In the Matter Of:

U.S. SENATE COMMITTEE ON VETERANS' AFFAIRS

FIELD HEARING

April 21, 2022
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SUPPORTING SERVICE MEMBERS DURING THEIR TRANSITION

TO CIVILIAN LIFE

FIELD HEARING

Thursday, April 21, 2022

10:00 a.m.

New Hampshire Institute of Politics Auditorium,
Saint Anselm College, 100 Saint Anselm Drive, Manchester, NH
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SENATOR HASSAN: This hearing will come to order.

Good morning, everybody. It is really great to see all of you. And for those of you who are not from New Hampshire, and especially those of you who are making your first trip to New Hampshire, welcome. We're really glad to have you here.

I'm Senator Maggie Hassan, member of the Senate Veterans' Affairs Committee, and chair of this hearing.

I'd like to welcome you to our field hearing where we're going to discuss ways to strengthen support for service members during their transition to civilian life in New Hampshire and all across the United States.

Every year, 200,000 service members transition from military to civilian life. The majority are in the 18 to 34 years old age range; and troublingly, this group also has the highest veteran suicide rate.

More than 8,000 veterans under the age of 34 live in New Hampshire.

Too often, service members do not get the support that they need when they transition from working with the Department of Defense to the Department of Veterans Affairs, especially when it comes to mental health services provided by the VA.

As a member of the Senate Veterans' Affairs
Committee, I have worked with my colleagues from both parties on solutions to strengthen VA services and ensure that veterans have the health care, benefits, and support that they earned and that they deserve.

As part of those efforts, we invested in mental health care and suicide prevention, including $13 billion to provide treatment and support for the nearly 2 million veterans who receive mental health services through the VA.

We also recently secured funding to tackle the disability claims backlog, which includes increasing staffing at the VA.

Veterans deserve the timely processing of their claims, and the pandemic added to that already existing backlog.

For service members, transitioning to civilian life, filing a benefits claim, navigating VA health care services, and finding VA programs to assist them, can be daunting.

Because of this, I introduced the bipartisan Solid Start Act, which would strengthen and make permanent the VA’s Solid Start program, an effort begun under the prior administration through which the VA contacts every veteran three times by phone in the first year after they leave
active duty to check in and help connect them to VA programs and benefits.

I was glad to work with the Veterans’ Affairs Committee to unanimously pass this bill through our committee, and it's now part of a comprehensive mental health package for veterans that we are working on.

From mental health services to surgical care, veterans deserve the ability to get high-quality health care from the VA.

I'm concerned that recent recommendations made by the VA to the Asset and Infrastructure Review Commission could reduce access to care for veterans in New Hampshire, including VA's proposed closure of clinics.

I recently led my Senate colleagues in urging the VA to not make any decisions that could impact the services Granite State veterans get, and additionally, I raised this issue of bolstering services like surgical care, directly to Secretary McDonough.

We know that we have more work to do to honor and assist all veterans, including those transitioning to civilian life.

That's why today we will hear from our witnesses about how the VA currently supports service members and their
families making the transition to civilian life, and what
gaps remain.

We will also discuss what additional measures
Congress can take to support veterans and promote programs
and efforts to help make VA services stronger.

Our hearing will address health care, suicide
prevention, employment, and benefits, with a focus on how to
support recently separated veterans and their families.

I'm pleased to be joined today by officials from
the Department of Veterans Affairs, as well as the New
Hampshire State Veterans Advisory Committee, and New
Hampshire Department of Military Affairs & Veterans Services.

From the VA, we have witnesses from three different
divisions.

First, the Transition and Economic Development
Service at the Veterans Benefits Administration, which
oversees the VA’s Transition Assistance Program, or TAP.

Second, the VA New England Healthcare System
oversees the administration of veterans’ health care in New
Hampshire, including VA Vet Centers and community-based
outpatient clinics.

Third, the Manchester VA Medical Center, which is
part of the VA New England Healthcare System, and provides
primary care and specialty health services, including prosthetics and mental health services.

And from the State of New Hampshire, we have witnesses from the New Hampshire Department of Military Affairs and Veterans Services, which provides resources and community collaboration to support service members and veterans here in New Hampshire.

And the New Hampshire State Veterans Advisory Committee, which evaluates the status of services to Granite State veterans, provides a forum for discussion, and is a beacon for many veterans in New Hampshire.

These entities all work together to serve our veterans, and I look forward to our discussion today about how we can continue to improve VA services and benefits, and provide critical resources and support to service members transitioning to civilian life.

I want to thank all of our witnesses for their service to New Hampshire, and our country, and for being here today.

I also just want to take a minute to let everybody know that, in addition to Congressman Pappas and me, there are two other key folks here who work each and every day on issues affecting our veterans.
They are a staff member from Chairman Tester's office, as well as a staff member from Ranking Member Moran's office. Simon Coon and Lindsay Dearing are both here today to make sure that they are bringing back to the Chair and Ranking Member of the Senate Veterans' Affairs Committee everything they hear today.

They both are also subject matter experts on the issue of toxic exposure.

So I want people to know that this is a hearing with strong bipartisan support and interest in attendance, and I also just want to reinforce that when it comes to veterans' issues in the United States Senate, and I also know in the United States House, this is a bipartisan commitment, and it's one that we take very, very seriously.

We can never fully repay our veterans for the sacrifices that they've made, but we have to make consistent efforts to ensure that they receive the health care and the benefits that they've earned and that they deserve.

And with that, I'm now going to recognize Representative Pappas for his opening remarks. Thank you so much, Congressman, for being here.

CONGRESSMAN PAPPAS: Well, thank you very much, Senator Hassan, for the invitation to join you to make this
bicameral hearing today. And I'm really appreciative of the
members of the panel that have joined us here today for
providing their testimony and for answering our questions.

And it's really great to see a lot of friends and
allies who are here in the audience.

Thank you to all those who have worn the uniform of
this country, and I want to thank all the veteran advocates
that are out there.

I think New Hampshire is second to none in the way
that we come together and support those who have served, and
that's a tremendous asset for our state.

As we talk about some of the deficiencies that we
might see in VA or the bureaucracy in Washington, we know
that people of New Hampshire are ready to come together and
do whatever it takes to support those who have served and
help open doors to make sure that people can have a healthy
and secure and, you know, just prosperous life after their
service in the military.

So that's really important and I think speaks of
the desire of folks here in New Hampshire to continue to do
that work.

Look, after serving the nation in uniform, we know
that many veterans find that New Hampshire is a great place
to live and that our state has so much to offer. It's a
great place to start a business, to attend college, to raise
a family. There are benefits for folks to retire here too,
which is one reason why New Hampshire happens to be one of
the older states, based on population, in the country.

But we know that like elsewhere in the nation, the
transition period for those who have served can present many
problems and frustrations for service members and their
families as they settle into civilian life.

And I want to commend the staff of VA and the
New Hampshire Department of Military Affairs and Veterans
Services for providing so many helpful transition services,
along with veteran service organizations like the VFW and
others who are represented in the room here today.

Now, Congress has passed numerous pieces of
legislation over the years to help improve the transition
process. Earlier in this Congress, the House passed HR4673.
It's the EVEST Act. It's got bipartisan support, and it
addresses glaring gaps in the months following transition out
of the military.

We know that this period can be stressful and
particularly risky for new veterans in terms of mental
health, and that legislation provides a long-term fix to
advance automatic enrollment in VA health care.

With programs like the VET TEC program or the VRRAP program, we're slowly starting to make progress and see more veterans enter a field that requires their particular skills that they offer.

Our office hears from veterans who need help accessing VA services and benefits that they have earned, and sometimes the application process, we know, can prove to be a maze of steps and rules.

In working with the Department of Defense, the Department of Veterans Affairs delivers a course through the Transition Assistance Program on a range of VA benefit programs that are available to existing service members, which is a helpful way to educate them.

But we know that's not enough; and transition support is often needed, not just at that moment of separation, but for months and years following an individual's military service.

Of course, many states like New Hampshire, which have rural and underserved communities in terms of VA health care, presents some challenges as well, and we know that our communities have fewer health care practitioners than other states that may have large urban areas.
In a state like New Hampshire, there just aren't enough medical specialists out in the community. That's why it's important that we continue to work to bolster VA health care, both at the medical center in Manchester and our community-based outpatient clinics that do a tremendous job all across the state.

I want to echo what Senator Hassan has said about the recommendations of the AIR Commission. I find them deeply concerning, and we're going to work to make sure that we're not going backward in terms of the commitment to VA health care here in New Hampshire; that we're continuing to look for ways to fill in the gaps and make sure that those services are available no matter what city the veteran might live in.

So I really look forward to the conversation here today. Thank you to our witnesses, again, for joining this panel. And I think this is just a terrific demonstration of the ability of folks here in New Hampshire to come together to highlight issues that are important to veterans and their families and how we can move forward together. Thank you.

SENATOR HASSAN: Thank you, Congressman Pappas.

I'm now going to introduce each of our witnesses, who will have about five minutes to make an opening
statement, and then we'll go to questions.

So I'm going to start with Cheryl Rawls. Good morning.

