

## Appendix D

### Summary of Site Visits

Groups of Commissioners and staff visited point-of-service and point-of-care facilities of the Department of Veterans Affairs (VA) and the Department of Defense (DoD) in eight cities during 2006 (Box D-1) to gain an empirical understanding of the distribution of disability benefits to veterans, service members, and their families. Also, town hall meetings were held in each city so that veterans, service members, survivors, and interested members of the public could express their opinions and concerns directly to the Commissioners.

**Box D-1**  
**Locations and Dates of the Commission's Eight Site Visits**

1. Tampa/St. Petersburg, Florida	February 15–17, 2006
2. San Antonio, Texas	March 6–8, 2006
3. Chicago	April 11–13, 2006
4. St. Louis, Missouri	May 9–11, 2006
5. San Diego, California	June 5–7, 2006
6. Seattle, Washington	July 18–20, 2006
7. Boston	August 2–4, 2006
8. Atlanta	September 5–7, 2006

Two criteria were established to select the locations of the site visits:

1. Areas that have relatively large populations of veterans and service members
2. A concentration of VA and DoD facilities, including VA regional offices, military installations, Vet Centers, VA medical centers, and Benefit Delivery at Discharge sites.

Given these criteria, staff developed a list of numerous potential locations, and the Commissioners each selected their top eight sites. The final choices were the highest-ranking sites of all the Commissioners.

All of the Commissioners and staff participated in the introductory visit to Tampa and St. Petersburg, where the group received detailed briefings on VA benefits and services. Then teams of three Commissioners and one staff member visited the other seven cities. Table D-1 identifies the organizations that the teams either visited or received briefings from.

**Table D-1. Facilities Visited in Each City**

CITY	VBA FACILITIES	VHA FACILITIES	DOD FACILITIES
Tampa and St. Petersburg	<ul style="list-style-type: none"> <li>• Regional office</li> </ul>	<ul style="list-style-type: none"> <li>• Bay Pines VAMC<sup>a</sup></li> <li>• Tampa VAMC</li> </ul>	<ul style="list-style-type: none"> <li>• MacDill Air Force Base</li> </ul>
San Antonio	<ul style="list-style-type: none"> <li>• Benefits office</li> <li>• QTC<sup>b</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Audie Murphy VAMC</li> <li>• Tejeda outpatient clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Brooke Army Medical Center, Intrepid Rehab Center</li> <li>• Lackland Air Force Base</li> </ul>
Chicago	<ul style="list-style-type: none"> <li>• Regional office</li> </ul>	<ul style="list-style-type: none"> <li>• VISN<sup>c</sup> 12 office</li> <li>• Hines VAMC</li> <li>• N. Chicago VAMC</li> <li>• Jesse Brown VAMC</li> <li>• Oak Park Vet Center</li> </ul>	<ul style="list-style-type: none"> <li>• Great Lakes Naval Base</li> </ul>
St. Louis <sup>d</sup>	<ul style="list-style-type: none"> <li>• Regional office</li> <li>• Records Management Center</li> </ul>	<ul style="list-style-type: none"> <li>• Jefferson Barracks VAMC</li> </ul>	<ul style="list-style-type: none"> <li>• Army Human Resource Command</li> </ul>
San Diego	<ul style="list-style-type: none"> <li>• Regional office</li> </ul>		<ul style="list-style-type: none"> <li>• Camp Pendleton</li> <li>• Naval Medical Center San Diego</li> </ul>
Seattle	<ul style="list-style-type: none"> <li>• Regional office</li> </ul>	<ul style="list-style-type: none"> <li>• VA Puget Sound Health Care System</li> <li>• Limb Loss Center of Excellence</li> <li>• Seattle Vet Center</li> </ul>	<ul style="list-style-type: none"> <li>• Ft. Lewis</li> <li>• Madigan Army Medical Center</li> </ul>
Boston	<ul style="list-style-type: none"> <li>• Regional office</li> </ul>	<ul style="list-style-type: none"> <li>• Jamaica Plain VAMC</li> <li>• National Center PTSD</li> <li>• Boston Vet Center</li> </ul>	<ul style="list-style-type: none"> <li>• Hanscom Air Force Base</li> </ul>
Atlanta and Augusta	<ul style="list-style-type: none"> <li>• Regional office</li> </ul>	<ul style="list-style-type: none"> <li>• VISN 7</li> <li>• Atlanta VAMC</li> <li>• Rehab Research and Development Center</li> <li>• Augusta VAMC</li> <li>• Atlanta Vet Center</li> </ul>	<ul style="list-style-type: none"> <li>• Fort Gordon</li> <li>• Eisenhower Army Medical Center</li> <li>• Active Duty Rehab Center</li> </ul>

<sup>a</sup> VAMC = VA Medical Center

<sup>b</sup> QTC is a private contract provider and not a government agency.

