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# THE CHALLENGES FACING AMERICA'S VETERANS

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**Panel Discussion:**

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P R O C E E D I N G S

MR. O'HANLON: Good afternoon, everyone. Welcome to Brookings. I'm Mike O'Hanlon with the Foreign Policy and I again have the distinct privilege, on behalf of all of us at Brookings, of welcoming you to an event where we collaborate with the Wounded Warrior Project, one of the great organizations in the United States taking care of our battle heroes. And today we have I think a very good program for you that many of you have seen now on the announcement. And thank you for coming.

We will begin shortly with a video prepared by the Wounded Warrior Project that summarizes their recent activities and also a bit about their annual survey, which is providing the jumping off point for our discussion today in which they've talked to I believe 30,000+ of their membership through this survey technique to figure out what is on their mind, what is going well in their lives, what is still challenging, where they are being well served, whether by the government or NGOs or their communities or job opportunities, where there are still big problems that we should as a Nation be trying to address, and that the Wounded Warrior Project is doing its own large part to address as well.

So we will begin with that video and then we'll have a discussion. And I'm going to be privileged to have this discussion with Jen Silva and Melanie Mousseau of the Wounded Warrior Project, who specialize in the programmatic activities and in the metrics, respectively, for that organization. We're going to talk about the survey, understand a bit about how it was done, who it represents. This is primarily wounded or ill veterans, so it's a subset of the broader population that has served in uniform, but it's obviously a subset we all can and do and must care about greatly because many of these people of course have born great sacrifice and burden as a result of their combat experience or other parts of their military experience.

So we'll begin with the video, we will then have a discussion, and in the second hour -- we'll until about 2:45, if that's okay -- we'll hear from Dr. Paul Lawrence and Dr. Caroline Clancy who are both important representatives of the government who are working hard on this set of issues from the Federal perspective.

So we'll get views across the private and NGO and public sector and look forward in the course of a number of parts of the program to you questions and interventions as well.

So without further ado, I think I'll ask that we play the video and then maybe at that point

we can give a round of applause because the video will be a nice way to give me a chance to thank Wounded Warrior Project and all the veterans that it represents. Then we'll go to our discussion.

So thanks again for being here and please play the video.

(Video Playing)

MR. O'HANLON: That was a fantastic video. And it is amazing work that you folks are doing. So let me just start by complimenting you both and your whole organization. And I also want to give a shout out to General Linnington and to my good friend, Joe Plenzler, and so many other people with the Project.

I wondered if we could begin first -- and I guess, Jen, I'll just ask you to tell us a little more about who responded to the survey and who is represented within the broader Wounded Warrior Project community and also specifically who we're talking about in terms of the people who have given us these kinds of important feedback data points.

MS. SILVA: Great. So at Wounded Warrior Project we serve those that are wounded, injured, or ill due to their post-9/11 service. So if you can think about the post-9/11 generation, these are the warriors who have injuries as a result of their service. So slightly more at risk in terms of visible and invisible wounds. And so our programs really focus on offering a breadth of services in mental health, physical health, in employment, keeping them connected, because we believe that our model can help them wherever they are on that spectrum and their continuum of care.

MR. O'HANLON: So it's remarkable, you said there are more than 130,000 former service men and women who are part of your broader community. That's an incredibly large population and percentage. I think that you were saying before the number of those who have deployed is very high to a combat zone. About half of that population was technically wounded during one of those deployments. The other half got hurt somewhere else or got sick in the course of their career. Is that roughly correct?

MS. SILVA: Yeah, that's roughly correct.

MR. O'HANLON: So you're an NGO that manages to basically have everybody participating. Almost everyone who has been wounded or ill wants to be part of the Wounded Warrior Project in some way, and about a third -- or I guess a quarter roughly have taken your survey, which is

again an incredibly high percentage.

MS. SILVA: Right. We're really proud of the warriors who take the survey year over year for the last 10 years and the response rate has hovered above 30 percent since the beginning and then all the way up to 50 one year. But they feel like this is a great way to tell us what their challenges are, what some of their victories are. We really take that seriously and we pledge to be their voice, whether it's through our advocacy efforts and through our program development.

MR. O'HANLON: And I'm glad you said that because we'll come back to you in a little bit to talk about everything Wounded Warrior Project with this information to try to help the lives of those affected.

But, Melanie, if now we could talk a little bit about the survey itself. And I know we want to get into a few specifics and some trends over the years, but let me begin even with a broader question, which is when you look at these numbers and these results, do you find yourself more encouraged or more discouraged by the challenges that remain?

MS. MOUSSEAU: I think it's a nice balance between the two. I think as you saw in the video, there are certainly some startling statistics from the 33 percent of warriors that report having thoughts related to suicide in the last two weeks. I don't know how you couldn't be surprised by that number. But on the flip side, there is also encouragement and hope because we see the stories of those warriors that are able to overcome those challenges and adversity and those numbers are reflected with the number of warriors who have gone on and persisted through adversity and hardship to go on and achieve advanced degrees this year. We're just under 40 percent that have earned a bachelor's degree or higher, and we have another 20 percent that are currently enrolled in school. So I think that's a good news story.

So I think it's important when we look at these findings, it sheds a light on the seriousness of the issues that those that are registered with us. So as Jen mentioned and you mentioned as well, those are the ones that have been wounded, injured, or ill as a result of their service post-9/11, that they have a number of obstacles to overcome, but we're also seeing that those obstacles are being overcome and they're learning to live successful and productive lives despite that.

MR. O'HANLON: So we can bear down on a couple of specific categories or areas

starting with education. You just mentioned that 40 percent have a bachelor's degree or more at this point. How does that number compare with previous years? How is the trend looking?

MS. MOUSSEAU: Absolutely. That is one of the bright spots. We've seen it increase almost 16 percent over the 10 years that we've taken the survey, so year over year we're seeing more warriors pursuing as well then attaining those degrees. So it's not just about going back to school, but they're seeing it through to the end to actually earn those diplomas. And then that translates to the uptick that we've seen in unemployment rates declining. This year we're at 11.5 percent. Certainly, as you saw in the video, that is still significantly higher than the general population, but again, considering the population that we serve and the significant decline over the last 10 years -- at one point we were hovering around the 20 percent rate -- so that's another good news story.

MR. O'HANLON: Because you said the typical person responding -- I mean there is no typical, everyone has got their own challenges -- but typical person, average disability rating might be in the range of 60-80 percent, right?

MS. MOUSSEAU: Absolutely.

MR. O'HANLON: So these are people with serious injuries and challenges.

MS. MOUSSEAU: Yes. We've got -- a third of the population is at 100 percent disabled, so yes.

