

**TESTIMONY OF THE HONORABLE JAMES BYRNE
DEPUTY SECRETARY NOMINEE
U.S. DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE UNITED STATES SENATE COMMITTEE ON VETERANS' AFFAIRS
MAY 15, 2019**

Good morning Chairman Isakson, Ranking Member Tester, and distinguished members of the committee.

Thank you for the opportunity to appear before you. Almost two years ago, I was here as the nominee to be the General Counsel of the Department of Veterans Affairs. Thank you for your support then, and I hope I can count on your continued support, as I am humbled and honored to appear as President Trump's nominee to be Deputy Secretary of Veterans Affairs.

It is a privilege to serve under the leadership of Secretary Robert Wilkie, who has turned the VA into a dynamic, responsive, accountable organization.

The VA is undergoing a transformation unlike anything seen since General Omar Bradley arranged health care benefits and implemented the GI Bill for millions of Veterans after World War II. Virtually every corner of this very large department is doing things differently.

I was delegated the chief operating officer duties of the deputy secretary nine months ago, and that makes me operationally responsible for the VA's vast network of hospitals and clinics, our benefit programs and our national cemeteries.

That means I have been privileged to play an integral role in the fundamental changes taking place across the department. I have provided leadership to our various teams as they implement the MISSION Act and work toward electronic health record modernization, as they set new customer service goals like shorter wait times and improved quality of care, and as we strengthen our governance structures.

As someone who has helped lead the effort to bring about these historic changes, I can tell you that the VA is headed in the right direction. Secretary Wilkie has brought much-needed stability to the VA Central Office, and that stability has brought progress toward a range of goals that are supported by both parties.

I am extremely bullish on the VA. I believe in where we are going, and I am frankly very eager to be confirmed so I can continue to help the secretary implement these and other important initiatives on behalf of our Veterans.

In my current dual role, I see firsthand the importance of making sure Secretary Wilkie has his full senior leadership team in place, so I thank you for so quickly moving ahead with this nomination.

I pledge to you, President Trump, Secretary Wilkie, VA employees around the country and our Veterans that I will continue to use my leadership role at the VA to uphold the oath of office, and make sure the VA continues to evolve to ensure the highest level of service for the heroes who sacrificed so much for their country.

First, and perhaps most importantly, we are focused intently on Veteran suicide prevention, which is our top clinical priority. Under Secretary Wilkie's leadership, we are doing all we can to reduce the number of Veterans who die by suicide, which averages 20 per day.

The VA's suicide prevention program is guided by the National Strategy to Prevent Veteran Suicide. That strategy calls for identifying priorities, organizing efforts, and focusing national attention and community resources to prevent suicide anywhere an at-risk Veteran may be found. No single factor is responsible for suicide, and the VA takes a whole-health approach that considers both physical and mental health, as well as alcohol or substance abuse and life events.

The VA's primary prevention approach aims to stop suicidal behavior before it occurs. As a result, every Veteran seeking medical care for potential indications for suicide ideation receives a mental health screen, and can receive same-day mental health services at every VA health care facility. We have given more than 1.5 million mental health screenings to Veterans and are caring for nearly 11,000 Veterans deemed to be at risk for suicide.

Our Veterans Crisis Line fields more than 1,700 calls a day, and more than 80 of those calls lead to a decision to dispatch emergency services. The average wait-time to have a call answered on that line is 8 seconds, well below the 20 second target set by other crisis hotlines.

VA employees have played an important role in our effort, in many cases because they know their patients well and know when something is wrong. Since the VA started tracking suicide attempts on our campuses in October 2017, our employees have prevented more than 240 of these incidents from taking place, a testament to how much they care about their patients, and the skill and understanding they have to work with Veterans in such a personal capacity.

But the scope of this problem is far beyond the ability of one program or even one agency to solve. Of the 20 Veterans on average who die each day from suicide, 14 of them never seek VA care. That's why the VA is reaching out to other federal agencies, and communities around the nation for assistance. We are working with governors in major U.S. cities to help streamline the process for Veterans to access local care.

