is an ongoing process. The Quality Control and Training Specialist (QCTS) has been directed to closely monitor initial development and conduct additional training where appropriate. He also utilizes E-mail and meetings to disseminate instructions and clarifications to changes in circulars, directives, etc.

Adjudication supervisory personnel have been instructed in the necessity to follow the current Work-in-Progress (WIPP) User Plan, to do reviews on a timely basis, and to annotate their results. Unit Chiefs are taking a more "hands on" approach to directing work by daily review of WIPP screens, and completing WIPP reviews in an effort to ensure a smoother movement of claims.

The Acting Adjudication Officer samples the Section Chief and Hearing Officer reviews to ensure they are being done. Likewise the Authorization Section Chief ensures Unit Chief reviews are being completed. Findings are validated by a management analyst from the Director's Office.

3. THE OFFICE OF INSPECTOR GENERAL (OIG) RECENTLY REPORTED PITTSBURGH REGIONAL OFFICE, "ADJUDICATION DIVISION PERSONNEL OFTEN RECORDED INACCURATE DATA IN THE WORK-IN-PROCESS (WIPP) SUBSYSTEM".

WHAT ACTIONS HAVE BEEN TAKEN TO CORRECT THIS PROBLEM?

The QCTS has conducted specific training for the correspondence clerks on the correct method of recording data into the WIPP Subsystem. To ensure this recording is being accomplished properly, the supervisors are more closely examining the accuracy of the WIPP data as part of the regularly scheduled quality reviews. Moreover, the correspondence clerks responsible for the input of this data have had their work standards revised to reflect more rigid quality controls.

PLEASE PROVIDE EVIDENCE THAT THE ACTIONS TAKEN TO CORRECT THIS PROBLEM HAVE BEEN SUCCESSFUL.

The QCTS has reported a reduction in the inaccuracies detected during scheduled quality reviews, and recent feedback from first-line supervisors also indicates that correspondence clerks are recording data more accurately. In addition, feedback from Veterans Services Division personnel working with Veterans Assistance Inquiries and routine telephone inquiries, indicates improved accuracy and reliability from the WIPP Subsystem.

4. PLEASE EXPLAIN THE FAILURE OF RESPONSIBLE ADJUDICATION DIVISION PERSONNEL TO BE AWARE OF EVIDENCE REQUIREMENTS AND FOLLOWUP PROCEDURES.

During the time frame cited by the IG, the development clerks were confronted with high pending workloads, and attempting to learn the AMIE system. It is not so much the clerks did not know what to do, but felt pressured to reduce work on hand, and therefore employed shortcuts in development not authorized by management nor consistent with manual requirements.

WHAT ACTIONS HAVE BEEN TAKEN TO ELIMINATE THESE PROBLEMS?

The QCTS has been closely monitoring initial development and has conducted additional training where appropriate. He also utilizes E-Mail and brief meetings to give instructions, and clarifications to either manual or circular changes.

The development clerks now have a standardized checklist to ensure that all evidence is requested. The senior claims examiners have also been reviewing all pension cases for income and wartime service. All cases referred to the rating board are sent to one point where one rating specialist undertakes immediate board directed development.

PLEASE PROVIDE EVIDENCE THE ACTIONS TAKEN TO CORRECT THESE PROBLEMS HAVE BEEN SUCCESSFUL.

Timeliness in claims processing has improved to the point that for June 1993 the Adjudication Division was at or better than the national average for 10 of the 13 measured end products. In addition, the total number of cases pending in WIPP on 7-20-92 was 11,817. Effective 10-5-92, the start of FY, there were 12,174 cases pending which have been reduced to 9,894 on 7-19-93.

5. THE OFFICE OF INSPECTOR GENERAL RECOMMENDED PITTSBURGH REGIONAL OFFICE ADJUDICATION DIVISION RESOURCES BE REDIRECTED TO SPEEDUP REQUESTS FOR EVIDENCE AND TO PROVIDE MORE PROMPT FOLLOWUP.

IDENTIFY THE ADJUDICATION DIVISION RESOURCES WHICH HAVE BEEN REDIRECTED, AS RECOMMENDED BY THE OFFICE OF INSPECTOR GENERAL, AND EXPLAIN HOW THESE RESOURCES HAVE BEEN REDIRECTED.

In February 1993, the regional office AMIE System was converted from WANG Office to a PC based application which runs faster and smoother. This has given the development clerks better access to the VAMCs in our jurisdiction.

A plan has been devised to redistribute the development clerk work. The GS-5 clerks are responsible for all activity on EP 160, for initial claims establishment to completion of claim. They are also responsible for all development on original claims (EP 110, 140, 180, 190). This will allow the more experienced clerks to do the development for SMRs, and service verification, while allowing the GS-4 clerks to do all other development actions. Closer supevisory WIPP reviews will also ensure more timely follow-ups.

Consideration is also being given at the present time to have the more experienced GS-5 clerks do all development on BVA remands.

The responsibility of printing completed AMIE examinations has been given to one GS-3 file clerk. In addition to printing the examinations, he associates them with the claims folders and refers them to the rating board, thus relieving the development clerks of these duties.

Since January 1993, the senior adjudicators have been reviewing all original pension claims, EP 180 and EP 190, for income and appropriate wartime sevice. This is done prior to referral to the rating board or authorization for further action.

A screening table was established in February for all cases being referred to the rating boards. At this point a rating board specialist reviews cases, and immediate rating board development is undertaken, examinations are scheduled, cases are certified to BVA, quick rating actions are identified, and only those cases that appear ready to rate are referred to the rating boards. In the long run, this will result in more timely development and follow-ups.

In January 1993, one claims examiner was assigned primary responsibility for the processing of all educational cases in the regional office. This has relieved the other adjudicators of this responsibility, and allowed them more time to process compensation and pension cases.

On June 24, 1993 a clerk was reassigned to the correspondence activity as part of the effort to reduce average control time.

DESCRIBE THE RESULTS OF THIS REDIRECTION OF ADJUDICATION DIVISION RESOURCES.

Since the Central Office survey of March 1992, authorization backlog has been reduced from over 5,000 cases to approximately 2,400 cases pending. Development clerk backlog has also been reduced. With this reduction in backlog, the development clerks are able to do more timely initial development and follow-up requests.

Claims processing timeliness has improved both in the areas of compensation and pension cases, as well as education.