Our first witness is Cheryl Rawls. She is executive director of the Outreach, Transition, and Economic Development Service at the Veterans Benefits Administration. She has more than 20 years of experience at the VA. And in her current role, she is the primary advisor to VA on transition and employment-related initiatives for service members and veterans. And as I learned this morning, she is also a veteran of the United States Army.

So thank you for your service, ma'am. You are recognized for your opening statement.

MS. RAWLS: Thank you very much. Good morning, Senator Hassan and Congressman Pappas. Thank you for the opportunity to testify about the support for service members during their transition to civilian life at the Department of Veterans Affairs.

I am accompanied today, as was mentioned, by some of my peers in this fight, the director of the VA Manchester Medical Center, Kevin Forrest, and Ryan Lilly, the director of the Veterans Integrated Service Network 1.

I want to express my appreciation for your
continued support of our nation's veterans, their families, caregivers, and survivors.

Our Secretary McDonough has defined his four guiding principles as advocacy, access, outcomes, and excellence to be the foundation of serving veterans and their families. This sacred mission is both professional and personal for me, and it remains the honor of my life to have an opportunity to serve veterans, their families, survivors, and caregivers.

It is critical today that service members are appropriately and adequately prepared to transition to civilian life and seek a meaningful post-military career.

So established in 1991, the Veterans Opportunity to Work to Hire Heroes Act of 2011, the Transition Assistance Program is an interagency effort to help approximately 200,000 service members who separate annually, help them separate successfully and transition to civilian life.

Currently, this entity is made up of the Department of VA, Defense, Labor, Homeland Security, and Education, along with Small Business Administration, and Office of Personnel Management.

We also reach out to other partners for their assistance to come together to execute the TAP program to
provide information on counseling, resources, tools for
service members, as well as support for their families so
they can smoothly, successfully transition from military to
civilian life.

The tools include the VA Benefits and Services
courses that was mentioned, that help service members
understand how to navigate VA and the benefits and services
they have earned through their military careers.

The VA TAP provides the skills, resources, and
tools service members need to achieve emotional health,
physical health, career readiness, and economic stability in
civilian life.

In addition to the one-day TAP service that family
members can also attend, they may have access to our Military
Life Cycle modules to help them plan for the future. These
Military Life Cycle modules are 45 to 60 minutes long. They
can access this information throughout their service member's
career, and they are especially valuable during major events
like permanent change of station, marriage, birth of a child.

They offer connections of lifelong support systems
from the first duty station, as well as separation and
beyond.

Each Military Life Cycle module is specific,
in-depth, and topics cover benefits; education; home loans; insurance; social and emotional health resources; integration into the civilian community; or survivor and casualty assistance.

One module that VA is particularly proud of is our Women's Health Transition Training module, which is a five-phase course that can be taken anytime, anywhere, and is open to all service women and women veterans. The topics included here are civilian life, and health and benefits, as well as mental well-being, VA care modules, VA culture, managing health care, eligibility, and enrolling in VA Transition Assistance Programs.

We know that this first year is very challenging during transition. When you're getting out of the military, it is also crucial for service members to be able to connect to VHA and their resources.

Our research shows that the first year following discharge from active-duty services may pose significant challenges, including homelessness, family integration, unemployment, underemployment, post-traumatic stress disorder, and substance use, all of which can increase the risk of suicide.

With that in mind, we created the VA Solid Start
program that was already mentioned, where we call our transitioning service members at periodic points of time: 90, 180, 365. We make the attempt to call them. If you do not answer our call, all in all, we are actually going to call you about 21 times. So each one of those times we are going to contact and reach out to you.

In addition to this, we also are partnering with the DoD and offering our SkillBridge programs to ensure that you have an opportunity to take advantage of getting acclimated and getting connected to jobs, and we provide programs such as Personalized Career programs so that you are able to connect and help with your resume writing.

We have so many different programs and partnerships that are out there, but as we mentioned, we know that there's always room for growth.

And at this point, sir, ma'am, we would be very happy to answer any questions that you may have.

SENATOR HASSAN: Well, thank you very much. Before we go forward with the next, can everybody just do a mic check? We've had the mics going in and out a little bit.

(Witnesses testing microphones.)

SENATOR HASSAN: Okay. It may still go in and out a little bit, but we'll keep going. The folks here at St.
A's are great.

Now, our next witness is Ryan Lilly, director in charge of the VA New England Healthcare System.

Ryan Lilly has served in this role since 2018 and has more than 20 years of leadership experience at the VA, including serving as the director of the VA Maine Healthcare System and chief financial officer of the White River Junction VA Medical Center.

Welcome, Mr. Lilly, you are recognized for your opening statement.

MR. LILLY: Thank you. Good morning, Senator Hassan, Congressman Pappas, and other distinguished guests.

I appreciate the opportunity to discuss the Department of Veterans Affairs' VA New England Healthcare System's outreach efforts supporting service members during their transition to civilian life. I am accompanied today by Kevin Forrest, director of the VA Manchester Healthcare System.

VISN 1's outreach to transitioning service members has been a priority for over a decade. We recognize that the transition from the military to civilian life can be daunting, particularly because many service members are very young, some are injured and already navigating a medical
evaluation board through the military, and some are just ready to get their post-military lives started and have no interest in accessing the VA at that time.

From a clinical standpoint, suicide prevention remains a top clinical priority, and we recognize the fact that veterans are at greatest risk for adverse outcomes such as suicide in the first year after discharge, so connecting veterans to mental health resources is a vital part of all of our outreach efforts.

Our current outreach to active-duty service members is to conduct VHA benefits briefings at Transition Assistance or TAP programs at bases in Groton, Connecticut; Newport, Rhode Island; Hanscom Air Force Base, Massachusetts; and Portsmouth Naval Shipyard, New Hampshire. While these are a good opportunity for a first contact with separating service members, we acknowledge that we are just one of multiple briefings they receive, and we don't always get their full attention.

Yellow Ribbon Reintegration Program events are held for National Guard and Reserve members and their families who have returned from deployment. We attend these events throughout New England and provide briefings and information on VHA benefits.
Some local units, both Active and Reserve, will request specific benefit briefings from our team. The units realize they need more time to discuss VA services than the more formal events allow. These briefings will include more in-depth information and can include representatives from the Veterans Benefit Administration, who can bring the necessary resources to file claims on the spot, in addition to providing more general information about the claims process.

VISN 1 Outreach also works with some employers who tend to employ veterans, for example, state and local police departments, to bring benefit information during brown bag-type lunch events. These are more informal and conversational.

VA Manchester's Outreach Program coordinator position was created in 2015 to ensure that Granite State veterans were made aware of their options to access VA health care. This position is part of our regionally consolidated team and ultimately reports to me, works with veterans and their families and community members to first educate veterans on VA health options and then assist them with enrollment so that they can get care -- to care so that they can get the benefits they have earned and deserve for their service to our nation.
In fiscal year '22 alone, Manchester's Outreach coordinator has participated in 98 events and is scheduled for 74 more events throughout the end of the fiscal year. Many of these events are for units returning from deployment. Others are at events that tend to attract a significant number of veterans, such as county fairs, boat shows, and the like. Our team strives to be at any event where a large number of veterans are gathering so that we can educate them about VA health care and how they can access it.

While our regional and local outreach efforts are robust, we are continuing to discover new and better ways to reach both new veterans and those who haven't yet enrolled. We recognize it is all of our partnerships, with our Congressional, military, and community partners that will make our outreach efforts successful. Thank you for your continued work on this important topic.

I would be remiss if I did not conclude my testimony by noting that the most important outreach that we do is to continue to provide exceptional health care to the veterans of New England. Each day our dedicated staff strive to improve the lives and well-being of the veterans in our care across more than 50 sites of care, including several here in New Hampshire. The personal testimony from veterans
in our care of the quality of health care that they receive
and the skill and compassion of the staff that deliver that
care remains the most effective means of advertising our care
to newly transitioning service members.

Senator Hassan, this concludes my testimony. My
colleague and I look forward to answering any questions.

SENATOR HASSAN: Thank you very much, Mr. Lilly.

Our final VA witness today is Kevin Forrest,
director of Manchester's VA Medical Center.

Kevin Forrest oversees the administration of
New Hampshire's VA medical facility. He is an experienced
health care executive, holding leadership positions at both
VA and Department of Defense facilities.

Welcome, Mr. Forrest, you are recognized for your
opening statement.

MR. FORREST: Good morning, Senator Hassan,
Congressman Pappas, distinguished guests and colleagues.

Thanks for the opportunity to discuss the
Manchester VA Healthcare System's programs and efforts to
assist service members during their transition to civilian
life and access to VA health care.

Manchester VA places a priority on outreach
programs to ensure veterans can easily access VA health care
services when exiting the service. As a retired Army veteran, I understand the importance of a smooth transition to civilian life and being able to benefit from the multiple programs offered by both the Department of Defense and the Department of Veterans Affairs. Manchester VA has a strong relationship with the VA Regional Office and the New Hampshire Department of Military and Veterans Affairs. We provide office space at the medical center, so veterans have both face to face and virtual access to all agencies as they transition from service.