<sup>c</sup> VISN = Veteran Integrated Service Network.

<sup>d</sup> In St. Louis, the team also visited the National Personnel Records Center, a unit of the National Archives and Records Administration—not part of VA or DoD.

## I Town Hall Meetings

Regional town hall meetings gave the Commissioners access to veterans, families, survivors, service members, and the general public. In turn, the public and service members who attended the meetings could learn the Commission's goals and research questions (Appendix C).

At least 853 individuals attended the eight town hall meetings. More than 180 attendees voiced comments to the Commissioners, while about a dozen others submitted statements for the record. The public's concerns covered a range of issues, from access to VA benefits and services to personal experiences filing claims and waiting on appeals. Individuals voiced concerns about environmental and occupational hazards (such as Agent Orange, depleted uranium, and PCBs), the contracting of exams to QTC, and mental health treatment, especially for posttraumatic stress disorder (PTSD). They also expressed perceived inadequacies of the VA Rating Schedule, concurrent receipt, garnishment, veterans' preference, and cost of living increases. In addition, they called for improvement of survivor benefits and protection of the Individual Unemployability benefit, and discussed confusion that arose from certain types of letters from VA.

During the town meetings, staff from the local VA regional offices and VA medical centers, as well as from DoD, were on hand to offer support to the public and provide interventions as needed.

## II Regional Offices of the Veterans Benefits Administration

The Veterans Benefits Administration (VBA), a division of VA, maintains at least one regional office in each state. The Commission teams visited a VBA regional office in every city<sup>1</sup> on their itineraries.

The two most prominent issues that arose during visits to the regional offices were timeliness and quality of claims processing. To measure differences in timeliness among the regional offices, three of the more commonly used VBA

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<sup>1</sup> The VBA regional office for Texas is in Houston, not in San Antonio (which the Commissioners visited), but data from the Houston office are included here for purposes of comparison.

measures were selected that reflected fiscal year-to-date data as of August 2006. Measures chosen for this purpose were average days to complete a claim and number of pending cases (i.e., backlog).

While in San Antonio, Seattle, Atlanta, and Boston, the Commission teams met with QTC Management, a VBA contractor that performs compensation and pension (C&P) exams.

## **II.1 VBA Regional Office Veterans Service Centers**

At the Veterans Service Centers, the Commission teams met with all levels of personnel involved in claims processing, including decision review officers, rating veterans service representatives, veteran service representatives, and coaches. Service center employees explained their operational challenges to the Commission teams. Staff of the Atlanta regional office discussed the potential value of using artificial intelligence to rate certain body systems, producing a quick disability rating, and generating all necessary forms. Similar suggestions were made at other VA locations visited by the Commission.

## **II.2 VBA Regional Office Vocational Rehabilitation and Employment Sites**

During the Commission's introductory site visit to Tampa–St. Petersburg, the Commissioners received a briefing on the mission, eligibility, and structure of the vocational rehabilitation and employment (VR&E) program. Commissioners then met with VR&E staff at the other seven sites to discuss program operations, successes, and challenges.

## **III Veterans Service Organizations**

The Commission teams met with representatives from numerous veterans service organizations, including The American Legion, AMVETS, Disabled American Veterans, Paralyzed Veterans of America, Veterans of Foreign Wars, Vietnam Veterans of America, and Military Order of the Purple Heart, among others. Topics of discussion included communicating with VA regional office staff, duty-to-assist letters, Veterans Claims Assistance Act letters, the quality of disability ratings, the potential for DoD and VA to use a single rating exam, timeliness of claims processing, transition assistance, survivor benefits, and experiences working with QTC, a private provider of government-outsourced occupational health and disability examination services.

## IV VA Medical Centers

At the VA medical centers, the visiting Commissioners toured units for burn care, rehabilitation of the blind, and the treatment of polytrauma, spinal cord injury, traumatic brain injury, and amputation. The Commissioners toured such unique facilities as the Center for Excellence in Limb Loss & Prosthetics in Seattle, the Rehabilitation Research Center in Atlanta, the National Center for PTSD and the Women's Health Division in Boston, and the Federal Healthcare Facility at Great Lakes (which is the first fully integrated VA/DoD facility).