The VA welcomed President Trump's decision to sign an Executive Order in March that calls for government at all levels, the private sector and non-government organizations to ensure Veterans get help. The President issued a challenge to the nation to do a better job on this critical issue and put Secretary Wilkie in charge of a task force aimed at making recommendations on how we can all work together to identify at-risk Veterans and treat them, either by the VA or by private providers.

Our renewed focus on suicide prevention is just one of several changes happening at the VA. We are on the cusp of implementing the MISSION Act, which will put Veterans at the center of their health care decisions. Carrying out this law has been among our top priorities since President Trump signed it last year, and it's the cornerstone of the fundamental changes the VA is making to better serve Veterans.

The MISSION Act is the culmination of several years of lessons learned from the Veterans Choice Act, and we believe the Republicans and Democrats who voted for the bill have struck the right balance between helping Veterans at the VA and allowing them to find doctors in their community.

Once the law is implemented on June 6, Veterans will be free to continue receiving care at the VA but will also be able to seek out community care for a range of different reasons. Those reasons include: when it would take too long to drive to a VA facility, when the VA doesn't provide the care or services required, when a Veteran has a medical condition that affects his or her ability to travel, or when there is any other compelling reason for the Veteran to seek outside treatment.

Putting Veterans at the center of their healthcare decisions is not, as some insist, a step toward privatization. The VA is now competitive with most hospitals around the country, and our budget is bigger than ever, and the law poses no risk to Veterans who want to continue seeking healthcare at the VA.

We expect the MISSION Act to result in the best of both worlds – a VA that works better than ever for its patients, coupled with the option of seeking care outside the VA system when the need arises.

We launched an effort to modernize our electronic health records so they are compatible with those at the Department of Defense. Once fully implemented, providers will be able to see in one place the entire health history of our Veterans, and more effectively give them the care they need. And while this is a project that has posed a challenge to implement in years past, the Trump administration is on the path to getting it done.

The goal is to create a single record of a Veteran's health history, one that captures all the events from service that might affect a future diagnosis. It is also meant to make it easier on our Veterans to get care wherever they need it, without worrying whether healthcare providers have all the information they need.

Once implemented, this change will better support Servicemembers as they transition from military service to Veteran status, and help ensure that pharmacies, labs and specialty care providers have a full picture of the Veterans they treat.

The VA has put forward a 10-year rollout plan for electronic health records modernization, in part to ensure a methodical change that minimizes the risk of disruption to Veterans. Part of the process involves creating a uniform electronic record within the VA, which has never

existed. VA clinics across the country have been allowed to operate their own systems for years, and the VA is working to harmonize that record system as part of the process.

Early next year, the VA will roll out a unified record system with the Department of Defense in three locations in the Northwest – the first of many rollouts that will happen over the next decade. We are on track to making this long-delayed dream a realization.

Achieving that goal fits in perfectly with Secretary Wilkie’s commitment to doing a better job at customer service for our Veterans, which is already yielding results.

Polls say wait times at VA medical facilities are shorter than wait times at private facilities, and that the VA is providing the same or better-quality care compared to their private counterparts.

The secretary has stressed the need for a bottom-up organization that depends on our dedicated, motivated employees for success. A 2018 Partnership for Public Service poll showed that goal is being achieved – the group ranked the VA as the 6th best place to work among large federal agencies, after the VA was second-to-last on that list a year earlier.

Improved morale at the department shows that cultural change is happening, and that employees have more of a stake in the outcomes we deliver for Veterans.

One example of the high level of customer service we are delivering is the growth of Medical-Legal Partnerships, in which the VA works with law firms and associations, law school clinics and others to provide free legal advice to Veterans at the same place they get their healthcare.

Our studies show that at least 5 of the top 10 unmet needs cited by homeless Veterans are legal in nature, not medical. Legal staff on the premises have helped thousands of Veterans with things like renewing a driver’s license, debt relief, and resolving child support and custody issues.