In concert with the local VA Regional Benefits Office, the Manchester VA Outreach team is very active in New Hampshire. We participate in both active duty and National Guard Transition Assistance Programs, attending multiple community events throughout the year where we actively start the VHA enrollment process for veterans and follow that up with an offer of primary care. These outreach events also include critical program information on suicide prevention and mental health services, women's health services, and the Military2VA program.

Veterans needing mental health care are at an elevated risk during periods of transition such as when they exit the service. The Manchester VA mental health service
and Military2VA program manager meet regularly to facilitate mental health referrals for transitioning service members.

Mental health services are provided at our main campus in Manchester and four community-based outpatient clinics in Portsmouth, Somersworth, Tilton, and Conway. Services include psychiatry, individual and group therapy, substance use treatment, integration with primary care, vocational rehab, homeless and housing service, veteran justice outreach, and LGBTQ+ mental health care.

Manchester VA has three suicide prevention coordinators on staff who conduct outreach, and we're in the process of hiring a community engagement and partnership coordinator.

Since 2017, we have fully implemented mental health services for other than honorable discharged veterans. The most common entry point for OTH veterans is our urgent care service and the M2VA program. The Manchester VA works closely with our Vet Center for shared patients to ensure continuity of care.

The M2VA program supports post-9/11 service members and veterans in navigating the transition from military to civilian life. Our program receives direct referrals from DoD military treatment facilities, during community and VA
outreach events, and through the Wounded Care Network. All post-9/11 veterans who attend a new patient appointment are identified for post-9/11 case management screening and complete a suicide safety screen.

We continue to foster strong partnerships in New Hampshire to ensure all veterans can access services to help in transition, whether it be from the VA or the community. Manchester VA participates in the New Hampshire State Veterans Advisory Committee to educate members and community stakeholders on the broad spectrum of services available to veterans.

I would like to conclude my testimony by recognizing the great Manchester VA employees who provided exceptional health care to veterans during this COVID-19 pandemic, which challenged not only the VA, but the U.S. health care system. These employees made great personal sacrifice and often put veterans before their families to ensure we continued delivering high-quality care during that time.

So Senator Hassan, Congressman Pappas, you know, I thank you and the entire New Hampshire Congressional Delegation for your ongoing support to improve care for veterans in New Hampshire and helping service members
smoothly transition to civilian life and access the VA benefits they deserve.

This concludes my testimony, and I look forward to answering any questions.

SENATOR HASSAN: Well, thank you, Mr. Forrest, and thank you for your service as well.

Our fourth witness today is Amy Cook, administrator in charge of the Division of Community Based Military Programs for the New Hampshire Department of Military and Veteran Affairs. Ms. Cook has years of expertise in social services and has focused her efforts on serving those in our communities who face unique circumstances.

She's responsible for formulating strategies and coordinating resources that merge government agencies, federal partners, and local service providers to benefit Granite State veterans and their families.

Welcome, Ms. Cook, you are recognized for your opening statement.

MS. COOK: Thank you. Good morning, Senator Hassan and Representative Pappas. I was honored to be asked to participate in today's hearing and dialogue.

To begin my testimony, though, I'd like to briefly orient everybody to the role of the Division of Community
Based Military Programs. The division is unique. It's powered by a team of state employees who strive to honor the service and sacrifices of our military members and veterans every day throughout the work that they do.

The division acts as a bridge between military, the veteran population, and the civilian community. We share information about resources available with those in the veteran community, and we provide information --

(Microphone malfunction.)

MS. COOK: All right. At the division we share information about resources available with those in the veteran community, and we provide information, resources, and tools to civilian providers and employers so they are effectively prepared to serve veteran customers, clients, and patients, and hire, employ, and retain veteran employees.

All of us here today have a role in educating and preparing service members for a successful transition to civilian life. At the Division of Community Based Military Programs, we do not work directly with individual service members or veterans. Instead, our role is to prepare our providers and employers to welcome service members and their families, integrate them into new communities, and meet any needs that may arise in the future as a result of their
service.

Since the inception of the department in New Hampshire, we have viewed all initiatives within the division through a lens of suicide prevention, as well as a whole-person approach to that. One of the realizations that we had early on was that veterans in New Hampshire have a very low unemployment rate. So tapping into the private sector to positively impact veterans made sense and was also backed by research.

43 percent of veterans leave their first civilian job within their first year, 80 percent leave before the end of their second year, citing a lack of opportunity for career advancement and personal development. The rate of veteran employment has improved nationally and in New Hampshire, but the issue of underemployment has become a strong barrier to a meaningful post-service career.

A national study done by the Call of Duty Endowment showed that 33 percent of veterans are underemployed, and veterans are 15.6 percent more likely to be underemployed than nonveterans.

Finding purpose and meaning in civilian life and financial stability are two factors that lead to better long-term outcomes, and both can be accomplished through
addressing underemployment, retainment, and opportunities for career growth.

In 2020, we worked with New Hampshire Employment Security and private sector contributors to launch the New Hampshire Veteran-Friendly Business Network. We recognize eligible New Hampshire businesses of all types and sizes as New Hampshire veteran-friendly. Businesses awarded this recognition meet various criteria in four different categories designed to encourage practices that honor, fortify, empower, and impact the lives of veterans and their families in New Hampshire.

Recently, businesses and partners participating in this network began discussing how to create a pipeline here in New Hampshire through which service members can be supported as they transition to civilian life. There is an ample opportunity for the VA to collaborate in formalized ways to make such a pipeline a success.

For example, within this network there are opportunities for the VA to collaborate and help us to enhance the education and support provided to employers of veterans. There is some innovative approaches being tested currently by VA Medical Centers in other states that involve lending the expertise of VA clinicians to local employers for
educational purposes. We would love that opportunity to try
that here in New Hampshire.

Additionally, positioning the VA to be the first
intercept point for all transitioning service members once
they arrive in their civilian home state, regardless of VA
eligibility, could be extremely beneficial. National
research shows that the suicide rate is lower among veterans
who are connected to the VA. If service members are required
to check in at the VA, perhaps in order to obtain a DD-214,
when they arrive at their civilian home state, they could
immediately be encouraged to meet with the veteran service
officer to determine eligibility for benefits, enroll with
the VA for services, and access state-specific information
about a variety of resources available. This would serve as
a warm hand-off from active service to civilian life.

In addition to a potential collaboration with
employment-focused and workforce recruitment initiatives,
there are a variety of other opportunities for the VA to
partner and collaborate with initiatives in our state. One
of particular importance is the closed-loop referral system
currently under development by the New Hampshire Department
of Health and Human Services.

This statewide referral system will be available to
health care and social service providers of all types for the purpose of making and accepting referrals and confirming closure of successful referrals. Use of this system will result in more appropriate and better quality referrals, more timely access to services, and valuable data the department will use to identify trends and ensure we are meeting emerging needs of New Hampshire veterans.

Two-thirds of New Hampshire's veteran population are not enrolled for services at the VA. They are instead receiving care in their local communities. The VA Medical Centers can enroll in this system to make and/or receive referrals. Providers in the VA Community Care Network can be contractually required to enroll in the system.

Making a commitment to this piece of state infrastructure will serve to enhance the services and supports available to those who will be choosing New Hampshire as their civilian home regardless of their VA eligibility.

We look forward to continuing our partnerships with the U.S. Department of Veterans Affairs and our local VA Medical Centers to best meet the needs of service members transitioning to civilian lives here in New Hampshire.
believe that truly impactful outcomes can result from
innovative and strong collaborations, and my team is inspired
by the energy and passion we feel from all of our partners
here at the table and elsewhere. We stand ready to turn that
energy into actions and outcomes.

So thank you for your invitation to share my
thoughts with you today. Pending any questions, this
concludes my testimony on behalf of the New Hampshire
Department of Military Affairs and Veterans Services. Thank
you.

SENATOR HASSAN: Well, thank you very much,
Ms. Cook. A good partnership going on between SVAC and the
New Hampshire Department of Military and Veterans Services
here, so well done.

Our fifth witness is Paul Lloyd, chairman of the
New Hampshire State Veterans Advisory Committee. Chairman
Lloyd is a Navy veteran and also represents the New Hampshire
VFW as a state adjutant. Thank you for your service,
Mr. Lloyd.

In his role as chairman, Paul Lloyd leads key
veteran stakeholders and actively participates in public
dialogue and advocacy for veterans' issues.

Welcome, Chairman Lloyd, you are recognized for
your opening statement.

MR. LLOYD: Thank you, Senator, Congressman Pappas, and members of the committee. On behalf of the men and women of the Veterans of Foreign Wars Department of New Hampshire, thank you for the opportunity to provide our remarks on this important topic.

The VFW believes a proper and well-rounded transition from the military is one of the most important things our service members need in order to ease back into our society. To that extent, the VFW places great emphasis on ensuring transitioning service members receive the best counseling and mentorship before they leave military service. Veterans who make smooth transitions by properly utilizing the tools and programs available will face less uncertainty regarding their moves from military to civilian life.

The VFW views transition programs such as TAP as key stepping stones. The information provided to service members on Department of Veterans Affairs benefits, financial management, and higher education is invaluable.