MR. O'HANLON: The 11.5 percent, when we talk about an unemployment rate, that's the percent of those who are looking for work who are not able to find work, and then there are a lot of other people who simply aren't necessarily in a position to look right now.

MS. MOUSSEAU: Absolutely.

MR. O'HANLON: Yeah. I think that was what, more like a third of the group, a third of the broader group was not able to look for work right now. Is that roughly correct?

MS. MOUSSEAU: And the labor force participation rate has decreased over the years for various reasons, such as retirement, inability to work, et cetera.

MR. O'HANLON: Yeah, and your average age has gone up, partly because most of the people who got hurt in these wars got hurt sort of in the 2000s or the early 2010s. We have a smaller population deploying now.

I wanted to as a little bit also about health care and understand these figures a little bit more too. And, of course, this will set up the conversation with Jen in a minute about areas where policy still needs to respond and where you're doing so much with the Project, but also where the Federal Government and the rest of us might need to do more.

You talked about the issue of VA becoming more the go to place than it had been five years ago. Is that a good new story? Has the Choice Act helped? Is it good for people to have the option of going to the private sector? Has that put some competitive pressure on the VA? Has the VA made useful reforms that have made the whole enterprise more accessible and inviting to veterans? How do you understand that data?

MS. MOUSSEAU: Sure. I'll tackle part of that from the data perspective. And we've seen that the VA is consistently in the top three choices for warriors who are dealing with their mental health care. But one area where we have seen the growth is that health care in general, that 70 percent of warriors are entitled to the VA health care benefits, and we've seen this year top out at 70 percent that are choosing to use that as their primary health care resource. The reasons that they're doing it is there is a sense of entitlement that they've earned those benefits and therefore they're going to seek their support from the VA. But on the flipside, there is still hesitation amongst that 30 percent aren't making that choice regarding the quality of care perhaps being perceived that it could be better elsewhere, or having a previous negative experience.

But I'll defer to Jen to talk a little bit more about the implications related to policy.

MR. O'HANLON: Yeah, please, go ahead.

MS. SILVA: Great. So, yeah, we are focusing on what the warriors tell us year over year the biggest challenges are for accessing care, the scheduling conflicts. So having a more innovative approach hours of availability would be very helpful for the veterans that we hear from, ensuring that there's a connection with the providers. A lot of times they have to use multiple providers for referrals, et cetera. And so the more that the care can be streamlined in with one or fewer providers, that's helpful for our warriors as to what -- if they are going to access that care -- and we all believe that access to the VA health care system is very important for our warriors, whether it's in physical health care or mental health care.

MR. O'HANLON: But do you -- if I could just push on that a little bit, because we've had discussions here over the years at Brookings about the whole idea of a private option for veterans and, you know, the various concepts that gave rise to legislation that made that more feasible. And I wonder if you have in mind a goal for what percentage of the population you would like to see using the VA. I mean is it maybe okay if there is a little bit of a competitive mix and some who do go to the private sector? And that maybe allows for not only competition to play a role, but also for both sides to try to learn from the other. Or do you really envision a world in which most veterans -- or almost all veterans would ideally get their health care and their mental health care through the VA system?

MS. SILVA: Well, we actually believe that what's best for the veteran is dependent on that situation. So the ability to choose is important for veterans. We have our program called Warrior Care Network, where it's a partnership with the VA and also private academic medical centers, four of them across the country at UCLA, Rush, Emory, and Mass General up in Boston. But we also have full-time VA partners on site so they can help with the continuation of care for these warriors, getting the proper medical records and then follow on care back at the VA. Innovative partnerships like that to me are very critical for the warriors of this generation that we serve.

MR. O'HANLON: By the way, on that point you mentioned records, and I think in the past there have been some big challenges in people sort of transitioning from active duty to the veteran's health care system and computers not talking to each other and so forth. Is that situation much improved these days?

MS. SILVA: From what we see. We also have a program that focuses on filing the benefits claims for our veterans and that process has become much better.

MR. O'HANLON: I wonder if you could talk a little bit, Jen about education and what's responsible for the progress and the GI Bill and other things I'm assuming are going to be part of the story. And then what else still needs to be done to make appropriate education more accessible to more veterans. And if you have ideas, whether within the Wounded Warrior Project family or for Federal policies, suggestions you think we all should be considering.

MS. SILVA: Well, we're very pleased about the warriors we serve in terms of education, and Melanie mentioned that. Just having the ability to use the GI Bill and then voc rehab when

appropriate for those that have injuries that are kind of forcing them to choose a different path, it's a really comprehensive program that fewer of our warriors use that than the GI Bill. But just access to those Federal benefits and the ease of access both on campus for that process to be streamlined we found is very important. And recognizing those centers of excellence, the universities that really have great programs, is something that we help our veterans find.

MR. O'HANLON: I wanted to ask also for a veteran who has got some serious mental health issues in particular, maybe having trouble navigating this universe of benefits, employment opportunities, educational opportunities. Is there sort of the equivalent of a Sherpa or a mentor for that kind of a person that is becoming more and more available in larger numbers and maybe improved quality over the years? How does that kind of a person who has come out of uniform, is hurt, maybe is confused a little bit, having a hard time really getting his or her feet on the ground, how do they make sense of it all and who is there to help them?

MS. SILVA: That's a really great question. And we find that our warriors that we serve usually try and do it alone and on their own. They get out of service and they're trying to navigate whether it's benefits or education or the job search on their own. And, for example, in the job search area, we find the rate of satisfaction with employment in organizations, in companies that have veteran's councils or employment groups that are focused on veterans, they are much more satisfied than if they go to an organization that doesn't have those groups. And so there's a great way to help that warrior as they're a new civilian employee, having others who have already navigated that. They can be their Sherpas in the employment space.

Transitions are really important, especially for the wounded, injured, or ill. And that's where we see they are most at risk to refer mental health challenges, substance use, et cetera. And so we focus on managing the really complex cases. And there are several groups that do that. And the network of support for veterans in cities and then across the country is really important. The Wounded Warrior Project is big, but we feel it's one of our strategic priorities to make sure that we are connected and support lots of different groups that focus on veterans in transition, because we can't do it alone, the veteran can't do it alone, or, you know, different organization can't. So we've got to all work together and collaborate, and that really provides a good kind of safety net for these veterans while they're

transitioning.

MR. O'HANLON: So that function is not provided so much by the Federal Government, it's more provided by this network of NGOs, of which you're an important part, trying to figure out how to be responsive to need and being entrepreneurial?

MS. SILVA: Correct.

MR. O'HANLON: Well, you know, this is great and I've obviously had the luxury of asking you a lot of questions, and I really appreciate the information. I'm sure a lot of others want to get into the conversation. So why don't we now go to that. And we've got about 25-30 minutes before we take a quick break prior to Dr. Lawrence's remarks.