The VA is studying how this legal help is making a positive impact on the health of the Veterans who visit us. This innovation is not a formal, budgeted program, but it shows how communities around the country have helped to rally support for those who served their country. It shows the dedication of our staff, many of whom volunteer at these legal-medical partnerships.

We are also doing a better job serving women Veterans. In the last five years, women accounted for 30 percent of the increase in Veterans we treat. The number of women patients we see has more than tripled since 2000 from 160,000 to more than 500,000.

Today, women make up about 10 percent of all U.S. Veterans, but we expect that number to grow in the years ahead, and we’re already adjusting. The VA is providing more services for women than ever, including primary care, gynecology and mental health care.

Recent studies show women are getting good care when they come to the VA. They are more likely to get breast cancer and cervical cancer screening at the VA than women in private sector

health care. The VA continues to put a special focus on helping women Veterans who are homeless, and women Veterans who are at risk for suicide.

Importantly, we are taking steps to eliminate all forms of sexual harassment at our clinics. We're training our staff to intervene when they see it, part of our mission of making women comfortable when they come to our hospitals to get the care they've earned.

The VA is also pursuing the broad goal of transforming how the organization itself operates, to ensure more efficient delivery of services to Veterans and the best use of taxpayer funds. Today, for example, the VA relies on outdated methods of running our human resources departments and our supply chain.

The supply chain problem is particularly in need of an update. We are working vigorously to make sure that stories about VA hospital workers having to borrow equipment and supplies from neighboring hospitals are a thing of the past.

A healthcare network as large as the VA can no longer rely on an ad hoc system of procurement. The department is looking to partner with the Department of Defense's medical supply-chain system to create a more efficient procurement system that is more respectful of U.S. taxpayers.

Financial management and human resources modernization are a part of this process. The VA's financial management system for accounting and financial activities is more than 30 years old.

The VA established the Financial Management Business Transformation Initiative to put in place a state-of-the-art cloud IT solution, which will improve the efficiency of its financial transactions and its accounting procedures.

Human resources modernization is needed to improve the VA's ability to track leave and vacation time, and to help recruit and retain top talent. Any organization the size of the VA will have several outstanding vacancies, and HR modernization will help us move more quickly to get the right people in the right places.

The VA's HR system has been decentralized, and we believe centralizing it will make us more efficient, more effective, and more able to focus our resources on Veterans instead of internal management issues.

None of these dramatic changes taking place at the VA could be happening without Secretary Wilkie's commitment to transparency and accountability.

The secretary and I continue to make site visits to VA Medical Clinics around the country to ensure quality standards are being met. Those visits supplement ratings comparisons between VA hospitals and non-VA hospitals that we publish in order to keep up pressure on this organization to improve.

That rating system not only rewards those VA hospitals that are performing well, it informs the VA on how to focus its attention on the hospitals that need improvement.

The VA was the first hospital network in the country to post wait-times, and that gives us a tool we can use to ensure Veterans are getting speedier access to health care around the country.

We were also the first to publicly post opioid prescription rates, and we are seeing reduced prescriptions over the last several months, in part by considering alternative pain mitigation therapies.

As a result of our focus on this critical issue, we have seen a 45 percent reduction in the number of Veterans receiving opioids, and a 51 percent drop in the number of patients on long-term opioid therapy. We've seen a 66 percent drop in the number of patients on high-dose opioid prescriptions.

The VA has another layer of accountability that is unique among agencies in the federal government – the Office of Accountability and Whistleblower Protection. That office is aimed at making sure we pay attention to complaints that our employees bring against other employees or practices that may not be in the Veterans' best interest.

The leader of that office reports directly to Secretary Wilkie, assuring that pervasive and sensitive personnel or management problems are getting attention from our Cabinet-level leader.

Our commitment to transparency and accountability, the improved morale of our employees, and our readiness to take on reforms like the MISSION Act and challenges like Veteran suicide have turned the VA into a rising star in the federal government, and I thank you again for the privilege of considering my nomination to help lead the department in accomplishing its important mission.

###