The VFW is happy to see changes that have been made in TAP in the past few years to bring a more tailored, personalized experience, and increase access to family members. TAP is a critical program that should be accessed
as early and as often as needed by service members and by
their family members.

We are excited to learn this year of outcomes from
DOL's newly launched Employment Navigator and Partnership
Pilot and discover the impact of providing individualized
counseling to help service members find their paths. We look
forward to data on these results and recommendations for
improvement of this program and expansion beyond its current
18 locations.

The VFW is also encouraged by significant changes
that have been made by Department of Labor to revamp
transitioning programming available for veterans and those
without installation access. We are excited by the newly
launched Off-Base Transition Training Program, which will
allow both in-person and virtual opportunities in key
geographic transition hubs.

We are also pleased to learn that the VFW's
recommendations have been heard, and these resources will be
interactive and provided under a facilitator. The VFW
believes that access to transition resources and support is
integral throughout a veteran's journey and should not and
cannot be limited to just their time in service.

The VFW's accredited service officers have been a
resource for transitioning members since 2001 and continue to
aid those men and women during this difficult time of change.
We provide pre-discharge claims representation at 24 bases
around the country and are available for the service members
at the same time they receive their training in TAP. This
service offers the opportunity to bridge the gap of health
care and benefits coverage when leaving active duty.

While the primary role of the VFW staff in the
Benefits Delivery at Discharge program is to help service
members navigate their VA disability claims, they are also
able to assist with many other benefits and available
opportunities, disability claims -- or opportunities, excuse
me.

Last year, between individual meetings and
classroom briefings, the VFW met with over 20,000 service
members, including those transitioning to New Hampshire.

As part of the 2019 NDAA, DoD established a
three-tiered evaluation system to allow for a one-on-one
analysis of an individual's readiness for transition. As a
byproduct of these evaluations, if a service member is deemed
ready for transition and has a transition plan for success,
the individual can choose to forego an otherwise required
two-day track focused on accessing higher education,
vocational training, or employment.

Throughout 2021, over 60 percent of survey participants reported not having completed a two-day focused career track. While the VFW is pleased that TAP is providing a more individualized approach and increasing overall access, we are concerned that service members may be waived of track requirements to their detriment.

We ask Congress to require in-depth reporting on the use of this tier system, its impact on track participation, and its overall effect on outcomes following transition.

Additionally, we ask for reporting on military spouse and dependent participation and overall outcomes to assess any needed improvements to programming tailored to family members.

Furthermore, within the 2019 NDAA, it was made mandatory that a service member was to start TAP no later than 365 days prior to separation from the military. While there was a slight improvement regarding the timely attendance of TAP, 40 percent of service members reported not attending TAP classes at least six months prior to separation.

Additionally, speaking with several veterans, we
have found that there are situations where this time frame is impossible. Some veterans were denied re-enlistment and were separated within 60 days. Some other veterans who were medically retired experienced the same problem. The changes that have been signed into law were meant to improve the transition of service members. Yet, the VFW is greatly concerned some of these new mandates are not being adhered to.

We were pleased with the restructured [sic] and enhanced five-day TAP classes and are eager to see what improvements the more efficient and holistic approach has generated. However, the VFW sees additional areas for improvement, such as including accredited service officers in the formal TAP curriculum. We also want, as the law requires, a connection made between the service members and resources in the community to which they are transitioning.

With the recent implementation of the Staff Sergeant Parker Gordon Fox grant program, these connections with organizations in the community is increasingly important. We would also like the timely return of TAP classes to an in-person format across DoD.

Senator Hassan, Congressman Pappas, this concludes my testimony. I'm prepared to answer any questions you or
the committee members may have.

SENATOR HASSAN: Thank you very much, Chairman Lloyd. We're now going to proceed. I'm going to ask some questions for about seven minutes, and then Congressman Pappas will have a round, and we'll go back and forth.

My first question I'm going to start directing to you, Ms. Rawls, and to you, Mr. Lilly, about the particular importance of connecting veterans to VA services, and then I will likely ask you a follow-up about it, Chairman Lloyd.

So I am working to ensure that veterans can access VA services, which is why I am pushing to advance my bipartisan Solid Start Act. And as Ms. Rawls talked about the Solid Start program, it connects service members separating from active duty to VA services and benefits. What the act will do is make that a permanent program under law.

I also led a separate bipartisan effort to urge the VA to conduct outreach to veterans of The Global War on Terrorism to connect them to mental health services last year. More than 10,000 post-9/11 veterans call New Hampshire home, and they face unique health care and benefit needs.

Ms. Rawls and Mr. Lilly, what is the VA doing to ensure that post-9/11 veterans, including those who served in
Iraq and Afghanistan, are connected to VA health care and benefits? Are there particular challenges with expanding the VA patient base that Congress could help alleviate?

MS. RAWLS: Thank you, ma'am, for that question. I'll start out, and then I will tag team with my --

SENATOR HASSAN: That's great.

MR. LILLY: Sure.

MS. RAWLS: -- my partner, if that's okay with you?

MR. LILLY: Of course.

MS. RAWLS: So for the post-9/11 -- and the number of people that we actually have here in the State of New Hampshire, there are approximately 8,000, as you mentioned, that are veterans here. And we do have approximately 3100 that are drawing compensation claims and benefits. And when we drilled down to the post-9/11, we do have a little less than -- I want to say about 1800, that we are continuing to reach out and know that they are on the roll, and those are the veterans that we can capture right now, those that have actually filed a claim.

When you connect that to that larger picture of transition, as you mentioned, we have brought in a standardized process of connecting at least a year before and continuing a year afterwards and engaging with the Solid
We do have the opportunity before with the one-day TAP program, the modules that I mentioned, but also the opportunities for the individuals to have one-on-one meetings with our benefits advisors that are rotating out of the service now. We know that that's not enough, but we are continuing to look to ensure that we put those things in place for Solid Start. So we are identifying them and capturing what service area that they're coming from.

And from a local and regional perspective, I'll hand it off now to Director Lilly to talk about.

MR. LILLY: Sure. Yes, so we're certainly working hard to first identify them and then work with them to encourage them to apply for health care on the VHA side.

It's a challenge as years go by. So we've talked a lot about TAP briefings and things, where immediately post-deployment or post-service. And then as the years go by, this is really where our partnership with the state and with the VFW and the other VSOs really takes on more meaning, because they're more likely to help us find them, frankly, and then we can reach out to them.

As far as your second question about any particular challenges. So we've always thought that's a good problem to
have. So, you know, we are open for business at all of our
sites of care here in New Hampshire and taking new patients
everywhere. So there's no particular short-term challenges.
If every single veteran enrolled that was eligible, we would
probably hit capacity and add more sites of care, frankly.
So that would be another good problem to have from my
perspective.

SENATOR HASSAN: But in terms of specifics about
what -- are there things that Congress can be helpful with at
this point in terms of alleviating some of the barriers or
disconnects here?

MR. LILLY: Yes, so for me, getting a binding list
is the most helpful thing. So we often have that at
discharge. If their DD-214 goes to the state, if we can get
access to that and overcome some of the privacy issues of
just handing that list directly to the VA so we can directly
outreach to them, rather than trying to catch them at a more
global event.

SENATOR HASSAN: Thank you. Mr. Lloyd, so I just
also want to hear the perspective of New Hampshire veterans.
What's the VA doing to connect veterans from Iraq and
Afghanistan with VA health care services? Do these veterans
face particular challenges that Congress could help address?
MR. LLOYD: So I'm not aware of any -- anything that you could -- Congress could do to complete -- knock down any barriers. The folks that I have talked to, whether it's Vietnam veterans or post-9/11, it's: I don't need those services. Somebody, you know, might need them more than I do.

SENATOR HASSAN: Yeah. So I think part of the message there from what I'm hearing from our folks in the VA is we've got the capacity to help them, and our job is to worry about making sure we have the capacity to help everybody.

MR. LLOYD: Correct. And a lot of the VSOs, you know, they push back on that with, you know, that's not how it works; this is how it works.

SENATOR HASSAN: Yeah, got it. Well, thank you. And I apologize, I think talking close to the mic is helpful, too. I'm going to ask one more question that may go over a little bit, and then I'll turn it to Congressman Pappas.

This is directed to you, Mr. Lilly. In March, the VA released its recommendations to the Asset and Infrastructure Review Commission, which will focus on evaluating VA facilities.

I am concerned that the recommendations could
reduce access to care for veterans in New Hampshire,
including rural veterans, given the VA's proposed closure of
clinics in Littleton and Conway.

Furthermore, the proposal to move outpatient
surgical care from Manchester to community providers is a top
concern of mine. VA services should be bolstered, not moved
outside of the VA.

I raised my concerns directly with Secretary
McDonough, urging him not to decrease access to care for
Granite State veterans. And today, I raise these same
concerns here and respectfully disagree with many of the VA's
recommendations.

The VA's own data show an increase in demand in
every category of care for New Hampshire, including primary
care, mental health, specialty care, and inpatient surgery.
Yet, the recommendations do not reflect VA investment in
these health care services.

So Mr. Lilly, will you commit to working with my
office to ensure that we have the data and information we
need from the VA to address our concerns with the VA's
recommendations?

MR. LILLY: Certainly.