6. DESCRIBE THE KNOWN TRAINING NEEDS OF PITTSBURGH REGIONAL OFFICE ADJUDICATION DIVISION PERSONNEL.

There is an ongoing need for training in the Adjudication division. There are always changes in procedures, projects, the enactment of new legislation, Court of Veterans Appeals decisions and computer enhancements, which all impact on the adjudication division and its ability to process and handle claims. There is also a need to continue training for the new trainee adjudicators and new rating board members.

DESCRIBE CURRENT PLANS TO SATISFY THESE TRAINING NEEDS.

- Training on new issues occurs whenever new circulars, court decisions, or manual changes are issued.

- Refresher training is conducted as necessary based on individual feedback, and as needs are identified on either station or individual Statistical Quality Control.

- The rating boards and Hearing Officers attend the monthly Court of Veterans Appeals Hotline. The Rating Board Section Chief also holds meetings to discuss court cases, or other issues of relevance to the rating boards.

- The adjudication division has a special training unit for new adjudicators. Over the years, the work of adjudicators has become more complex, and it takes approximately two years to become fully trained. All new adjudicators attend the three week basic adjudicator training at the VBA Training Academy. Thereafter, they continue their training in the training unit, learning to work progressively difficult and complex claims. Employees having difficulties with certain types of cases may voluntarily attend training unit classes. Employees whose work shows deficiencies in quality will have a training program developed for them which may include one on one training, attendance at training unit classes or a combination thereof. This approach has proved very beneficial.

- The two new rating specialists will be attending a 1 week seminar for new rating specialists in August at the VBA Training Academy. Thereafter, one rating specialist and one Hearing Officer will be responsible for their training. The rating board physician will assist in the training, as well as the Rating Board Section Chief and Assistant Adjudication Officer.

HOW MANY PITTSBURGH REGIONAL OFFICE PERSONNEL HAVE RECEIVED SUFFICIENT CROSS-TRAINING SO THAT PERSONNEL FROM OTHER DIVISIONS CAN EFFECTIVELY ASSIST WITH ADJUDICATION OF CLAIMS AS NEEDED?

While cross-training of personnel offers the office greater flexibility and employees a greater sensitivity or understanding of the purpose of their work, it also has certain drawbacks. The cross training for highly technical positions requires considerable time of both the trainer and trainee. For instance, it is generally accepted that it takes two years to train a new employee to become a fully trained adjudicator. If individuals are trained and do not work in the claims examination process they will not be familiar with changes in benefit laws and their application and will also need refresher training in processing.

We have cross trained employees to perform select duties that would relieve adjudication personnel to perform more complex duties. Some examples are:

- the use of approximately six clerks and typists from other divisions to process Eligibility Verification Requests; and

-the VBC/VCE initiative where more simple, routine processing of documents can be done in the Veterans Services Division.

7. PLEASE EXPLAIN THE FAILURE OF SUPERVISORS TO REVIEW CLAIMS PENDING AS LONG AS 590 DAYS, AS REPORTED BY THE OFFICE OF INSPECTOR GENERAL.

The OIG noted that a claim or case on the WIPP list was pending for over 590 days without proper annotation to indicate it was reviewed and the reason it had not been worked. Cases are reviewed by Unit Chiefs after 90 days, Section Chiefs after 180 days, the Assistant Adjudication Officer after 270 days and the Adjudication Officer after one year. Because of the large numbers of claims pending, proper annotation of the files may not have been made. However, review of WIPP lists shows that these are currently being annotated as proof that the reviews are completed.

DESCRIBE THE ACTIONS TAKEN BY THE PITTSBURGH REGIONAL OFFICE TO INSURE ALL PENDING CLAIMS ARE ADEQUATELY REVIEWED IN A TIMELY MANNER BY SUPERVISORY PERSONNEL.

Adjudication supervisory personnel have been instructed of the necessity to follow the current WIPP User Plan, to do reviews on a timely basis, and to annotate their results on the WIPP lists and in the claims folders. Unit Chiefs are taking a more "hands on" approach to directing work by daily review of WIPP screens, and completing WIPP reviews in an effort to ensure a smoother movement of claims.

The Acting Adjudication Officer samples the Section Chief and Hearing Officer reviews to ensure they are being done. Likewise the Authorization Section Chief ensures Unit Chief Reviews are being completed. Findings are validated by a management analyst from the Director's Office.

8. PLEASE EXPLAIN THE FAILURE OF REGIONAL OFFICE PERSONNEL TO DETECT THE DEFICIENCIES IN PITTSBURGH REGIONAL OFFICE NOTIFICATION LETTERS AS REPORTED BY CENTRAL OFFICE.

During the March 1992 station survey VACO reviewed a number of notification letters and found deficiencies in several. They also noted that while authorization actions overall remain acceptable both local and central office quality reviews have noted this deficiency.

To correct this, the senior adjudicators were advised to review notification letters more closely prior to authorization of cases. Unit Chiefs and the QCTS are paying closer attention to notification letters on their reviews, and the QCTS provides individual training or instructions to personnel whose letters are deficient. With the introduction of the WANG WP System the adjudicators now are able to take the discussion paragraph from a rating decision and include it in their notification letters. This gives the claimant a better understanding of the decision.

9. THE PITTSBURGH REGIONAL OFFICE HEARING OFFICER ALLOWANCE RATE IS HIGHER THAN THE NATIONAL AVERAGE.

DOES INADEQUATE DEVELOPMENT AND ADJUDICATION OF BENEFIT CLAIMS BY PITTSBURGH REGIONAL OFFICE PERSONNEL CONTRIBUTE TO THIS HIGHER ALLOWANCE RATE?

No. Inadequate development and adjudication of benefits claims do not contribute to the higher grant rate.

IF NOT, PLEASE IDENTIFY THE FACTORS RESPONSIBLE FOR THE HIGHER ALLOWANCE RATE.

A total of 26 regional offices have a grant rate higher than the national average. Over the last several years, the grant rate as well as the rate of development has increased nationally, due in part to the impact of the Court of Veterans Appeals, and current guidelines on testimony, procurement of evidence, and duty to assist.