So please when you get the microphone, identify yourself and we look forward to your questions and thoughts.

Anybody wish to begin? We'll go here in the fourth row please, Adam.

MR. SHAHBAZ: Good afternoon, I'm Bruce Shahbaz. I'm with the College Board; I'm the senior director for military initiatives.

Three part question all related to education. First part is I noticed that student debt is increasing at the same time, which makes me concerned that perhaps predatory schools are influencing decisions on how they use their benefits. Do you have any more information on why student debt is going up as rapidly as it is?

Second, I worry about caretaker education. Do you have any evidence that spouses and children are forgoing or delaying their educational attainment while they're serving as caregivers?

And then my third question is what is it that College Board can do in our position to assist in those areas?

Thank you.

MS. MOUSSEAU: If I could just start with a point of clarification? Because you are absolutely right, student loan debt is important, it's something we need to continue to keep an eye on. We actually see the percentage of individuals that are carrying student loan debt, that percentage come down. However, the magnitude of the debt for those students that are carrying it, we have about a third that are in excess of $30,000. So just to frame that up, so the number carrying it is decreasing it, but that

magnitude of those that are -- so I think it feeds very much into your point regarding are there other factors playing.

From a data perspective in our survey, we haven't looked specifically at the institutions that they have incurred that debt with, whether they be community colleges, other local universities, or others that subscribe to a different model of education. So I can't speak to that from a data perspective.

Jen, anything you want to add to that?

MS. SILVA: We work with organizations that that's their full focus. Student Veterans of America, as I'm sure you know about, we work with them to really gain a lot of insights from the veterans on campus. And we know why some students may use that, whether it's flexibility, or whatever the case may be, or maybe they're talking with those people and that works out. Sometimes it can be a great model for them due to the flexibility. But we try and empower the veterans with knowledge about the different opportunities and to make sure that they're an experienced consumer on information, from whether it's a junior college or a different business model.

So I will say that's kind of our approach at Wounded Warrior Project, to empower them with as much information as possible.

I would say to what the College Board could do specifically, just listen and learn about and follow the veterans who are utilizing your services on campuses and ask organizations who work with them extensively about what the challenges are in terms of, you know, what the College Board does. It's just listen and learn and act with however we can make it lower the barriers to entry. Making that college classroom a welcoming environment is really critical. We have developed programs that help with that to make the 25 year old veteran sitting next to a maybe 19 year old freshman as welcoming as possible.

And then the caretaker part, that's something that we help with, making sure that those caregivers have the time to pursue their own goals. We have a program called the independence program where it focuses on warriors that are -- they have traumatic brain injuries or other neurological conditions, spinal cord injuries, et cetera, and require a tremendous amount of care giving -- 40+ hours per week. We work with the VA, but we go beyond that and provide alternative therapies and respite care for those caregivers so they can go out and pursue their goals, whether it's related to education, maybe they want a job to provide income for that family. Flexibility is really critical for that. You know, flexible

class hours and those types of things. Advocating for that would help that subgroup of people that we care deeply about.

MR. O'HANLON: If I could take the prerogative of following up on the education subject with one more question, I think the 40 percent number is quite striking and quite impressive, and I think higher than the general population if I'm not mistaken.

But, of course, we also know that in the United States there is a discussion about what's the proper balance across the society between college and vocational school or community college, and there's a lot of talk in the presidential races recently about making community college free. I happen to think the more important question is how do we make community college better and how do we tie it to local job markets.

And I'm wondering among your general community and membership, do you see people feeling like they have good options within the vocational and community college realm? Are people sort of sometimes going to four year colleges just because it's what is expected, but it may not be optimal for them?

Anything you can say about vocational and community colleges I'd be curious to hear.

MS. SILVA: We're very passionate about the vocational side. In those opportunities, a lot of these skills that our warriors bring from the military translate very, very well to that side of the house and there are a lot of jobs in that market. So we try and coach our warriors to go where the jobs are. And one area that we focused on is the IT industry or IT training of that. And so we work with CompTIA and Cognizant, who are big players in that area, to make sure that they can try their services and the education there and -- I mean there's -- at one point there was a zero percent unemployment rate in IT jobs. Go there. You know, get comfortable with technology. And so we've been coaching our warriors and getting them funneled into that. There's one example. CDL and those types of things we all think about with -- commercial driver's licenses, but whatever is meaningful for them so they can support their family. Their new mission is often focused on that, but also college isn't for everybody. But also there are vocational skills that really translate well to a very nice income for them to support their families.

So we are very much for that and we hope that we are empowering these warriors to make whatever choice is appropriate for them.

MR. O'HANLON: Great, thank you.

Other questions please? Sir, in the back.

MR. PAGANO: Hi, Jack Pagano, a retired Army Lieutenant Colonel; served in Operation Iraqi Freedom, now COO of a major television station in Afghanistan.

I admire what you're doing. It's great. There's donor fatigue in the United States. In Afghanistan we have 150,000 wounded warriors and they're left -- excuse the expression -- for dead.

What do you do for donor fatigue? As you know, there are many organizations that are vying for the dollars. What are you doing to educate the 1 percent -- you know, 1 percent of the United States is only served. What are you doing to get the masses to help? Because if you don't help you can't get your job done.

MS. SILVA: Yes. We're very passionate about that because it takes a lot of donor dollars to run very complex life changing programs that we focus on. So to that donor fatigue, it is important -- we feel it's very important to keep the public awareness up in this country for these challenges that our warriors face who sacrificed so much for our country. And so when there aren't active maybe images of the continued combat that's going on, we invest in that, in making sure that the public is aware of some ongoing challenges for our warriors that we serve. But it's absolutely imperative. We don't take any government funding, no Federal or state funding, so we are completely dependent on the generosity of the American public. We have over 7 million donors across the country, and so we're very grateful to them.

How we see The Wounded Warrior Project is we are an extension of Americans who want to help those veterans who gave so much in service to our country. And so we make sure that we spend those donor dollars wisely and transparently and on the most impactful programs.

And that's why we're so passionate about this data. What are the warriors telling us that the biggest challenges are and how can we help them really thrive. We kind of think of ourselves as a healing organization. We listened and said, okay, so many have these invisible wound challenges, the mental health, the anxiety, depression, and post-traumatic stress. We have to -- it's our duty to invest and innovate in those areas. And that's why we've developed so many programs in that area. But keeping that message to the general public isn't always easy when we're talking about mental health and sigma in

veteran suicide. And so we are constantly challenging ourselves in the area of public awareness.