SENATOR HASSAN: Thank you. I'm committed to
ensuring that veterans receive the care that they've earned and deserve from VA facilities in New Hampshire, and I look forward to pushing more on this issue.

A follow-up to Chairman Lloyd. These recommendations impact all Granite State veterans, including those recently separated from service. Chairman, can you please speak to the concerns veterans have with the VA's recent recommendations for VA facilities?

MR. LLOYD: Yes, ma'am. The -- I'll pick on Conway, the CBOC in Conway.

SENATOR HASSAN: Yeah.

MR. LLOYD: Pushing veterans out into the community might sound like a good idea, but, you know, the community care program, we have a veteran, one of my members, lives in Lancaster and needed a podiatry appointment, and they were going to send him to Albany, New York, for an appointment. Obviously, he pushed back on that. That's not an ideal situation at all.

SENATOR HASSAN: Thank you. Congressman Pappas.

CONGRESSMAN PAPPAS: Well, thank you very much. I had some similar questions about the AIR Commission. I appreciate, Paul, your perspective there. I was up at the Conway CBOC recently, got to meet the team there, and they
are terrific. So Kevin, you are to be commended for the work that goes on there.

And look, I think community care is an important development, but it by no means should take the place of VA health care. It should be a force multiplier for VA, and should also allow us to capture more folks to sign up for VA care. So I look forward to continuing to connect with both of you about VA health care in this region.

I'm wondering if you could address at all, Mr. Lilly, the issues that were identified by the market analysis. I know that this didn't take into consideration a number of factors that I think the AIR Commission should look closely at.

First, I believe the cost of community care was not part of the formula. If we're sending veterans to the community, that could escalate costs for VA and not constrain them.

Number two, you know, I think that this doesn't capture the direction that we hope to go in, which is to provide more connection to service, especially for those who have been exposed to toxic substances as a result of their service to this country, which we know could increase demands for VA health care.
So I don't know if you can reference what that market analysis took into consideration.

MR. LILLY: Sure, yeah.

CONGRESSMAN PAPPAS: And, you know, how we might better represent the full picture.

MR. LILLY: Sure, I'd be glad to. So first, let me just state a personal bias. I have a strong, personal bias toward VA as the provider of health care for veterans. So to sort of know that as part of what I'm about to say.

So the VA did publish standards for volume, essentially. So there is a link between volume and quality, and then volume and efficiency, obviously. And generally speaking, the more you do of something, the better you get at it. And so there was a bias toward having some level of volume at a particular site of care for a particular service, which really became the foundation of some of the recommendations, including some that you both mentioned as -- and Paul mentioned as the most objectionable.

And reasonable people can certainly reasonably disagree on whether those were the right volume targets, and there are -- you know, specific to Conway, for example, there are a number of possible ways to provide veterans' health care in Conway. That may, in fact, be a VA clinic. That may
be some sort of private clinic working with VA in some cooperative fashion.

So to me, this is really the beginning of the conversation. Now that we've laid out that this is an option, we should really evaluate this, absolutely.

So the market assessment looked mostly at projections into the future for demographics in terms of what's happening with veterans' population in terms of the size of that population. Is it growing or shrinking? And then what type of services should those veterans need into the future.

It did not, as you pointed out, Congressman, include a robust analysis of the cost, and I would expect that would be a primary function of the AIR Commission. As they're evaluating all the recommendations, they should say, how much would this cost relative to how much it would cost for the VA to provide that care, and we certainly look forward to participating in those discussions.

Yeah, I'm strongly in favor of VA care everywhere. Everywhere it makes sense economically, and certainly it makes the most sense from a quality perspective.

CONGRESSMAN PAPPAS: Well, I am too, and I share the concerns expressed by Senator Hassan. I know our House
Veterans' Affairs Committee is intending to continue to dig into this issue.

I personally will continue to communicate with the upper levels of the department and the secretary to make sure that folks understand and appreciate the dynamics here in New Hampshire, which are at play. And I think it's very relevant to the conversation we're having here today, because the statistics don't lie.

Veterans that are connected to care and benefits and services through VA are much less likely to experience suicidal ideation, homelessness, addiction after their service. And so this is important to get right.

So I appreciate the analysis that's gone on, but when you get out there and go across New Hampshire, we know there are people who are already traveling distances that are far too long to get to a VA facility. We know there are already far too many veterans who can't easily access VA care or services in a community near them. So we've got to take steps forward and not be undoing the good work that has been done over the last many years.

Maybe I can switch gears here in the few minutes that I've got left for this first round, and just talk, maybe I can start with you, Ms. Rawls, about the pandemic
experience over the last few years and the impact that has had on the Transition Assistance Program and other vital programs for veterans. I'm wondering if you can comment on sort of how some of these efforts have been taken virtually, and if that has created new barriers for veterans to get connected to the support they need.

MS. RAWLS: Thank you very much for the question, sir. The pandemic really did allow us to magnify and pivot our online training. And so taking a page out of the online training, as was mentioned, that many times service members are not in the right space to be able to attend the in-person transition training. We already had an online training available that you could access.

So we pivoted from there and created a virtual instructor-led online program. And that came into existence probably about nine months, you know, after we were all taken aback by the pandemic and the posture it put us in.

So now what we have is three different offerings of transition for the one-day VA. You have the in-person, which is now -- its installation has opened up worldwide. Our benefits advisors are out there and they're providing the in-person, but you have the instructor-led, in-person training now and the online training that is there.
We are still in the early stages of getting feedback on how successful the instructor-led program is, but we are getting feedback that it is right up there with industry standards and customer satisfaction.

So we're continuing to look to make those improvements and working with our DoD installations to offer them in-person.

CONGRESSMAN PAPPAS: Perfect. Thank you for that. And, you know, if I can turn to the other witnesses here and just ask about virtual access, how that's working for veterans for, you know, a range of programs that are out there, and if there are continued barriers that we need to work to address to make sure that vets have access to the technology.

MR. FORREST: Thank you for the question. You know, virtual care, our Connected Care program is certainly part of our health care delivery system and will be into the future. You know, I'm proud of the VA for having an active position in that before the pandemic, and I think the pandemic certainly sped that up and allowed us to see veterans, you know, for health care needs at an accelerated rate.

I think what we do now is, you know, we continue to
exploit those technologies and get it out to veterans,
especially in rural areas, not as a substitute, but to be
able to augment care and provide that care to veterans.

We've been very focused on providing care to
veterans in the way they want to receive it and whether
that's face-to-face care or virtual care, and it's really a
mix. It's an independent decision sometimes, you know, based
on veterans, which if I go back to, you know, why -- I watch
very closely where clinics are located and that we're able
to provide that care throughout our whole area of
responsibility. It's important to me.

We do need to continue to look at providing
training for veterans to be able to use that technology.
Sometimes, you know, our older-generation veterans sometimes
have challenges with that, which is why it's important for
our outreach teams to go out and they've trained individuals,
you know, train veterans on how to use that technology.

And then also making sure that the bandwidth exists
throughout the entire area, because, you know, with no
bandwidth, there is no virtual care.

CONGRESSMAN PAPPAS: That's right. Well, thanks
for making those points. I share your concern there, and
hopefully we have some additional opportunities in
New Hampshire to close those gaps. I'll give it back.

SENATOR HASSAN: Thank you so much, Congressman.

I'm going to start this round with a question to you, Mr. Forrest, about the VA Caregivers Program.

Many service members and their families need VA's programs once they transition to civilian life, and one of these programs is the VA's Program of Comprehensive Assistance for Family Caregivers, which provides financial assistance, as well as access to training and counseling to the family members who play a critical role in caring for veterans severely injured in the line of duty.

Iraq War veteran, Eric, who is here today, and his wife, Jennifer McNail, of Littleton, were kicked out of the VA Caregivers Program after eligibility requirements were narrowed by the previous administration. After hearing how those changes impacted Granite State veterans and their families, I led a bipartisan effort with my colleagues asking the VA to reverse the previous administration's changes.

I was glad to see the VA announce in March that it will not remove anyone from the program before they reexamine the eligibility criteria for the program. I was also glad to hear that the VA implemented a plan to call legacy participants and their caregivers to inform them of the pause
of this cancellation of their benefits, and I know that you
and your team recently made calls to Granite State veterans,
so I'm very grateful.

Will you commit to continuing to work with my
office to ensure that we coordinate and continue to provide
the most accurate information to veterans and their
caregivers about the status of the program and their
eligibility?

MR. FORREST: Absolutely, Senator Hassan. You
know, I'll say last week, as those -- as that communication
went out, those were some of the best phone calls that the
caregiver support team made in a long time and felt committed
to really giving some comfort to, you know, veterans who had
caregivers enrolled in that program.

You absolutely have my commitment to be transparent
and to, you know, continue providing information on the
future state of the Caregiver Support Program and how we will
deploy that through New Hampshire and really make sure that
the veterans are taken care of.

I would also add that I think it's so, so important
with a program like this, as we look at providing care to
veterans and actually keeping them out of institutionalized
care --
SENATOR HASSAN: Yes.