Grant/development rates

	FY 93 2 QTRS		FY 92		FY 91	
	grant	development	grant	development	grant	development
Pgh	50.8	69.2	45.7	60.5	48.3	69.3
Natl	35.5	56.5	33.4	47.1	26.4	46.8

Oftentimes new evidence is presented to the hearing officer at the time of the hearing which was not available to the ratings board when they made their decision. The statistics also reflect the sensitivity and compassion of the hearing officers who are able to talk to the veterans, address their needs, and draw out additional data and information that may be beneficial to a claim. While there may be some instances where further development would have been desirable, the greater proportion of development and grants are due to the face to face meetings, and the opportunity to discuss with a veteran his or her claim.

10. COURT OF VETERANS APPEALS DECISIONS HAVE BEEN CITED AS ONE FACTOR CONTRIBUTING TO PITTSBURGH REGIONAL OFFICE HIGH REMAND RATE.

HAVE COURT OF VETERANS APPEALS DECISIONS DISPROPORTIONATELY AFFECTED THE PITTSBURGH REGIONAL OFFICE? IF SO, PLEASE EXPLAIN.

COVA decisions have not disproportionately affected the Pittsburgh regional office remand rate. Certainly, the remand rate has had an impact on timeliness both locally and nationally. This was noted in testimony by then Deputy Secretary Principi in testimony before the House Veterans Affairs Committee on 3-18-92. He indicated that before the advent of the Court BVA remanded 18-20% of cases each year to the regional offices. The BVA remand rate in 1992 was 52%. The remand rate for the first three quarters of FY 93 is 47.3% nationally and 45.6% for this office.

11. PLEASE IDENTIFY THE RECENT STEPS WHICH HAVE BEEN TAKEN TO IMPROVE THE DEVELOPMENT OF BENEFIT CLAIMS BY THE PITTSBURGH REGIONAL OFFICE AND GIVE THE DATE FOR EACH OF THESE ACTIONS.

In February 1993, the regional office AMIE System was converted from Wang Office to a PC based application which runs faster and smoother. This has given the development clerks better access to the VAMCs in our jurisdiction.

Since January 1993, the Adjudication division has acquired five new adjudicator trainees. As part of their training, they will be given instructions on evidence requirements, and the development of cases.

A plan was devised to redistribute the development clerks work. The GS-5 clerks are responsible for all activity on EP 160, for initial cesting to completion of claim. They are also responsible for all development on original claims (EP 110, 140, 180, 190). This allows the more experienced clerks to do the development for SMRs, and service verification, while allowing the GS-4 clerks to do all other development actions. Closer supervisory WIPP reviews will also ensure more timely follow-ups. This was implemented on May 3, 1993.

The responsibility of printing completed AMIE examinations was given to one GS-3 file clerk in February 1993. In addition to printing the examinations, he associates them with the claims folders, and refers them to the rating board, thus relieving the development clerks of these duties.

Since January 1993, the senior adjudicators have been reviewing all original pension claims, EP 180 and EP 190, for income and appropriate wartime service. This is done prior to referral to the rating board or authorization for further action.

A screening table was established in February for all cases being referred to the rating boards. At this point a rating board specialist reviews cases, and immediate rating board development is undertaken, examinations are scheduled, cases are certified to BVA, quick rating actions are identified, and only those cases that appear ready to rate are referred to the rating boards. In the long run, this will result in more timely development and follow-ups.

The development clerks have been given standardized checklists to temporarily place in claims folders and to use as a guide in the development of cases. A stardardized DISP procedure has also been established to allow for easier monitoring and control of pending cases by supervisors. The standardized DISP procedures were implemented in December 1992. At that time, training was completed on both the DISP procedures and the checklist. In November 1992, the correspondence clerks received training on Circular 20-92-24, which dealt with the receipt of service medical records from SMRC. They had also received training on Word Processing and E-mail procedures.

In January, both development and correspondence clerks received training on the recent circular pertaining to environmental hazards encountered during Desert Storm. Correspondence clerks were instructed in the proper procedures to E-mail confirmation of cases to the Louisville Regional Office, and the generation of WANG letters to claimants.

PLEASE PROVIDE EVIDENCE THE ACTIONS TAKEN TO IMPROVE THE DEVELOPMENT OF BENEFIT CLAIMS BY THE PITTSBURGH REGIONAL OFFICE HAVE BEEN SUCCESSFUL.

Success can be measured by the fact that pending workload is decreasing, that the total number of old cases has decreased since last fall, and that timeliness of measured C&P end products is improving to the point that in June the Adjudication Division was at or better than the national average for 10 of the 13 measured end products. We are continuing to strive to improve and will make every effort to do so.

12. HOW HAVE VETERANS BENEFITED FROM BEING ABLE TO NEGOTIATE THE INTEREST RATE ON VA HOME LOANS?

We recently submitted report of loan activity under PL 102-547 to VA Central Office regarding our experience with negotiated rates. For the period of November 1, 1992 thru April 30, 1993, 326 loans were closed under the jurisdiction of the Pittsburgh Regional Office. Of these loans, 27 were cash-out refinancings, 57 were interest rate reduction refinancings and 139 were to first-time homebuyers.

A ten percent statistical sample revealed one 7.0% loan in which the veteran paid no points; fifteen 7.5% loans in which the veteran paid no points; five 8.0% loans in which the veteran paid no points; one 8.0% loan in which the veteran paid a portion of the one point which was charged; two 8.0% loans in which the veteran paid the one point that was charged; and seven loans over 8.0% interest in which the veteran paid no points.

This sample seems to suggest that veterans have been able to obtain VA financing with negotiated interest rate arrangements which are favorable.

13. WHAT PERCENT OF ELIGIBLE VOCATIONAL REHABILITATION PROGRAM APPLICANTS QUIT THE PROGRAM BEFORE FINDING AND MAINTAINING A SUITABLE JOB?

Based on recent reports, 77 per cent of the veterans the Pittsburgh Regional Office enters into a rehabilitation plan do not complete the program. This compares favorably with the national average which indicates that 91.5 per cent of the veterans who enter a rehabilitation plan never complete it.

WHAT SPECIFIC STEPS HAVE AND ARE BEING TAKEN BY THE PITTSBURGH REGIONAL OFFICE TO REDUCE THE DROPOUT RATE AMONG PARTICIPANTS IN THE VOCATIONAL REHABILITATION PROGRAM?

1. Establish a TQM team to identify ways to improve the number of veterans who are rehabilitated by the Pittsburgh Regional Office.