But it's very important that the American public knows that these problems or these challenges don't just solve themselves. And we need to put action towards that in organizations like Wounded Warrior Project and many other great organizations. We can be part of that.

MR. O'HANLON: Another question? The gentleman in the back, and then we'll go after that to the gentleman in the tie in front of him.

QUESTIONER: Hello, my name is Peter Press and I'm a Marine Corps veteran and also a Wounded Warriors Alumni

You know, I attend a lot of events that you guys throw and I think you guys do a great job. My question is, you know, I see a lot of different veterans in different economic classes, varying, right. And earlier you mentioned something about a mentoring program for other warriors that don't have the education or know how to navigate through some of the benefits.

My question to you is do you guys have any programs available or in development for other Wounded Warrior alumni to help each other out navigating through the complex VA and education system?

MS. SILVA: That's a great question.

We have a peer support group model where we train warriors who want to be mentors to other veterans, and we train them to facilitate groups and also run events if they are passionate about having that type of empowerment. And so we have over 50 groups across the country and we specifically try and think of these wonderful veterans who want to be mentors as force multipliers. We have over 25 offices across the country, but we can't be everywhere. And so if we've got passionate volunteers, our warriors who are willing to dedicate their time to that, who doesn't -- veterans rely on each other to navigate, whether it's the benefits process, the job market, whatever the case may be. And so if we can harness that, that's great. And so we invest fully in that in our programs and see that as a really important part of what we do.

So we'll get you information about our peer support program.

QUESTIONER: Thank you.

MS. MOUSSEAU: And if I could augment that as well.

MS. SILVA: Oh, please.

MS. MOUSSEAU: Because I think it goes beyond just the technical and tactical and kind of that mentorship, but the social connection that comes from that integration. We've seen repeatedly that the more that people feel connected, especially warriors, the more positive the mental health outcomes are. And that includes reduction in the suicidal ideations, which we saw earlier and talked about it being a significant concern. So not only is there that opportunity to learn from each other, but just that connection is so influential as well.

MR. O'HANLON: By the way, before we go to the next question, let me follow up with one more too, and it's sort of a combination inspired by the last two.

I'm hoping that we can here at Brookings talk you folks into having another event next year on what candidates should be advocating and proposing to take better care of our veterans than we are today. But to sort of maybe foreshadow that kind of a conversation, where is the biggest gap today in terms of what we're able to do for our veterans? Because a lot of what you're talking about is a happy success story about how you're reaching out to people and the Veterans Administration is reaching out to people much more effectively than ever before, the GI Bill -- there are a lot of good data points and, yes, there are troubling realities about mental health care and physical injuries and unemployment, but some of that's probably going to be just, you know, innate to the severity of the challenge for the individual.

But at a policy level, what can we do better that we're not doing yet? Do you need to grow, do you need even more support, even more donors? Do you need greater consciousness in the country? Do you need the Federal Government to play the role of Sherpa or mentor that right now NGOs are doing? I mean is there a list of one or two or three big things that you would put before us? You don't have to give it in great detail today, maybe we'll do that in the future, but where do you see gaps? Despite all these successes, despite all these happy stories, where do you see gaps in the services that are being offered to our veteran population?

MS. SILVA: Well, you did a great job. (Laughter) So we focus our priorities on our advocacy efforts, really focus on increasing access, whether that is for warriors who are trying to access mental health care, being innovative about the nature of that care -- telehealth -- whatever can -- if it's a rural area, being open to making sure that they can get services in their community. All those things

related to the MISSION Act and other, they're very important so the warriors can get care where they are, particularly mental health.

But the same challenges exist when they're trying to access physical health. If we can get them into care, whether it's -- when I say through the VA system, that could be at a VA facility or in their community and using different options through choice, et cetera. So that's important to keep the warrior at the center and then what is most impactful for that particular situation. Transitions are a problem in making sure that we don't -- we try and be innovative about that. Getting them transportation to care is really important. If the best care is a facility that's in Oregon but the warrior is in Texas, how can we get them there -- being innovative about that. And so we're really passionate about that.

Women's issues is something that we're focusing on. Access is a huge problem for them as they've told us, and we want to make sure that populations that seem to be most at risk, and that is one of them -- as the VA has said, their suicide rate is higher than male veterans. We want to make sure that we're helping change the environment so there can be greater hours of access and more welcoming.

So those are a couple of areas. Toxic exposure is something that we're very much focused on. We have been able to bring together a team of 19 organizations to focus on getting them health care right now. Over 70 percent have said that they've been exposed to hazardous materials, only 9 percent are getting health care right now. So if we can get them care right now and then support efforts for more research, that will be great, but they need some health care right now.

MR. O'HANLON: Anything you want to add to that, Melanie?

MS. MOUSSEAU: No. And just to supplement with women's issues, one of the stats that I think doesn't paint the most productive picture, but the importance of women's issues and why that is a focus is the rate military sexual trauma within our population. Again, that wounded, injured, and ill. But 4 out of every 10 female veterans that are registered with us had encountered military sexual trauma during their time in service. So importance of recognizing the support that's necessary with that, being able to get to the mental health resources to help them work through those challenges so that they can live the most productive life on the back end of that. So I think that augments what Jen said.

MR. O'HANLON: Thanks for your patience over here. Sir?

MR. BRITCH: Hi, Ryan Britch with Iraq and Afghanistan Veterans of America.

I had seen that you had measured both social isolation and community engagement in your survey. Could you talk about any cross tabulation between one's sense of belonging, sense of purpose and their overall health and wellbeing? I see this as one potential avenue that we're really missing here. No matter how good one's mental health care is, if they don't feel welcomed in their society, they're not going to do well.

MS. MOUSSEAU: Absolutely. You highlight something really important, that those elements of isolation and involvement. And one of the findings in the report shows the limited number of individuals that are registered with us that are willing to go out and interact and socialize within their community without their caregiver. So that's certainly something that is a potential barrier for maximizing, as we talked about just a few moments ago, the benefits that come from that connection.

The cross tabulation, absolutely. This initial report that we have here -- and I'll put this out as a call for any subsequent insights -- is digging more into the data, we've got 100+ page report that's sitting with each of you today, but that just scratches the surface. So organizationally we have invested in expanding our efforts to be able to dig further into the data and look at where are those meaningful correlations across factors that we know have significant relationships. So over the next year, we'll be continuing to dig further in and I'd love the opportunity to talk with not only yourself, but others that have an interest in some of the specific subsets of the data. And for anybody that is interested, the report is not only for this year, but also the previous nine years are all available on line.

So, again, happy to talk more about that.

MR. O'HANLON: That's great. Other questions? We've got about 10 more minutes.

Here in the front row.