MR. FORREST: -- in a time when long-term care is a challenge, not only in the VA, but, you know, throughout the health care system. And whatever we can do that, you know, allows a veteran to stay in a home at a significantly less cost than a long-term care facility is great for quality of life and, you know, for the veterans.

So yes, you have my commitment, certainly.

SENATOR HASSAN: Well, and I thank you for that, and I share your commitment to home-based care and community-based care wherever possible. This is a challenge not only in the veterans' community, but for the community at large.

Ms. Cook, I wanted to turn to you. Both as a senator and as a former governor, I have focused on bolstering employment opportunities for service members transitioning to civilian life and veterans.

I was glad to see that the President signed into law my bipartisan Hire Veteran Health Heroes Act directing the VA to recruit and hire Department of Defense medical personnel who are transitioning out of military service for open positions at the VA.

Additionally, I introduced the federal
Cybersecurity Workforce Expansion Act, which would provide cybersecurity training for veterans, with a focus on employing veterans in the federal government. As you know, we need cyber experts pretty much everywhere, but we certainly need them in the federal government.

Your work has also focused on this issue. As you noted in your testimony, in 2020 New Hampshire launched the Veteran-Friendly Business Recognition Program, which focuses on matching veterans with jobs.

From your perspective, what are the obstacles service members transitioning to civilian life face in terms of finding employment, and how can we learn from the challenges and successes in New Hampshire and make improvements in programs and coordination between the federal, state, and local levels?

MS. COOK: Thank you for that question. We are extremely excited about the network that we've put together already, and it's going to be moving forward an instrumental tool in New Hampshire to address all of those problems.

One of the things that the network has identified -- so the business is -- the network consists of businesses that are recognized, and then also some partners that we've brought in. So the U.S. Department of Labor goes
to these network meetings. ESGR is part of that. Business
and Economic Affairs in New Hampshire is part of it.

So we have partners and the businesses that have
been recognized. And some of the discussion that has gone on
has been about educating employers. So how do they look at
resumes and translate those military skills into positions
that won't result in underemployment.

(Microphone malfunction.)

SENATOR HASSAN: Try it again.

MS. COOK: Paul taught me. You just give it a
little whack.

SENATOR HASSAN: My dad always said the Army fixed
everything, so...

MS. COOK: So we were talking about just education
for employers, number one, right? So they're looking at
resumes. Sometimes when people are writing resumes coming
out of the military, they're not -- the communication between
what -- the skills that they have and their talents and what
they're able to do in their experience isn't then being
translated to the other side.

And so that's no fault of their own, but we're
working with the employers on the other side to learn about,
how do you take this type of experience, how do you translate
it into something that's meaningful and matches what they can do.

There's a lot of different programs. Another aspect to that that we're working on is to get the word out about all the programs that are available. So the Department of Defense has SkillBridge. There's apprenticeships. Some of the businesses that we've recognized have some amazing programs. BAE Systems in New Hampshire, you're familiar with, has a Warrior Integration Program that is just, you know, state of the art.

So we want people who are transitioning into civilian life to know about those ahead of time. We're trying to get that word spread before they even choose New Hampshire, because we think it's one of the reasons they should choose New Hampshire, is there is a lot of opportunities here for them.

So getting the word out, and then education for that employer, the employer side, and the private sector.

SENATOR HASSAN: Well, thank you for that. Ms. Rawls, I wanted to just follow up and give you an opportunity, from your perspective, how can the VA learn from initiatives in New Hampshire to help with partnerships between the VA and the public and private sectors?
MS. RAWLS: Thank you very much for that question.

As I was listening, I couldn't help but think that one of the items that we all have to wrap our brain around is being able to talk up the great things that we are doing so people will know and be able to connect our transitioning service members to all of these SkillBridge programs.

The SkillBridge program that is offered at every transition site depends on the local companies that are working in that area. The VA has its own SkillBridge program in which they look to bring in others, whether it's health care or to become veteran service representatives.

The notion that we can do too much has to go away, and we all have to think that we are going to repeat that message over and over again for people.

I think having an opportunity to talk about how we are connecting transitioning service members to them and allowing the companies to know that there are skill sets that can be useful to them, we have to keep putting that out there for those companies, so they can make it a lot easier for those transitioning service members to acclimate within their culture and their community.

SENATOR HASSAN: Well, thank you. I am well over my time. I am going to come back for a third round, because
I want to get to the issue of suicide prevention, among other things, but I'm going to turn it over now to Congressman Pappas.

CONGRESSMAN PAPPAS: Thank you. And Ms. Rawls, maybe I can just ask a follow-up on one program I wanted to highlight, is the VRRAP program, the Veteran Rapid Retraining and Assistance Program, which offers education and training for high-demand jobs, including things like health care, education, and engineering to veterans who are unemployed or underemployed.

And I'm wondering what steps you think we need to take to make sure that folks know about this program; that there's greater awareness. I believe it's underutilized but holds a great degree of promise.

So could you offer some comments on that particular program?

MS. RAWLS: Yes, sir, and thank you very much. This program just came about and grew so quickly, but you're absolutely right, and we need to be better at getting this information out there to the community about the offerings for VRRAP and allowing our transitioning service members and veterans to know that everyone and anyone that they come to can be a door for them to have access to the VRRAP program.
So again, I believe in having, you know, opportunities like this to talk up that program and to partner with our state VSOs, as well as all of our national veteran service organizations, to push that information out there. Thank you.

CONGRESSIONMAN PAPPAS: Thank you. Ms. Cook, I don't know if you wanted to comment at all on that one.

MS. COOK: Yeah, I just wrote a little note to myself that if I had the opportunity, the -- all of the -- the programs that are out there, specifically in New Hampshire, we're working with the Office of Public Licensure -- Professional Licensure, and military skill waiver programs. So one of the things that we're doing at the state level, we've actually hired a position, a full-time position, to work on exactly that and to get the word out.

We're trying to connect at this point in time with some of the Transition Assistance Programs to let -- to sort of partner with them in a way that we can let people going through those programs know specifically about what New Hampshire has to offer. And part of that would be letting them know that they can take advantage of programs like Troops to Trucks in New Hampshire to boost that critical workforce. There's some programs that we're trying to get
established for LNA licensure to be easily transferred over.

So there's going to be some opportunities coming up in the near future that we're definitely going to be very interested in getting the word out and about, and I think it'll help the whole transition process.

CONGRESSMAN PAPPAS: Thanks very much for those comments.

My office receives requests from a lot of veterans who need help in accessing their military records, and that's something that's become a real acute problem during the last couple of years. The backlog for retrieving these records from the National Archives, National Personnel Records Center, has been just an ongoing challenge for a lot of years, but we know it's worsened during the pandemic.

My office is in touch with one veteran who's been waiting over a year for military records. That's an extreme case, I think, but unfortunately, there are others like it out there. And so something has to be done to address this.

And I'm just wondering, maybe I can start with you, Ms. Cook and Mr. Lloyd, if you have comments on access to military records, and how important that is for individuals then to get the care and services that they need.

MS. COOK: Yeah. My comment will be extremely
short, because it's sort of out of my realm of knowledge, to be quite honest. But I do know at the Department of Military Affairs, we have a full-time person who does help to do that. So he's kind of my go-to -- when the question comes to me or comes across my desk, I would just pass that over to him.

So we often hear about the same types of stories, that people are just facing some challenges, and we try to do the best that we can to help them through it, but...

MR. LLOYD: Thank you. I'm not sure how to fix it. I know that I have three on my desk waiting, and I have been waiting for about 18 months for it. And it's not for health care. It's more for membership in the organization, but we're still waiting 18 months out, which is just a bit ridiculous.

CONGRESSMAN PAPPAS: Yeah, I agree with those comments. It's very ridiculous, and I know our offices work very closely with a lot of veterans who reach out. We encourage folks to do that if they need assistance accessing records, but we certainly have to work on some of the systems to make sure that can happen in a much more timely fashion.

Ms. Rawls, I don't know if you wanted to address that.

MS. RAWLS: I am in agreement that we are going
through this from the remnants of the pandemic, but I also
wanted to just note that one of the things that the director
did in the St. Louis regional facility was actually to put
employees in the facility to work through it as we were going
through that pandemic, and we also pushed through getting the
vaccinations for those employees so they could be in that
building.

The secretary worked really hard on ensuring that
the employees were safe and that they could transition that
skill set to move those files as quickly as possible. And I
know we've put a lot of effort in it, and we've seen
significant results there in just crossing over and
integrating with DoD in getting those records.

CONGRESSMAN PAPPAS: Thanks. Well, we'll continue
to stay in touch with the administration on this one. It's
really important for vets here in New Hampshire. I yield
back.

SENATOR HASSAN: Well, thank you, Congressman, and
thank you all for testimony on that issue. I do want to turn
now to the issue of suicide prevention.

VA data shows veterans are most vulnerable in their
first three months following separation from military
service, and suicide risk remains elevated for years after
Furthermore, New Hampshire's veteran population has a higher incidence of suicide than the national veteran population and national general population.

One way veterans get connected to mental health services is through their fellow veterans, and that's why I introduced legislation with Senator Ernst, a veteran herself, which directs the VA to designate a National Buddy Check Week to expand the efforts of volunteer veterans at peer-wellness checks, and I was glad to see that the Senate passed this bill recently.