2. Provide more timely counseling intervention and assistance with Chapter 31 applicants.

3. Place an emphasis on starting the placement into suitable employment process from the point of initial contact with the veteran and sustaining this throughout the rehabilitation process.

4. We are using the COIN TAR 6013 report which identifies important client data to identify and motivate those clients who have been placed in an interrupted status.

DESCRIBE THE RESULTS OF THESE ACTIONS.

The most recent Total Program Management Report, a Central Office Vocational Rehabilitation and Counseling Service document, recorded improvement in the effectiveness of our employment placement rate. It shows we placed 10 out of 12 veterans who were considered job ready into suitable employment. This indicates we are becoming more effective in both identifying veterans who are job ready, and placing them in suitable employment.

14. FOCUS GROUPS HAVE BEEN IDENTIFIED AS AN ACCOMPLISHMENT OF THE PITTSBURGH REGIONAL OFIFCE. DESCRIBE IN DETAIL WHAT HAS BEEN ACCOMPLISHED?

The Pittsburgh Regional Office was chosen to host, as well as participate in, a Focus Group Training program which was jointly sponsored by our Eastern Area Office and Veterans Assistance Service. Two station personnel received this training and are now qualified to not only facilitate focus group discussions, but also provide training for additional employees. On July 28, 29 and 30, they conducted training for 7 additional employees who normally have personal contact with veterans in the course of their activities. We now have a cadre of trained personnel to actuate our action plan to conduct a series of focus groups for veterans and their families in our jurisdiction.

WHAT ADDITIONAL FOCUS GROUPS ARE PLANNED? WHY?

We intend to conduct our first actual focus group in September of this year at the Regional Office training facility which is centrally located and readily accessible to public transportation. Subsequent meetings are planned to be held on a quarterly basis, and may be scheduled in other population centers throughout our jurisdiction based on the findings from our focus group volunteer questionnaires.

The Total Quality Management Sub-Council will use the findings secured from the focus group meetings, in conjunction with the objectives of our station TQM plan, to direct the activities of task teams, and when appropriate, to directly modify processes and procedures to meet identified customer needs.

QUESTIONS TO VARO BY REP. TOM RIDGE
SUBCOMMITTEE ON OVERSIGHT & INVESTIGATIONS
PITTSBURGH FIELD HEARING
JUNE 28, 1993

1. PLEASE EXPAND ON YOUR WORKLOAD MEASUREMENT STANDARD. WHAT IS A "WORK CREDIT"? SHOULD THE STANDARD BE CHANGED: AND, IF SO, HOW? IF NOT, WHY NOT?

We understand your question as a request for a basic clarification of the method by which time is credited for working differing types of claims. We employ an End Product system to identify these work units and assign time credit. We define 35 specific types of C&P claims by these End Products. Each End Product has a time value associated with it. For example: a completed original compensation claim (EP 110) is assigned a work unit credit of 5.68 hours; a completed income issue (EP 150) is assigned work unit credit of 1.31 hours; a completed Eligibility Verification Report issue (EP050) is assigned work credit of .19 of an hour. Each End Product is assigned work unit credit based on the findings of an annual work rate study conducted in a sampling of regional offices. The studies are intended to capture the time necessary to complete the different types of actions.

The current work unit system provides a realistic measure of the amount of time required to complete the differing types of claims and is also a sound measure of the work produced. Since it is reviewed annually, it reflects changes in processing efforts necessitated by judicial determinations and legislative requirements.

2. IF THE WORKLOAD MEASUREMENT STANDARD WERE CHANGED, HOW WOULD IT IMPACT ON THE TIMELINESS AND QUALITY OF CLAIMS PROCESSING?

Changing the current work rate standard should, in and of itself, theoretically have no impact on timeliness or quality indicators since the intent of work rate measurement is to reflect existing time costs for each type of claim.

3. IN THE SUMMARY OF SUGGESTIONS MADE AS A RESULT OF THE MARCH 1992 SURVEY OF YOUR REGIONAL OFFICE, ONE WAS TO PROVIDE ALL DEVELOPMENT CLERKS WITH REFRESHER TRAINING ON WORKLOAD MANAGEMENT TO INCLUDE SCREENING OF INCOMING CASES AND DATE OF CLAIM PROCESSING. IS THIS SUGGESTION BEING IMPLEMENTED?

Yes, caseload management and screening are extremely important. The Quality Control and Training Specialist has assisted the individual development clerks on a one-on-one basis in screening techniques and caseload management. The Unit Chiefs also work with the individual clerks to assist them in organizing their work.

4. HOW OFTEN DO YOU RE-EXAMINE VETERANS TO ASCERTAIN WHETHER THEIR SERVICE-CONNECTED CONDITION SHOULD BE RE-RATED?

The criteria for re-examining veterans is outlined in 38 C.F.R. 3.327. These guidelines are followed by the regional office. Re-examinations are requested whenever VA determines there is a need to verify either the continued existence or the current severity of a disability. Generally, if a re-examination is required it will be scheduled not less than two years nor more than five years within the judgment of the rating board, unless another timeframe is elsewhere specified (e.g., myocardial infarction, joint replacements, etc.). Not all cases require re-examination.

WHAT IS YOUR PROCEDURE FOR RATING THE RESULTS OF THOSE RE-EXAMINATIONS?

The procedures for rating these cases are no different than for other cases. The rating board reviews the examination results along with the evidence in the claims folder and makes a determination whether there has been improvement, worsening, or no change in the veteran's condition.

5. WHAT PERCENTAGE OF YOUR ADJUDICATION PERSONNEL ARE TRAINEES?

Ten percent of adjudication personnel are trainees: five adjudicator trainees and two rating specialist trainees.

WHAT ARE THE AVERAGE YEARS OF EXPERIENCE OF YOUR ADJUDICATORS?

The average years of experience of adjudicators is seven years.

HOW MANY ACTUAL EMPLOYEES ARE DEDICATED TO THE ADJUDICATION OF CLAIMS?

Adjudication of claims encompasses decisions made by adjudicators, senior adjudicators, rating specialists; development done by development clerks; claims establishment and transfers done by correspondence clerks; mail and claims folders being pulled by the files activities; hearings being conducted and decisions being made by hearing officers; and reviews being done by supervisors.