In meetings with medical and hospital directors, the Commissioners learned how those leaders were balancing the treatment and rehabilitation of service members recently wounded in Afghanistan and Iraq with the provision of long-term care to aging veterans and those needing mental health services.

### IV.1 Compensation and Pension Examiners

While visiting the VA medical centers, the Commissioners spent most of their time gathering information from the compensation and pension (C&P) examiners to help assess the appropriateness of benefits and how those benefits are delivered. The physician-examiners discussed issues regarding communication, timeliness, and productivity of C&P exams; the use of electronic templates; involvement in the ratings process; the VA Schedule for Rating Disabilities; PTSD exams; and certification and specialization.

According to Dr. Steven Brown, Director of the Compensation and Pension Examination Program (CPEP), VHA receives approximately 400,000 exam requests per year from VBA and conducts almost double that number of exams, since many requests involve multiple body systems.<sup>2</sup> VHA performs exams at 135 locations nationwide and uses 57 exam templates. The national standard for requested exams to be completed and returned to the regional office is 35 days; meeting this turnaround time is the responsibility of the hospital-based physician-examiners.<sup>3</sup>

During town hall meetings, veterans complained about being called in for a second exam because the rater found the previous exam was conducted too long ago to still be viable. Further, panels of disabled soldiers told the Commission that waiting a month between the cessation of military pay and VA benefits was too long

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<sup>2</sup> Brown, *CPEP Overview*.

<sup>3</sup> Ibid.

The Commissioners who participated in the trip to San Antonio were impressed with the timeliness and quality of operations of the QTC site there (QTC is the private provider of government-outsourced occupational health and disability examination services). However, in Chicago, Boston, Atlanta, and Seattle, the Commissioners received unfavorable feedback about QTC's performance during discussions with staff from VBA, VHA, and VSO and with town hall participants.

## **V Vet Centers**

Instituted in 1979, the Vet Centers provide readjustment counseling at 209 community-based locations nationwide. Readjustment counseling offers a wide range of services to all eras of combat veterans and their families to facilitate transition from military to civilian life. The Commissioners gathered information from Vet Center team leaders in Chicago, St. Louis, Seattle, Boston, and Atlanta. In three of those cities, roundtable discussions with veterans were held as well.

## **VI DoD**

The Commissioners visited a military installation at each location. Although there was some variation among presentations by the Army, Navy, Air Force, and Marine Corps, they all briefed the Commissioners on their seamless transition activities surrounding classes in the Transition Assistance Program, Disabled Transition Assistance Program, Casualty Affairs, and the Disability Evaluation System.

The Commissioners also heard directly from service members who were in the process of transitioning back into the civilian sector. Their most commonly discussed issue was the need for VA compensation to begin during the month proceeding when their military pay ceases. Benefits Delivery at Discharge (BDD), which can expedite this process, was discussed at almost all locations. These service members also discussed their concerns about the medical and physical evaluation processes for rating disabilities.

In some locations, the Commissioners received briefings from the Army Community-Based Health Care Organization, which allows National Guardsmen and reservists to return to their homes of record while going through the medical board process. Panels of wounded, injured, and ill soldiers discussed their experiences with that process.

The Commission team was briefed on the Intrepid National Armed Forces Rehabilitation Center under construction at Brooke Army Medical Center in San Antonio. This unique venture, when completed, will provide severely injured

service members with state-of-the-art technology especially for amputees with advanced prosthetics, computerized and video monitoring, biomechanical studies, and advanced physical training therapy methods.<sup>4</sup> Equally interesting was the VA/DoD collaboration program in Augusta, Georgia, that provides rehabilitation services to active duty personnel, families, and other caregivers.

## VII Conclusions

The eight site visits gave the Commissioners a three-dimensional perspective on the issues surrounding services and benefits for disabled veterans, their dependents, and their survivors. These visits were invaluable to the Commission, and it extends its gratitude to everyone at VA and DoD who made the visits possible.

## References

Brown, Steven. *CPEP Overview for the Veterans' Disability Benefits Commission* (presentation). Washington, DC: June 21, 2006.

Intrepid National Armed Forces Rehabilitation Center at the Brooke Army Medical Center, Fort Sam Houston, San Antonio, Texas.  
<http://www.syska.com/Government/projects/intrepid.html>.

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<sup>4</sup> *Intrepid National Armed Forces Rehabilitation Center*, 2006.