We know that connecting service members transitioning to civilian life to VHA services is instrumental in suicide prevention.

Kevin, how is the VA Medical Center in Manchester conducting outreach to service members transitioning to civilian life about the VA services available to them? Are there additional resources you or volunteers need to more effectively target service members and veterans?

MR. FORREST: Thank you for that question, Senator Hassan. I think this goes back to what Mr. Lilly had mentioned about our aggressive outreach campaign during TAP, and actually, at all the community events that are here.
This is also part of our zero suicide initiative here in this state and our partnership with the community, where it's not just the VA; it's an entire network of all of us to identify at-risk veterans to make sure that they're aware of the resources that are available to get the health care that they need.

I think when we look at that Military2VA program, which I had mentioned in my opening comments here, it's a program like that where our social work team that comprises that program has the direct link from a VHA liaison, you know, at a DoD facility that identifies at-risk veterans as they are departing the service and being able to link them up with the right appointment or mental health appointment, you know, before they even get to their final destination, is the step in the right direction. But that takes resources.

We continue to bring our -- recruit for a social work team to be able to provide that support. It's a lot of hard work, and they do wonderful, wonderful work with that, but I think in being able to do that is one direct way.

The indirect way, I would add, is having veterans reach out and campaign -- or reach out to their fellow veterans and make them aware of our services. And this is why we focused on our Stand Up to Stigma series that we've
done here, and we've brought, you know, very influential
veterans and other members of the community to speak to not
only our staff but to veterans throughout New Hampshire about
reducing mental health stigma and why it's okay and the
resources that are available. And that's just been such a
powerful message, really, I think, of us as a team tackling
this problem -- program -- or problem in making sure that
veterans come to the medical center in their greatest time of
need.

SENATOR HASSAN: I'm going to ask Mr. Lloyd and
Ms. Cook just to comment on this too, if you'd like to,
before I move on to another question.

MS. COOK: Thank you. A couple things I would add
to suicide prevention efforts in New Hampshire. It's
something that we're always, every day -- everything we do at
the Division of Community Based Military Programs is looked
at through that lens.

We have the Ask the Question campaign in
New Hampshire that's been nationally recognized in the past
year. I've met with about 15 or 16 different states to help
them launch their own Ask the Question campaign. New Mexico
yesterday, I spent some time on the phone with them, helping
them figure out how to do that.
So that's a really important -- it asks the question -- and some people mix up Ask the Question in terms of, are you at suicide risk, with, have you previously served? So when I say, Ask the Question campaign, I'm referring to, have you or a family member ever previously served?

But it is a suicide prevention effort, because community-based programs need to know if there's any kind of military connection there, and it can just open the door for conversations that can then identify any potential suicide risk.

We also were -- New Hampshire was one of the first of seven states in 2018 to participate in the Governor's Challenge to Prevent Suicide among service members, veterans, and their families. And now they have -- almost all the states have participated at this point, but through that, we created a team of about 50 people who've been actively working on suicide prevention strategies throughout the State of New Hampshire for the past few years. And we merged with the New Hampshire Suicide Prevention Council.

So why that's important is because we're aligning efforts. We have so many organizations in New Hampshire, you know, federal partners, state partners, locally based
programs, and we all need to be moving in the same direction. So if we all have different programs, and we're really proud of them, but we're not talking to each other, we're not moving as fast-forward as we could.

So our role in that council and that committee has been to try to bring everybody to the table so we can align our efforts; we can braid our resources, federal resources, state resources, private sector resources, and really start to move the needle in that.

SENATOR HASSAN: I appreciate that. And Chairman Lloyd, VSOs have been just incredible leaders, including the VFW. Almost every meeting I have with a VSO in this state, the first thing they ask me about is to work harder on suicide prevention resources. So I'd just love your thoughts, especially about the importance of peer-to-peer outreach.

MR. LLOYD: Yes, and so peer-to-peer, buddy check, those all work and have been working for years within the organizations: VFW, American Legion, DAV. Just having conversations with other folks and you know that they went through the same kind of stuff. So those really work, and nationalize them, and it seems to be helping as well.

SENATOR HASSAN: Good. Thank you. I'm going to
use a little bit more time to get through a couple more
questions, and then I will -- we'll turn back to Congressman
Pappas, and then offer you all a chance to wrap up.

But Chairman Lloyd, I wanted to talk with you about
some benefits issues that I know have been a concern for you
and your members. Together we raised the issue of veteran
service organizations' reviewing benefits claims and the
backlog of VA claims.

Are there particular challenges that service
members transitioning to civilian life encounter when they
are navigating VA benefits? How can Congress help alleviate
these challenges?

MR. LLOYD: So one of the things that we have seen
with service officers, we don't have a service officer at
every installation. The benefits at delivery, at discharge
and delivery, the BDD one, it's left up to the installation
commander whether they will allow the VSO on base or not. If
somehow or other we could get that so that each installation
has a VSO available for their TAP program, I think that would
be a goal on a way to help.

SENATOR HASSAN: Thank you. I want to turn to you,
Mr. Lilly, again, on drilling down on health care for
post-9/11 veterans.
I introduced legislation that would provide health care to veterans exposed to toxic substances. Additionally, I supported legislation that focuses on the health care needs of post-9/11 veterans. I am particularly concerned about veterans who served during the Global War on Terrorism with unmet health care needs and health conditions who have not yet -- conditions that have not yet exhibited themselves.

How is the VA analyzing and focusing on the future health care needs of post-9/11 veterans?

MR. LILLY: Sure. Thanks. So it's important for post-9/11 veterans first to enroll for care in the VA, and then ultimately to have a registry exam, which we encourage all post-9/11 veterans to do.

That's important, because knowledge is upstream of treatment. So we first need to understand better what health conditions veterans that are post-9/11 have had, burn exposures or other toxic exposures, what are the unique health care conditions that they are presenting with, and then treatment ultimately follows that. So that's the most important piece, is to enroll with us and have a registry exam so we can start to see what we're dealing with here clinically and then begin to treat it.

Of course, once they're enrolled for health care,
we will begin treating them for whatever they have, or what
we know they have, but often these things, as you know, take
many years to emerge. So it's important for us to get a
knowledge-base start and so we can really provide better
treatment down the road.

SENATOR HASSAN: Thank you. One additional
question to you, Director Lilly, and then I'll turn back to
Congressman Pappas.

Many veterans benefit from getting their care at VA
facilities, because they keep and form relationships with
their fellow veterans who receive care and volunteer their
time at VA facilities. Service members, their families, and
veterans have unique needs that require health care providers
who understand the special challenges of those who have
served. And earlier when you were answering one of our
questions, you talked about your own belief that it's
preferable for veterans to get health care at VA facilities.

Can you please just drill down on that a little
bit?

MR. LILLY: Sure.

SENATOR HASSAN: Speak to why veterans are best
served by VA providers who understand the context of their
service, especially when they're transitioning into civilian
MR. LILLY: I'd be glad to, and I probably should have mentioned before, this is not a belief that is just sort of out there. This is really founded in 20 years of experience of seeing veterans and seeing outcome data that shows the quality of care for veterans is better when they get their care through the VA.

So there's clearly a quality component. So veterans, there's any number of studies that show VA health care quality's comparable to or better than the private sector. But what you're talking about also is the experience of care, and there really is nothing like a VA facility in terms of the ability for veterans across generations, across periods of service, to share camaraderie and talk about their experiences together.

We've mentioned suicide prevention and the importance of the buddy system. That extends to not just suicide prevention, but really all types of care that they receive from the VA. And it's a vitally important part of their recovery, frankly, is to be around other veterans. It's one of the things that makes VA special, and it's one of the reasons I strongly favor VA care.

SENATOR HASSAN: I appreciate that very much, and
I am committed to ensuring that Granite State veterans get the unique care that they need at VA facilities here in New Hampshire, so I look forward to continuing to work on these issues with you.

CONGRESSMAN.

CONGRESSMAN PAPPAS: Thank you, Senator. I just have a couple additional questions here before we close.

One issue I wanted to draw attention to is the issue of accreditation of individuals that, you know, help veterans who are accessing VA benefits.

We know that for many veterans filing a disability claim, it can be a very long and cumbersome process. According to the VA, it takes five months on average to complete a disability-related claim. And VSOs, like the Veterans of Foreign Wars, like the American Legion, and DAV, offer free assistance to veterans who need help navigating this process. But we also have seen a number of unaccredited, for-profit companies that are using aggressive marketing tactics, and deceptive tactics as well, to draw veterans in, and often are charging them thousands of dollars for services that VSOs can provide for free.

So our House Veterans' Affairs Committee, our subcommittee on oversight and investigations, is going to be
holding a hearing on this topic next week. We'll be examining how VA's oversight of the individuals and organizations who assist veterans with their disability claims can be strengthened.

I'm especially concerned about some of the feedback I've received from veterans in New Hampshire about these unaccredited companies that are charging veterans excessive fees just to help out with disability claims when we know there's so many other folks out there who can assist.