MR. GOLDBERG: Thank you. Josh Goldberg from Boulder Crest. First of all, thank you for this. And each year you do this it's meaningful. And I'm sure it's a ton of work, so I appreciate the contribution.

This is a question that goes to what was talked about earlier about access, which has traditionally been the hypothesis is if veterans get care, especially in mental health terms -- we'll just focus on -- I think good things will happen and good outcomes will be seen. And what's interesting that I'm reading -- and it's a lot of stuff to go through in a short period of time -- but it looks like the stigma rate is

only about 32 percent and that a lot of veterans are going to mental health, are seeing specialists, are seeing specialists 5 times and yet -- I mean the numbers are woeful, right? The depression -- and we're not just talking like PTSD, we're talking severe, like well above clinical thresholds PTSD, which would, at least in my inference, and I have bias, would suggest that the system isn't the panacea that we think it is and that just getting access to mental health care in the current approach isn't working very well.

And like I said, I know I have some confirmation bias on this, but my sense is that if the data is saying that -- and I just -- or are saying that -- I'm just wondering if you could speak to that and in that context, when you speak about Warrior Care Network and the other work, what does that innovation look like and then how does that innovation then come back into the VA to make those 5.6 visits actually meaningful and not solve every problem, but at least get people below massive levels where they're not going to leave their house because their struggles are so vast?

MS. SILVA: That was a lot. (Laughter) I can speak to in the Warrior Care Network. So what we see, and I know given your role, you're very passionate I'm sure about evidence based care and then care that really works and what is working for that warrior. So what we do is we try and -- again, I'm going to mention transitions -- but we get the warrior into care. It's a disease of avoidance, and so if we can get them into care quickly and into very good care, it can be a great situation. But you've also got to have follow-up after that care.

So our Warrior Care Network is a 2-3 week intensive outpatient program. They receive a year's worth of sessions in 2-3 weeks. That's great. That's wonderful. First, you've got to get them to say yes to care, they've got to clear their calendar to get 2 or 3 weeks availability, and then afterwards, what are you doing. We integrate the family into that model to make sure that they know what they're going back to, we integrate the VA into that so -- I mean, that system is big and most of our warriors are using it to some degree, so getting that follow on care, both within the VA and then other partners where they can get good outpatient therapy afterwards, after this great intensive program is something we're passionate about. When we then measure those results of resilience, the PCL-5 afterwards, 100 days afterwards, a year afterwards, they're maintaining.

So they start really severe, they get to a really great level after the 2-3 week program, but what are they doing 100 days after, 6 months afterwards? We see, yeah, it rises back up a little bit, but

they're more functioning, it's less disruptive for their life. So to me groups like Boulder Crest or groups like Cohen Veteran Network or Centerstone, whatever, or Headstrong, whatever is going to work for that warrior. We're part of, you know, whatever collaboration is going to work because that referral between organizations -- maybe what you all are offering is working for most of them, but those that need something that is back in their home, maybe it's telehealth, then let's get the answer for that warrior.

So that's why our reach as a group, as a collective group, needs to be so strong.

Maybe you can speak to some of the data you talked about, but that's kind of how we see. We want to meet the warrior where they are and get them whatever care works for them. It could be through the VA. It's not the panacea, I agree, but it could be through other organizations as well.

MS. MOUSSEAU: From the data perspective, we saw early in the video that the rates of mental health injuries, like PTSD, depression, and anxiety were at the 70-80+ range. When you then drill down and look at their current status within those, we're seeing that it's approximately 60 percent are in that severe category of PTSD and approximately 40 percent have the severe depression.

I think the opportunity to drill down and look at of those individuals that are at that extreme level for both PTSD and depression, where are they relative to accessing care? Have they been the ones that are endorsing the barriers being more impactful, are they the ones that are of the 51 percent that have sought treatment, or are they the outliers that haven't seen that. So I think that's really that next level analysis.

MR. O'HANLON: We'll go to the woman in the back and then come back here for a follow up.

MS. LIEBERMAN: Hi, my name is Liza Lieberman. I'm with Mazon, a Jewish Response to Hunger. We're a national anti-hunger organization.

We're really concerned about the rates of insecurity among veterans. I'm noting some of the employment survey questions that you asked as well. And I'm just wondering if you can speak a little bit about the interplay of some of the work requirements that we're really concerned -- I mean unfortunately I've heard some really tragic stories about a veteran with a disability who maybe -- they're disability is recognized by one of the estate agencies, but maybe not the state SNAP agency, for instance. And we're really concerned that the U.S. government needs to be doing more to connect

veterans and, frankly, currently serving military in some cases as well, to benefits like the Supplemental Nutrition Assistance Program, formerly known as SNAP.

Can you speak a little bit more to that dynamic?

MS. SILVA: I can speak to what we see in terms of our emergency financial assistance approach, which often times is related to either shelter or food in terms of insecurities or just the need, an emergent need.

We invest over $2 million with an internal team and then through another group, Operation Homefront, to make sure that we can listen to what the warriors need in those real emergent situations and get them assistance.

In terms of our -- so we offer that and we see it as an issue. And you're right, also for currently serving. But it's something that we try and make them stable, their financial situation stable and then make sure that they've had their benefits looked at to make sure that they are receiving all the benefits they're entitled to, and then also if they are employment ready, get them that job, not just a job, but hopefully a career, but get them some stability for both the warrior and the family member. We have lots of examples of warriors kind of coming in with -- we had one in Colorado recently where it was a young couple with two young kids living out of their car. It was a point in time the last month had been just one thing after another that really led them to homelessness. And so we were able to -- working a couple of other organizations, but thankfully they walked into our office and we were able to get them that day a hotel for two weeks while they got permanent housing and those types of things.

Organizations who are adaptable and flexible to me are really important for these scenarios, whether it's homelessness or food insecurities because frankly, you're not the Titanic. You can move on a dime. You know, it's great to have good advocacy in these areas, but a flexible agency on the local level is really important for homelessness and food insecurity, in my opinion.

MR. O'HANLON: Come back here, and then probably have time for one or two more after that.

Did you have a follow up, sir?

QUESTIONER: My follow up I think was exactly to your point on the mental health side, which is as big as you guys are, and we're relatively very small compared to that, we're still not $8 billion

budgets and so forth. So ultimately the purpose of philanthropy and nonprofits is to innovate, figure out what does work without the normal constraints and then tie back into bigger systems that address issues to access, the way in which people feel treated, the degree to which they're connected to others.

And I guess my question is from -- because you guys wear a lot of hats -- is from an advocacy perspective and a mental health perspective. What do you think -- and it may be a better question for our next speaker -- is what's the tie back? What's the ways in which the work that's happening at Mass General and Rush and Emory and MGH and Odyssey and Talk and the other work that you do with your partners, how does that tie back to make the system better? Because ultimately that's where most people are going to go get their care.