The actual number of employees dedicated to the adjudication of claims is as follows: 14 fully trained adjudicators who process claims; five trainee adjudicators; four burial clerks, and four senior adjudicators who authorize the work of the adjudicators and burial clerks. All three unit chiefs authorize work due to the recent promotion of two senior adjudicators to the rating board. In addition, there are eight fully trained rating specialists, two rating board trainees, and two hearing officers, all involved in decision making. To support these activities, there are five GS-4 correspondence clerks and three GS-4 development clerks.

6. HAVE YOUR ADJUDICATOR TRAINEES ATTENDED THE ADJUDICATION ACADEMY IN BALTIMORE?

The five adjudicator trainees have all attended the VBA Training Academy in Baltimore for the three week course offered new adjudicators.

7. WHAT IS YOUR PERSONNEL TURNOVER AMONG CLERICAL POSITIONS? ADJUDICATORS? RATING SPECIALISTS?

Personnel turnover rate for period 7-1-92 to 6-30-93 is as follows:

Rating Board - 11.1%

Adjudicators - 8%

Clerical - 5%

8. HOW MANY STAFF POSITIONS (ADJUDICATORS) HAVE YOU LOST SINCE 1979 DUE TO VA BUDGET CUTBACKS?

In 1979, there were a total of 30 adjudicators, as opposed to 25 at present. This includes senior adjudicators, adjudicators, and trainees.

9. DO ALL OF YOUR RATING SPECIALISTS KNOW WHAT THE 3 ELEMENTS OF A PTSD CLAIM ARE?

All rating board members are thoroughly familiar with the requirements for a PTSD claim. 38 C.F.R. 3.304(f) provides that service connection for PTSD requires medical evidence establishing a clear explanation of the condition, credible supporting evidence that the claimed inservice stressor actually occurred, (i.e. verifiable stressor), and a link established by medical evidence, between current symptomatology and the claimed inservice stressor. They are also familiar with the criteria in the Diagnostic and Statistical Manual of Mental Disorders-DSM-III-R, the provisions of Adjudication Manual M21-1, Part VI, Par. 7.46, and 38 C.F.R., Part 4, (4.125 - 4.132).

10. ARE YOUR ADJUDICATORS CONTACTING CLAIMANTS BY PHONE TO OBTAIN NECESSARY INFORMATION WHICH WOULD OTHERWISE REQUIRE A WRITTEN REQUEST?

This has been done on a limited basis because of the heavy workloads. However, we are expanding this process by establishing a development unit in our Veterans Services Division utilizing staff from other program areas, available on a short-term basis, to do development work relative to claims processing. Typical duties will include follow-up calls to secure information needed to process claims, i.e., items omitted on VA Form 21-526 (original application form for compensation and pension).

11. IN THE MARCH 1992 SURVEY, IT WAS NOTED THAT TIMELINESS WAS VARIABLE BUT ALWAYS WITHIN A RANGE OF ACCEPTABLE-TO-GOOD. WHAT DO YOU CONSIDER AN ACCEPTABLE-TO-GOOD TIMELINESS RANGE?

At the time of the on-site survey, claims processing timeliness was measured by a system entirely different from the current average days to complete system (in effect since October 1, 1992). Under the previous system we monitored the percentage of cases completed for each of 14 key End Products against a three level measure that included goal, standard, and reportable levels. Pittsburgh's processing timeliness achieved the standard in all but one or two of the key End Products for three Central Office staff analyses preceding the survey. This achievement in processing timeliness at that time was considered to be in the acceptable to good range.

HOW DOES THAT COMPARE WITH THE NATIONAL AVERAGE?

Overall timeliness, at that time, compared favorably with the national average.

12. WITHIN YOUR FILES ACTIVITY, IT WAS NOTED IN THE 1992 MARCH SURVEY THAT YOU ACTIVELY SEEK TO USE "WORK-STUDY" AND "STAY-IN-SCHOOL LABOR". PLEASE EXPLAIN.

The Stay-in-School program has as its major objective the employment of needy students so that they can resume or continue their educations without interruptions caused by financial pressure. In 1989, we initiated our participation in the Stay-in-School program in order to meet the needs of our Adjudication Division for additional manhours to handle the heavy workloads and backlogs in the Adjudication Files Activity. While stay-in-school students are paid from station funds, they do not count against station ceiling. The station generally has had sufficient funding to support the program. Students are paid the hourly wage for a grade GS-3, step 1. Students are employed on an intermittent basis, giving us additional funding flexibility. We average 5 to 10 students employed at any given time.

The Veteran Student Work Study Program is an educational benefits program for veterans going to school. VA can employ such students at Federal minimum wage to assist in clerical aspects of claims processing at schools and on station. Students do not count against station personnel ceiling or operating expenses. Salary funding is through the benefits program. Students can work up to 1100 hours in a one year period. We employ an average of about 60 students at any given time within the Western Pennsylvania area. Placement priority is given to the file activity in our Adjudication Division.

13. WHAT IS THE PURPOSE OF THE WEEKLY "MASS SEARCH" FOR FILES?

The weekly "mass search" for files is the method used to associate all types of mail with the respective claims files. This mail may include documents or evidence necessary to complete action on a claim. For prompt and accurate claims processing, items such as medical evidence, income or dependency documentation received during the week need to be combined with their respective claim files.

14. WITH THE EXCEPTION OF BURIAL CASES, WHAT OTHER TYPES OF CASES DO DEVELOPMENT CLERKS HANDLE? WHAT ARE THEIR GS RATINGS?

The development clerks are responsible for the development of all claims. They make requests for service medical records, service verification, development for remands, private medical evidence or hospital reports. In addition they utilize the AMIE System to schedule VA examinations, request outpatient treatment reports (OPTRs), hospital reports, and the exchange of beneficiary information with the VAMCs.

The GS-5 development clerks have the additional responsibility for burial claims, EP 160. They also do the development on all original claims, EP 110, 140, 180, 190.

The GS-4 development clerks do not have responsibility for burial claims. As needed, both process eligibility verification reports.

15. IN ACCORDANCE WITH THE RECOMMENDATION MADE BY THE MARCH 1992 SURVEY, HAVE YOU IMPLEMENTED AN ENHANCED REVIEW OF NOTIFICATION LETTERS TO ENSURE DUE PROCESS REQUIREMENTS?