So maybe I can turn to some of my New Hampshire experts here. And Ms. Cook, I don't know if this is an issue that you've heard about, but as we move forward, we'd appreciate the opportunity to connect about how to get the right information out to veterans so that, you know, they're able to, you know, file a disability claim if they need to without being charged thousands of dollars.

MS. COOK: Yeah, we have the same concern, and we've heard many of the same stories. We have the Division of Veterans Services at our department, and they have a staff of VSOs that work across the state, again, free of charge. There's no cost. And so we often -- when we hear those stories, we're always telling people, you know, we have -- you can get that for free, really quality services with
people who do it every day, so they're experienced. They
know what they're doing.

So we try to message them as much as we can. We
certainly will appreciate any extra help to spread -- you
know, spread that word and pass some laws about that. So
yeah, we're on the same page with you.

CONGRESSMAN PAPPAS: Thank you. Mr. Lloyd?

MR. LLOYD: Yes, we have run into a lot of them.
I won't say a lot of them, but the lawyer part of it, look
into -- do the appeals. That's where we're seeing a lot of
it now is the -- some lawyers out there, willing to do the
work to get the appeal and make sure that they're guaranteed,
you know, an uptick in their disability, raising their
disability, if you will.

It's just disheartening that when that does come to
fruition, the veteran doesn't get anything; it all goes to
the company that did the work because of their legal
agreement.

CONGRESSMAN PAPPAS: And Ms. Cook, maybe I can
follow up on that topic, because I know that veterans contact
our office oftentimes looking for pro bono legal services
specifically geared toward veterans, and, you know, the
individuals may need help filing a claim or starting a
business or, you know, navigating VA somehow. And it's no surprise, because laws and rules determining a veteran's eligibility for certain programs sometimes can be very complicated.

So I know that the nonprofit organizations that used to be equipped to provide these kind of services no longer have the same capacity to provide this support. Could you educate us a little bit on that, and do you have any thoughts about a solution?

MS. COOK: It's a problem. We definitely need to build some capacity in that area. The programs that used to do those pro bono services, legal services over the years, the people who have been really leading that have either retired, you know, moved on. Then COVID, we lost some people there.

So we've been actually -- it came up in conversation just a couple weeks ago in our department to start looking a little more strategically at that for the future. There's some initiatives going on in New Hampshire right now that I think may provide an opportunity to revise some of that, to boost some of that, and enhance capacity.

So we're really in the infancy stages. There's not even anything to share in terms of details, but it's
something that we're monitoring, looking at, and trying to
think strategically about the future for. So it's definitely
on our radar.

CONGRESSMAN PAPPAS: Well, thanks for those
comments. It's an important issue, and we look forward to
hearing more about how things move forward. I yield back my
time.

SENATOR HASSAN: Thank you so much, Congressman.
So that concludes the questions that we both have had, but I
wanted to give each of the witnesses an opportunity to make
one final recommendation to Congress and other policymakers
on how best to support service members.

So is there one recommendation each of you would
make that you would want to highlight for policymakers on how
to better support service members transitioning to civilian
life and veterans new to VA benefits and services?

And I'll start with you, Ms. Rawls.

MS. RAWLS: Well, thank you very much, ma'am. I
think that one item that I will bring to the table is the
need to engage the family. A lot of times when we talk about
transition, we're totally focused on that service member.

SENATOR HASSAN: Right.

MS. RAWLS: And that's great, but that family has
a role in ensuring the economic stability and future of the family. The children need to understand there's subsequent benefits, a possibility of those.

And I know there is lots of conversation around putting together the buddy systems. Whether that is having the service member at the middle of it, or for that matter, peer to peer, we still need to bring in that information about how do we get the family involved in transition.

SENATOR HASSAN: Right.

MS. RAWLS: That's a family event moving through transition. Whether you have a spouse or not, you still have your parents who are a part of that fabric. So that that one thing -- and it escapes me, so I'm happy to talk to you guys about it. That one thing is very important, and I think there is a gap there that I've seen as I go out doing executive site visits. Thank you.

SENATOR HASSAN: Thank you. Thank you. Mr. Lilly.

MR. LILLY: From the health care side, if we could -- anything we can do to simplify the eligibility process and making enrollment in health care easier. That is by far the number-one piece of feedback I get from our outreach team, the frustration of speaking to veterans at a large event, and then they may or may not be eligible, or
they may or may not have the desire to sort of follow through
with the lengthy process to become eligible. So if we
can simplify that, that would be great.

    If I could make one other --

SENATOR HASSAN: Yeah, sure.

MR. LILLY: -- other comment about suicide
prevention just from a clinical standpoint. It's important
for folks to understand.

    Suicidality is episodic and it's dynamic, and so
the important factor for suicide prevention is for the
veterans themselves or those around them to recognize the
warning signs when they are actively suicidal.

SENATOR HASSAN: Right.

MR. LILLY: And then they really need to understand
what those signs are and what are the resources available.
That is why we have this all-hands-on-deck approach. And it
really is. This is not just sort of nice language. It
really does take anybody that interacts with veterans in any
setting, because we really don't know when they may shift
from non-suicidal to actively suicidal.

    And if we can intervene in that moment that
matters, recognize those signs and connect them to services
in that moment, that's the key. And to do that properly, you
have to do a lot of education before that moment for all those folks, the veteran themselves, and all their family members, or anybody else that interacts with them routinely to say, okay, now I see the sign and what do I do about it? What's the resource? They need to know that beforehand. They can't sort of fumble through in the moment when it's too late.

SENATOR HASSAN: I really appreciate that. I actually was meeting with young people yesterday about the rise in death-by-suicide among New Hampshire's youth, and that was a theme from some of the organizations there too. We have to give people the tools to understand and recognize the signs of suicide and work to intervene at the right moment.

MR. LILLY: Right.

SENATOR HASSAN: Not to mention getting the workforce in place and all that. Thank you. Thank you for adding that. Mr. Forrest?

MR. FORREST: First, I'd like to say thank you for the opportunity to have this dialogue for us to be able to showcase, you know, programs that the VA has. Even more importantly, to identify gaps in how we can continue to improve the program for veterans.
I think my one ask would be to piggyback off what Mr. Lilly had mentioned. As the veteran exits from service, the whole reason -- or the theme here today is to continue to close that gap.

When I say that, I think of my own experience as I left the service, although it was quite a while ago, and came back to New Hampshire. But to look at like auto enrollment.

If you leave it, you know, to me to -- you know, as we exit an installation, and then we move to our home of record and then apply for health care services, you know, or benefits and -- you know, we went through TAP. I know we've done so much to help bridge that gap, you know, in the last 12 years since I had retired. But I think being able to set a veteran and their family up as they leave an installation with contacts, and on the converse, with the VA Medical Center on the other end knowing that somebody is on their way into New Hampshire and can be more active in linking them up with the services they need, it would go a long way towards the increased enrollment and just reducing that gap in letting the veteran figure it out for themselves on the other end. So anything we can do to help bridge that gap.

SENATOR HASSAN: Thank you. Ms. Cook.

MS. COOK: I would definitely echo what's been said
already in terms of helping families, not just the individual service member. That's definitely a key point.

And then I definitely agree with the all-hands-on-deck approach that Mr. Lilly referenced. We can't meet all the needs of service members and their families with only federal programs, nor can we meet them all with just state or local programs. So we need to enhance collaboration and braiding resources. I think we've done an amazing job in New Hampshire, but there's always room for improvement there.

And as a state department, we would love to see opportunities to embed state-specific information, just like Mr. Forrest was referencing, and resources into Department of Defense, VA, and any other federal processes. So that the people who are -- you know, as they're transitioning out of the military, they're not only getting information about what's available to them everywhere, but if they know that they're choosing New Hampshire, they're returning to New Hampshire, or coming here for the first time, they can get some information before they land here about what we can offer in New Hampshire.

So thank you for the opportunity today.

SENATOR HASSAN: Thank you very much. Mr. Lloyd.
MR. LLOYD: So I won't repeat what they all said. So I will just leave with, if we want to help veterans that are leaving the military, then I urge the Senate to pass the Honor the PACT Act.

SENATOR HASSAN: Thank you. Well said. Well, I want to thank all of you for joining us this morning and for your testimony, for your service to our veterans, and to those of you on the panel who are veterans yourselves. Thank you for your service to our country through the military as well.

Your insights into the situation on the ground are really, really important to us in our policymaking roles, and your testimony here today is going to help us craft better bipartisan solutions to help veterans in our communities in New Hampshire, but also all across the country.

It's really good to get an update from you, Ms. Cook, about the state's efforts too, and I think they remain a model for a lot of the rest of the country.

The hearing record will remain open for five calendar days until 10 a.m. on April 28th for submissions of statements and questions for the record.

To all the veterans here this morning, thank you so much for your service. This hearing is adjourned.
CERTIFICATE

I, Michele M. Allison, a Licensed Court Reporter, Registered Professional Reporter and Certified Realtime Reporter, do hereby certify that the foregoing is a true and accurate transcript of my stenotype notes of the field hearing, taken place on the date hereinbefore set forth.

I further certify that I am neither attorney nor counsel for, nor related to or employed by any of the parties in the action to which this hearing was taken, and further that I am not a relative or employee of any attorney or counsel employed in this case, nor am I financially interested in this action.

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