MS. SILVA: Absolutely. So I feel like I've planted you, because that was a really great question. (Laughter)

For our Warrior Care Network, there's some great innovation that has happened because we've -- philanthropy -- us -- we've been able to innovate and work with four world renowned organizations and develop a model of care that I think is advancing mental health care specific to PTSD. So we've created a great model with lots of great outcomes that we want to give back to a system that can scale. We are investing $250 million in Warrior Care Network. That can be budget dust for some other budgets. So take it back and be able to scale it so more warriors and family members can take part in that program. That's idea, that loop back. Yes, we want more of that.

In the programs that are appropriate for the VA and other governmental agencies, we should do that, have philanthropy innovate, and then take it back.

MR. O'HANLON: We'll do one more question please and then we've got Dr. Lawrence here. What I'm going to suggest after our next question, I did promise you a break. I don't want to completely break my promise, so what I'm going to do is half break my promise. I'm going to suggest that anybody who doesn't really need a break just maybe stand up and stretch while we do a changing of the guard. Anybody who wants a refresh to their coffee, please do it quickly and we'll resume within about five minutes with Dr. Lawrence.

But please, last question over to you, Tom.

MR. BURKE: Thank you. And thank you for everything you do for our veterans. Really

appreciate that.

My name is Tom Burke. I am a Federal Executive Fellow here, but I'm also active duty military. And one of the challenges that I've had, and other military leaders have had, over the years is making sure that we understand the actual nature of the problem with respect to PTSD and depression. One of the interesting phenomenons that we noticed over the course of our military career with multiple deployments is that the soldiers who most often manifested depression and PTSD, et cetera, were not those, curiously, who had actually been in combat, who had actually been on the front lines if you will. What we discovered is that a lot of the folks who were having issues may have deployed to combat but weren't actually fighting, if you will. They may have been on a combat outpost or on a forward operating base, or sometimes never deployed at all.

So this is sort of a curious inversion of what you might expect the evidence to point to. And I'm wondering if you could speak to that and to the sort of the broader point of diagnosing the problems. Is the problem typically associated in your opinion with having seen combat and the belief that PTSD results from that, or is this a broader societal problem that's worthy of exploration not just simply through the Wounded Warrior Project, but with other agencies?

Thank you.

MS. SILVA: I'll start. So I actually do think it's a broader issue I think. In the general population rates of anxiety and depression are up. It's definitely something that -- people who serve are from the general population, right, but what we see within our population is that over I think it's 93 percent have deployed. Some of them to combat areas, but obviously there's different ways to serve within that combat zone. But at the same time, we see that sometimes there's delayed onset PTSD from a traumatic experience that could be do service or other situations. But what we try and focus on is, okay, so they served post-9/11 and they have a diagnosed condition usually. Many of them who identify -- that is a diagnosed condition, whether it's PTSD, anxiety, or depression, and we treat them. And often times there's several traumatic events in their history, sometimes pre-service and sometimes during service.

And so I don't think we get an, okay, everything was great in K-12 and then they went and served and then stuff happened down range. That, yes, but then also sometimes they come into the service with varying coping abilities, various support networks. And so we kind of deal with who we have

in our area. And I think that's very common in -- yes, I think it's a larger issue, but I do think there's definitely complexity when you have traumatic experiences in an environment of combat. And so that is something that we need to make sure our providers are culturally competent and that they are absolutely using innovative care and world class care for our veterans who gave so much.

MS. MOUSSEAU: And just to supplement that, I think the complexity of various issues, PTSD, anxiety, depression are not unique to the veteran or the population that we serve, nor is obesity, nor is homelessness. It's all of those factors when they come together, I think the uniqueness of that in those that were serving amplified the potential implications of that.

So as we continue to go forward and dig further into the data, it's really being able to see those interactive effects, because I think that's really where we're seeing the uniqueness of those who that have been wounded, injured, or are ill as a result of their service.

MR. O'HANLON: So we'll take a quick break now and then I'll briefly introduce Dr. Lawrence. He'll give some remarks and then Dr. Clancy and I will have a follow up discussion.

But please join me in thanking Jen and Melanie. (Applause)

MR. O'HANLON: So thank you for your kindness in complying with my very abridged coffee break. That was very cruel of me; I apologize. But I'm thrilled that we're now moving part two of our discussion, which I think will be every bit as interesting as part one. And we've got sort of a two part act within this, starting with Dr. Paul Lawrence who is an economist, who has studied Amherst and Virginia Tech. He is also a retired Army officer, he is also a distinguished author on management, and he currently is the Under Secretary for Benefits at the Veterans Administration where he oversees 24,000 employees and a budget of more than $100 billion a year, underscoring the point made here earlier that there is, for all the importance of Wounded Warriors Project, an issue of scale as to the different roles that can be played realistically by the NGO, community versus the Federal Government.

Dr. Lawrence has been in this position now as the seventh Under Secretary of Veterans Affairs for Benefits, and just a moment I'll trade places with him and he'll give some remarks, after which he'll have to leave, but Dr. Caroline Clancy, who like we say in my family -- he's the kind of doctor like me who has a degree, she's the kind of doctor that actually get you better if you're sick. (Laughter) And she is also an important official at the Department of Veterans Affairs. And we'll leave a fuller discussion of

her role to the conversation that she and I will have after Dr. Lawrence speaks.

So, please, without further ado, join me in welcoming Dr. Lawrence to Brookings.

DR. LAWRENCE: Thank you for inviting me to what I wrote in my schedule as the first event in kicking off Veterans Month. So thank you very much. And I'd be remiss to those who served much longer than -- I actually didn't retire from the Army, I fulfilled my ROTC requirement -- but I imagined it would be a career, which is why I went to Airborne School. But the woman who I eventually married, when I served in Fort Lee, Virginia said I'm moving to Washington, DC, if you go to Fort Bragg, you're on your own. So that is when God intervenes in your life.

But it's really great to be here. I love interacting with Wounded Warrior Project. I really consider them a class group. I really enjoyed my experience with them. I was excited to come again to this survey. I have to admit I probably would have shown up in the audience had I not been invited because I remember last year's conversation really well. I enjoy working with the staff, they're thoughtful and creative. And one of the things I really liked about Wounded Warrior Project is one of my priorities that I've come -- and when I've been in office is to really be collaborative and think about all the groups that can help veterans and work together. And they have been really great collaborators. And I think the sign of a good collaborator is they'll whisper in your ear, that's a really bad idea, and not tell anybody. And so they've been really good at that and waved me off on a couple of things which I thought were really good. And I'm glad I didn't say them out loud.