Enhanced reviews of notification letters have been undertaken to ensure claimants are afforded proper due process in decisions. The senior adjudicators have been reviewing notification letters more closely, and these letters are monitored on quality control checks. Enhanced word processing capability now allows the adjudicators to place the discussion paragraph of rating decisions in their notification letters. This provides a more in depth and comprehensive notification to claimants.

16. PLEASE EXPLAIN WHAT EP-600 OR PREDETERMINED NOTICE CASES ARE?

Whenever VA proposes to reduce, suspend or terminate a running compensation, pension, or DIC award, VA must send the beneficiary advance, written notice of the proposed action unless the decision to reduce, suspend, or terminate is based solely on written, factual, unambiguous information as to income, net worth, dependency or marital status provided by the beneficiary (or the beneficiary's fiduciary or representative) with knowledge or notice that such information will be used to calculate benefits and the legal standards applied to the information are numerical in nature. The written notice is called a predetermination notice.

Payments must be continued for at least 60 days after the date of notification to allow time for the beneficiary to submit evidence showing that the proposed action should not be taken. This 60 day period is called the predetermination period. During the predetermination period, the case is controlled by EP 600.

17. WHAT IS YOUR "NO-SHOW" RATE FOR BOARD OF VETERANS' APPEALS FIELD HEARINGS?

The Regional Office does not have any statistics for the "no show" rate for the Board of Veterans Appeals Field Hearings, i.e., hearings held by members of the Board of Veterans Appeals during their annual visit to the regional office. However, it is very rare that a claimant does not show up for this type of hearing.

The Hearing Officer "failed to show" rate for the first two quarters of FY 1993 was 8.7% locally vs 10.3% nationally.

18. HOW TIMELY ARE DECISIONS BY THE US COURT OF VETERANS APPEALS BEING MADE AVAILABLE TO YOUR OFFICE?

COVA decisions are initially reviewed by the Judical Review Staff of the C&P Service. Each month the C&P Service provides assessments of COVA cases that have been reviewed. C&P Service then conducts a monthly Judicial Review Conference Call where recent decisions are explained and discussed.

DO YOU HAVE THE BENEFIT OF SEEING THE ENTIRE DECISION?

The regional office subscribes to West's Veterans Appeals Reporter, so complete copies of decisions are made available to the regional office each month.

19. HOW WOULD YOU ITEMIZE THE NUMBER OF MULTI-CONDITION SERVICE-CONNECTED CLAIMS YOU ARE NOW RECEIVING? ARE THEY THE MAJORITY OF YOUR NEW CASELOAD?

The vast majority of original claims for service connected compensation are multiple issues. Rarely does the office receive a claim for only one issue. The disabilities claimed may include symptoms, acute conditions, as well as chronic conditions. However, all of these issues must still be reviewed, and addressed in the rating decision.

ARE THEY PRIMARILY FROM DESERT STORM VETERANS?

They are not primarily from Desert Storm veterans, but from all veterans being recently discharged.

20. WHAT IS YOUR REMAND RATE FROM THE BOARD OF VETERANS' APPEALS?

Remand Rate		
Pgh	National Average	
27.7%	29.7%	FY 91
50.4%	50.5%	FY 92
45.6%	47.3%	FYTD 93

WHAT TYPE OF CLAIMS ARE BEING REMANDED?

The Board of Veterans Appeals is remanding all types of claims, from those involving grants of service connection, to claims for increase, or death claims. The remands generally direct the regional office to seek to obtain additional evidence from veterans or claimants, private physicians and hospitals, VAMCs, and service departments. At the same time remands often include requests for one or more specialist examinations after all other development is completed. Two recent remands included a request for the regional office to obtain the court transcript from a criminal court case in Florida over 10 years ago, and a second directed the regional office to obtain private medical records from a physician, or the physicians' next of kin, or the physician who took over the practice.

WHY IS YOUR TOTAL REMAND RATE HIGHER THAN THE NATIONAL AVERAGE?

Although during the first quarter of FY 93 our remand rate was higher than the national average, it is now less than the national average, and has consistently been less than the national average on an annual basis.

21. THE OTHER SIX REGIONAL OFFICES WHICH HAVE BEEN DESIGNATED TO PARTICPIATE IN THE CENTRAL OFFICE'S PROJECT KNOWN AS VBC/VCE PLANNING INITIATIVE HAVE ALREADY SUBMITTED PLANS TO THE CENTRAL OFFICE FOR CONSIDERATION. WHY HAS IT TAKEN YOUR OFFICE SO LONG TO EXECUTE A PLAN TO IMPROVE YOUR CLAIMS PROCESSING TIMELINESS AS PART OF THIS PLANNING INITIATIVE?

Not only has the Pittsburgh VA Regional Office submitted its plan for the VBC/VCE Initiative to Central Office for consideration, but has received approval and has implemented the plan. A report prepared by the Central Office VBC/VCE Committee dated June 7, 1993 includes a status report of the seven regional offices, which along with Pittsburgh, are actively participating in the VBC/VCE initiative. In that status report we stated that Pittsburgh is testing combining selected VBC/VCE duties at the RO as well as at a VA Medical Center. The test at the RO has been in effect since January 10, 1993, when a fulltime VBC/VCE was added to the staff in VSD. He performs normal VBC duties during peak periods and uses his adjudication expertise in the Veteran Assistance Inquiry (VAI) resolution unit the remainder of the time. Whenever possible,

adjudication actions are completed in VSD. Adjudication supervisory staff maintain control over this area, performing authorization and quality review functions. The VBC/VCE has averaged more than 90 award actions per month over the past four months. We are very pleased with the process in that all parties benefit. The veteran/beneficiary is provided a faster resolution to his or her problem, the Veteran Services Division is able to control VAIs better and gets the satisfaction of better public service. At the same time, Adjudication personnel are freed from considerable VAI processing thereby making more time to concentrate on normal claims processing.

Additionally, a supervisory VBC has been given adjudication computer command access to process all EVRs that are completed for claimants who are seen in the Personal Interview Unit. This action expedites this routine adjudication function and again provides more time for adjudication staff to devote to other claims processing.

The initiative to establish a VBC/VCE at a VA Medical Center is still being developed. We are currently testing locally the hardware and software required to give that employee the computer access necessary to function effectively as a VBC/VCE. Before the end of the current fiscal year we expect to have the hardware and software installed at the medical center and to have the VBC/VCE properly trained to use that system.

22. HAS YOUR REGIONAL OFFICE EVER HAD A SURVEY CONDUCTED BY AN OUTSIDE ENTITY? IF SO, WHEN WAS IT DONE?

All surveys have been conducted by Department of Veterans Affairs entities.

23. WHEN YOU REVISED YOUR CORRESPONDENCE CLERK STANDARDS IN ORDER TO ADDRESS THE ELEMENT OF QUALITY, AS RECOMMENDED BY THE IG, WHAT DID THAT ACTUALLY INVOLVE?

The revised standard contains a critical element entitled "Quality" which provides for review of 300 CEST actions by the Unit Chief during the evaluation year. The supervisor also examines the Pending Issue Files (PIFs) for accurate, complete data; including, but not limited to date of claim, Powers of Attorneys (POAs), address, Beneficiary Identification and Records Locator System (BIRLS) data and use of audit trail stamp. The Quality of CEST actions is fully satisfactory if it is in control for 2%-3% achievement during the performance period. (This means that there can be no more than 14 inaccurate or incomplete PIFs for a fully satisfactory rating) The Performance Plan also contains a statement that failure to meet and sustain the standard in any critical element will be unacceptable performance and will result in a 90 day performance improvement plan.

The revised standard also contains more explicit, tighter controls on CESTing within the 7 day standard established in M21-1, on permanent transfers to and from other ROs and on updating the Appeal Tracking System through the NDT screen.

24. WHAT IS THE STATUS OF THE IMPROVEMENT PLAN TO ADDRESS THE OVERALL CLAIMS PROCESSING TIMELINESS ISSUE?

The Adjudication division continues to be making progress in improving claims processing timeliness. Through EOM June, our timeliness benchmarks were achieved for 11 of 13 measured end products. Total number of cases pending has declined, as well as the total number of cases pending over 6 months old. For the month of June we are at or better than the National Average for 10 of the 13 measured end products.

25. WHAT ACTIONS HAVE YOU TAKEN TO TIGHTEN UP YOUR INTERNAL CONTROLS DESIGNED TO MINIMIZE CLAIMS PROCESSING DELAYS AS RECOMMENDED BY THE IG IN HIS REPORT OF JUNE 4, 1993?

Adjudication supervisory personnel have been instructed in the necessity to follow the current WIPP User Plan, to do reviews on a timely basis, and to annotate their results. Unit Chiefs are taking a more "hands on" approach to directing work by daily review of WIPP screens, and completing WIPP reviews in an effort to ensure a smoother movement of claims.

The Acting Adjudication Officer samples the Section Chief and Hearing Officer reviews to ensure they are being done. Likewise the Authorization Section Chief ensures Unit Chief Reviews are being completed. Findings are validated by a management analyst from the Director's Office.

26. ARE YOUR CORRESPONDENCE CLERKS WELL TRAINED IN THE HANDLING OF CLAIMS RELATED TO ENVIRONMENTAL HAZARDS? IF SO, WHEN DID THEY RECEIVE SUCH TRAINING?

The correspondence clerks are well trained in the handling of claims related to environmental hazards. In January, 1993, they received training on the circular pertaining to environmental hazards. They were instructed on the proper procedures to send confirmation of cases to the Louisville RO and the sending of letters to claimants.

27. DOES THE CURRENT CLAIMS BACKLOG CAUSE ANY UNDUE PRESSURE TO MEMBERS OF THE RATING BOARD?

The current backlog does put pressure on the rating boards, as well as affecting the other elements of the Adjudication division. Employees strive to do good work, but become overwhelmed and frustrated with the backlog of cases. They feel the pressure of learning new procedures, doing special projects, dealing with COVA decisions, and at the same time working cases and reducing backlogs.

Employees volunteer for overtime to assist in reducing backlogs. However, this tends to overwork people. It is an indication of our employees commitment that in spite of the fact that some earn less on overtime than on regular time, they still volunteer to work. Employees do take pride in their work.

HAVE THERE EVER BEEN ANY PROBLEMS WITH ANY PARTICULAR RATING BOARD MEMBER? IF SO, PLEASE EXPLAIN.

It is normal under the pressures caused by the heavy pending workload that some problems have surfaced. Typically, these problems result from frustration and burnout from the escalating rating board workload, continual overtime, and the desire to do good work, but seeing no light at the end of the tunnel. We have put employees on performance improvement plans, and provided appropriate counseling so that they were able to improve their performance to a satisfactory level.

28. WHAT STRUCTURED PLAN HAS BEEN IMPLEMENTED FOR TQM? WHO ARE YOUR TEAM LEADERS AND WHAT ARE THEIR SPECIFIC AREAS OF RESPONSIBILITY?

The Director, Assistant Director, and Loan Guaranty Officer have been involved in the structuring and implementation of TQM in the Eastern Area. Mr. Bushey serves on the Eastern Area Training Committee. Mr. Serrino served on the Eastern Area TQM Steering Committee responsible for providing guidance and support to the 16 stations in the Eastern Area relative to TQM implementation. He also served as an instructor assisting other offices in the development and implementation of a quality plan. Mr. Rueter, the Loan Guaranty Officer, has recently been trained as an examiner for the Eastern Area and will be involved in assessing TQM progress at offices.

The regional office Quality Council is comprised of the Director, Assistant Director, Personnel Officer and Quality Coordinator, and is responsible for overall station TQM policy deployment and resource allocation. The Quality Council directs the development and implementation of the station TQM plan. They designed and implemented procedures to acquaint top managers with the tools of the TQM problem-solving procedure and to implement TQM at the regional office level. The Quality Council is responsible for developing mechanisms for ensuring that successful solutions are disseminated and implemented throughout the regional office.

The Sub-Council is comprised of the Assistant Director, Division Chiefs and Management Analysts, and is responsible for disseminating policy, cross-functional team management, and coordinating training. The Sub-Council develops the station TQM Plan, in conjunction with the Director, including the mission, vision, fundamental objectives, detailed objectives, and initiatives.

Division Lead Teams are comprised of Division Chiefs, Assistant Division Chiefs and selected supervisors. They are responsible for team assignments within their respective divisions. They provide support and resources within division control and act as liaison with the Sub-Council for resources, etc., as needed.