So but it's really great to be here. As the introduction indicated, I'm really a data geek. And so I really would have stayed for the survey. And it's great because as Dr. Clancy knows, Mr. Wilkie, Secretary Wilkie, talks all the time to us about VA not being governed by anecdotes, but to really have the data to understand what's going on so that we make thoughtful and informed decisions about how we go about serving veterans.

And so when I read about the things that were going on in your survey, I really got excited because those are the many things we talked about at DVA. What are the outcomes that we're trying to achieve, not just the processes and the spending of the money, but what it is it we really want veterans to have at the end of our time together. You know, I read about it's an impressive 33,000 participants in this survey. We're running a survey right now, our survey rates are much lower. I hope

there's no staffers here. We tried real tried. But this is really impressive. And, of course, you know, following the journey of wounded warriors, because they're such a significant part of what we do, is really important. Learning their habits and where they are and how they convene and what they do are really, really important in the delivery of benefits because, again, it isn't just getting the benefits, it's helping them work through the journey. And what's really important coming out of the survey is the value of education as people seek to improve their lives.

So the survey really helps me understand the journey and the journey helps is figure out what's going on in VA and how we continue to evolve to be there for veterans. And why this is so important is we continue to think about evolution and transformation at VA, and it's sort of ironic because we've been thinking a lot this year about it. This 75th anniversary of the GI Bill, the Serviceman's Readjustment Act of 1944, which set in motion so much of what goes on for veterans. So in thinking about that, we spent a lot of time talking about the education benefit, the opening of college to essentially most of America. And just want to let you know, if you think about what took place in the early 1940s, by and large our country was rather uneducated. I did some research trying to appreciate why the access to college was so important, and if you took 10 people in the United States in 1940, 7 had gone to high school but had not graduated, or had gone to something close to high school, 3 had gone to high school and 1 of those 3 had gone onto college. So by the time we were entering in to World War II, we're virtually uneducated by what we think about now in our country. So education opens the door to college for essentially almost the rest of America, no longer seen as a privilege thing, but one that would educate a broad, broad group of people in the United States. Peter Drucker, management analyst, a smart guy talks about the Servicemen's Readjustment Act, the GI Bill, as the most transformational thing that happens in the 20th century, opening us to being a knowledge society and realizing the value of that.

And why it's so interesting to think about isn't the middle class and the creation of wealth. But I leave you with the observation I thought about a lot as I studied this last year, or earlier this year when we were thinking about it, is because right in the middle of this was the 50th anniversary of us landing on the moon. And I think you saw all the time the picture of the big control room where there were huge screens like this and people sitting at terminals, generally guys -- that's how it was, right, men sitting at the terminals looking at stuff. Yu had to say to yourself, that's 1969, that's 25 years after the law

passes. Where did all those scientists come from, the computers, the statisticians, the physicists. We were virtually uneducated 25 years ago. How did we land on the moon? A lot of that has to be the GI Bill. So you can see the head start it gives us in education.

Now, the other thing that's not much talked about in the GI Bill is the second part of the benefit, which is the no money down home loan, which at this period of time it was virtually very hard to own a home. In fact, for those of who are a little bit older, you might remember that you had to put 20 percent down back in the day, and saving for a home was a very, very hard thing. And I will personally tell you that one of the things I really found valuable about my service was finally getting my Dd-214 and knowing I now could buy a home with no money down well ahead of my peers. And this was only some period of time ago. So that sets in motion a whole series of things.

And if you want to have sort of a funny thing to think about, the next time you're at a mall, a shopping mall, I want you to think about the GI Bill. And let me explain the connect. So when there are new home loan guarantees, there aren't a lot of homes to buy. No one is building homes during the war and people come back and many people were living with their parents and no access to a home to buy because they weren't really being built. Well, a former Navy CV, William Levitt, figures out that what he learned in the Navy was really very valuable, so he buys huge tracts. We're talking thousands of acres of lands in Pennsylvania, plows down the trees, and learns how to build low cost tract homes. That becomes know as Levittown and thousands of people live there now with the home loan that they got from being veterans. Well, to access those roads, to access those communities, the suburbs -- as they would become known -- we had to have to have roads. And once we had roads out there, we needed shopping things, and that was the creation of malls. So you can very well be in Tyson's Corner and say if it wasn't for the GI Bill there would be no shopping malls in the country. It totally transforms our country. So it's really transformational things.

And so why we think about that all the time is because Secretary Wilkie now talks about what's going on at VA as the largest period of transformation since Omar Bradley's time, which was right after the war. And it makes some sense if you think about what we're going through. Since the start of this Administration there have been a series of laws and initiatives that have really set in motion some profound change. And I'll share quickly with you what's gone on. Since 2017 there have been four laws

and one initiative that are really changing what we're doing for veterans. The first is the Accountability Act, which gives us the opportunity to remove habitually bad performers. You see the President talk about it when you happened to see his remarks, he said I came in, passed this law, and now I can say you're fired. That's a brief summary of what the law can do. But it's mostly for the habitually bad performers and that's very powerful stuff, because as you could imagine, Secretary's primary initiative is to provide good customer service to veterans. One of the ways you do that is you eliminate people who have no idea what good customer service is. So that's really big stuff.

Coming out of that were two laws, Appeals Modernization and the Forever GI Bill, which I'll talk about in a minute. After that came the Mission Act, which changes the way we provide care to veterans, offering them more choices, as well as being able to study the location of hospitals, as well as even attracting medical professionals by reducing their loans and things like that.

And, finally, the creation of a joint electronic health record between us and the Department of Defense. This will be an incredibly painful process to go through, but it will be really, really valuable. I think it's estimated to take 10 years, but we can have a seamless record and a seamless journey from being a service member to being a veteran. This will be great. For the folks who understand how benefits work, part of why it takes so long is we have to go find your medical record, and often we can't. Now we'll be able to get it right away. And in a perfect world that I envision, we'll be able to look at you before you leave, forecast what your benefits might likely be. You were in the tanks, this is what happens to folks who were in the armor, this is what's going on. So it's really very powerful stuff.

The things that effect VBA, the Appeals Modernization and Forever GI Bill. Appeals Modernization is going quite well. This gives you the chance -- remember, VA is kind of unique in the sense that if you don't like our decisions you can appeal them. Well, it used to take between three and seven years, depending if it was a good day to get your appeal through the process. Now with Appeals Modernization there are lanes you can go through to get your decision resolved quicker if that's what you choose. In the VBA we process two of those lanes. Those are going well under the 125 days we're required by law to do.