The TQM Coordinator serves as a point-of-contact between the regional office and Area Office. The Coordinator role is also a liaison function between functioning teams and the Quality Council. The Coordinator is responsible for facilitating implementation of the TQM process and maintaining various TQM records. Other responsibilities include: assessing TQM training needs and arranging for such training; keeping the Quality Council and Director advised of progress of the various teams; ensuring that two or more teams are not working on the same problem or work process; and serving as a link with all divisions and supporting supervisors.

A quality plan for fiscal 1993 containing the station's mission and vision statements, fundamental objectives, detailed objectives and initiatives was developed and implemented as part of the total TQM process. All employees received a copy of the plan and a thorough explanation of the methods used to actuate each element.

The five division chiefs, or acting division chiefs, of the larger operating divisions are team leaders of their respective lead teams, while three support services were combined to form one lead team:

Adjudication - Michael Vudragovich, Acting Adjudication Officer
Administrative - George Burgess, Chief Administrative Division
Loan Guaranty - Carl Rueter, Loan Guaranty Officer
VSD - James Mareino, Acting Veterans Services Officer
Vocational Rehabilitation & Counseling - Tracy Alton, VR&CO
Support Services - Harry Feather, Senior Management Analyst

In addition, the following personnel are team leaders of functional and task teams with standard team leader authority and responsibility for controlling and directing team activities; their names, titles, and areas of improvement are included:

Tracy Alton, VR&C Officer - Recognition Incentives
Harry Feather, Senior Management Analyst - Improve Timely Completion of Veterans Assistance Inquiries
Marleen Forsythe, Vocational Rehabilitation Specialist - Number of Rehabilitated Veterans
Robert Gracie, Supervisor of Fiduciary and Field Exam Unit - Telephone Lost Call Rate
Douglas Mildner, Loans Service Representative - Impact of Telephone and Personal Interviews
Suzanne O'Hanlon, Assistant Chief, Administrative Division - Division Training Program
William Thomas, Personnel Officer - Station Training
Nicholas Vrcic, Management Analyst - Station Communication

29. IN OTHER FIELD OFFICES AROUND THE COUNTRY, THE SPU IS LOCATED IMMEDIATELY WITHIN THE DIRECTOR'S OFFICE. WHERE IS YOUR SPU LOCATED? AT WHAT GRADE LEVEL ARE YOUR SPU EMPLOYEES? DO THEY HAVE THE AUTHORITY TO BRING PROBLEMS TO THE ATTENTION OF THE ADJUDICATION DIVISION?

The assignment of responsibility for responding to Congressional inquiries varies from office to office. Some offices have developed congressional units or special processing units and some have not. In some offices all congressional inquiries are handled in the Office of the Director, Veterans Services Division or Adjudication. Essentially, there is no standardized procedure for handling congressional inquiries. Prior to creating the Special Processing Unit (SPU) in October 1992, all inquiries, both telephonic and written, were received and placed under control in the Director's office. Telephone inquiries were referred to the Veterans Services Division for response while written inquiries were referred to the Adjudication Division for appropriate action and response. At the Pittsburgh VA Regional Office we established a special processing unit (SPU) for the purpose of centralizing responses to congressional inquiries and other special correspondence. Control of all incoming inquiries is maintained in the Office of the Director via an automated Congressional Tracking System. The inquiries are forwarded immediately to the SPU for appropriate action and response. The Director's office monitors the tracking system to insure responses are prepared timely. The Director's Office and respective Division Chief reviews responses to insure they are responsive and all appropriate action has been taken. The SPU is located in the Veterans Services Division. The SPU consists of one journeyman VBC (GS-9) and a journeyman claims examiner (GS-9). A backup has been designated for each of the assigned individuals. Members of the SPU have access to the adjudication division to resolve adjudicative actions that are outside their level of expertise. In especially complicated cases, members of the SPU can bring the case to the attention of the Adjudication Officer or directly to the attention of a member of the Director's staff.

30. WHAT EXPERIENCE IS YOUR NEW ADJUDICATION OFFICER BRINGING TO THE JOB? HOW EFFECTIVE DO YOU FEEL HE WILL BE IN TACKLING THE CLAIMS ADJUDICATION DELAY PROBLEM?

A major asset which our new Adjudication Officer brings is his experience. He began his career as a file clerk in the Administrative Division and worked his way up through clerical and technical positions in Adjudication before advancing to management positions. Having occupied almost all the positions he supervises gives him a better understanding of the processes and the concerns of the position occupants. In the evenings, Mr. Burks secured both a bachelors degree and graduate credits to augment his experience with formal training in management.

We feel Larry Burks will be very effective as our Adjudication Officer. His selection came only after an arduous screening process during which we spoke to the Directors and Adjudication Officers at the facilities where he worked. In each and every instance, we were advised that he was technically sound, employees want to work for him, and he has excellent rapport with service officers. The latter has been confirmed by two of our service officers who referenced their counterparts at facilities where he worked. Mr. Burks is a disabled Vietnam Era veteran who has demonstrated a concern and sensitivity for veterans' needs. His management style and record have proved to be very effective at each of the facilities where he worked. We feel he will be a valuable addition to the station management staff.

Those aspects of our timeliness problems within the control of the Adjudication Officer and regional office will be addressed effectively. Mr. Burks will not be able to address the national problems brought about by COVA precedent setting decisions causing BVA remands, the due process delays brought about by law, and problems in securing service medical records which are beyond his control. However, we will compare favorably with other Regional Offices. The progress we are making with our action plan in terms of timeliness will continue at an even more active pace once he is on board.

31. WHAT KIND OF MORALE PROBLEMS EXIST WITHIN YOUR REGIONAL OFFICE DUE TO THE PRESSURES OF THE CURRENT CLAIMS BACKLOG?

The current claims backlog has had both positive and negative effects on morale. The nature of our work requires an integrated workflow process within the Regional Office. As a result, a claims backlog presents pressures in varying degrees to other operating elements. Employees are sensitive to veterans needs and feel a sense of frustration in that they can not do more to meet those needs. We have had a good response to overtime but we are seeing burnout of some employees as a result of the stress in their work environment. The development and implementation of an action plan which employees can identify with, and the posting of progress charts prominently displayed within the division so that employees can see the impact of their efforts has had a positive effect (charts show how our timeliness compares with the national average in processing actions).

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