And the Forever GI Bill, again the continued expansion of the education part of the GI Bill, passed in 2017, rolled out in little piece parts over time. We're about ready to implement the last part

of that on December 1 when we deal with the housing allowance. But it had created things like high tech apprenticeships called Vet Tech, more education if you get involved in STEM. Really interesting things for our veterans as their educational experience changes.

So this transformation that Secretary Wilkie talks about is really very powerful, backed up of course by tremendous support from Congress. Secretary sort of politely points out to the cabinet, I think he tell us that we continue to get budget increases and the VA now has its largest budget in the history from whenever as we support veterans in the way that folks want to have use do.

So I guess I would point out that we depend a lot on partners like Wounded Warrior Project, not only for the good advice, but for being there when we do think about stuff. But we also like Wounded Warrior Project -- I mean I think they are very good at holding themselves accountable. We donate money, what do you do, how are you helping the veteran experience. At VBA we conduct a quarterly webinar or webcast about the results. I'll do that tomorrow if you're interested. JP at the back of the room will leave you a card with the website where we talk about the results of our business lines. In many ways I think about VBA as a financial institution within government. We do loans, we do insurance, we process claims and the like. And it's fair to think about how are you doing with that, how are you processing, how are you running the program. So tomorrow at 2:00 o'clock I'll give quarterly, as well as the end of the year report on how we're doing. And just to give you a spoiler alert, we had a really good year. We met or exceeded all our targets. Those are imposed by us, but also some oversight from Congress as well. So that's what we'll talk about. Frankly, and maybe at Brookings you guys can tell me the answer to this, the results are so good I'm raising the targets, because I think we're better than what we can do. So veterans will get more from us in 2020 than they got in FY '19. And that's on our own volition, because quite frankly, the team is so good and we know we can do more.

In fact, we've gotten so jazzed up about that after having been in office for just over a year or so, we realized a lot of the problems and the headwinds that have caused us problems no longer exist. Some of the internal things we've had to work through as well as some of the statutory things that we were able to overcome. We're going to announce tomorrow that we're going to think about FY '20 as what it would mean to be our best year ever. And, of course, since the people that do this are all so young, we're calling it #Bestyear ever. As to what that means for not only service to veterans, service to

our staff, engagement with our staff, as well as engagement with partners like Wounded Warrior Project, because we think that that's what Secretary Wilkie is talking to us about when he says, you know, customer service is my prime initiative.

So that's a quick overview of what's going on. Just one last thing, so December 1 is the implementation of the final part of the GI Bill. That's a promise we made last year when we had to reset because of some technology problems, and January 1 we'll begin adjudicating claims for blue water Navy. It's a law the President signed into effect on June 25. And just to clarify, the law allowed the Secretary to stay decisions until January 1, and that's what he did so we could do the preparation for how you actually process these claims, not the least of which we're getting 28 million records from the national archives of the ship logs that served off the coast of Viet Nam. But we are processing claims now. It's simply the granting that will take place on January 1. So to the extent there has been some confusion about that, we know the Viet Nam veteran's average is 73 and they are waiting for this and we'll be ready to go on January 1.

So that's a brief overview. I have to leave. I'm sorry, but Dr. Clancy and I just talked and so she will answer all the really hard questions. (Laughter) So that's the deal we have when one of us goes first.

But I guess I'll conclude by sort of making notice of what we are approaching. So if you're a veteran, and as you heard I'm a veteran, thank you for your service. If you're a family member of a veteran, and I a grew up in an Army family, thank you for your support. And, you know, gee, if you have friends maybe in your organization that have job openings or the like, I'd urge you to really strongly suggest the hire veterans, you know, as I hope you realize and hope others have emphasized today, when we support veterans, American wins.

So thank you very much for your attention, thanks for squeezing me into your agenda. (Applause)

MR. O'HANLON: Well, welcome to Brookings Dr. Clancy, and thank you for joining us.

DR. CLANCY: A pleasure. Thank you for having me.

MR. O'HANLON: I wanted to really just pose a couple of big broad questions and let you react to where we are in the conversation and more generally any thoughts you have on the state of

veterans today in the United States and things you think we should know about. So I wanted to ask a big broad question to start.

But I wondered if before that you could tell us a little bit about the position you hold at the Department of Veterans Affairs and what it means to be Deputy Under Secretary for Discovery, Education, and Affiliate Networks, if I got that right.

DR. CLANCY: You have it exactly right. And if you actually paid attention, it spells dean. So I tell a lot of people I am the dean (laughter) for Veterans Affairs. I almost have the Secretary trained to say that.

But the VA has some very, very important academic assets, which means that we're constantly focused on some of the problems that this survey and other sources are surfacing and trying to figure out how do we do it better. So today, and yesterday through Friday we have researches meeting over at the Washington Hilton from all across the country and they are presenting their work on pain management, on improving mental health care, on a whole host of issues. And not just sort of the what to do, but how does it work in our system, because that's really the Holy Grail, how do you build a learning health care system in such a way that we figure out not just how to do a good study -- that's great -- but what's the best part is to actually figure out how do we work with our partners in operations to make sure that it not only gets implemented in practice, but wherever a veteran shows up seeking assistance, even if that's on the other end of a telehealth connection, they're going to be getting the best care possible.

So we have research. Most of our facilities, we think all but one, have some effort going in teaching the future health professionals in this country. Now, the partnership with the nation's medical schools goes back to just about the end of World War II, so general Omar Bradley -- and we will celebrate the 75th anniversary next year. We're really looking forward to that. But to put it in balder terms, we support one-third of U.S. medical residents every year, and about 70 percent of practicing U.S. docs have had some training in a VA. So we have a big impact on future health professional, and it's not just docs, it's nurses, it's pharmacists, it's physical therapists. Fill in the blank and we're probably training those folks, which is wonderful.

And the third piece is health care innovations. So we've taken a page from the Wounded Warrior playbook and are partnering with a lot of entities, which is another big theme of Secretary

Wilkie's, is partnerships, trying to figure out how do we do it better. So just to give you an example, we recently had hackathon with MIT's hacking medicine program and it was over at Samsung's building down by Eastern Market. So, you know, all these eager beavers. I thought they were staying overnight. No, I have to say I was a little disappointed they have to leave at 11:00 and go someplace to sleep and then return. But nonetheless, they were all busy trying to solve problems.

While I was there I met someone who had won a prize before, like in the past year or two, and he's come up with a -- he's got a company and a way for a veteran with diabetes to step on a particular pad and the temperature different where a foot ulcer might be forming can actually alert that veteran's providers that they need to take action to prevent hopefully the occurrence of foot ulcers and, really importantly, to prevent amputations and so forth.

So that's the kind of work we do and it's very, very important. But we're not stopping now.

MR. O'HANLON: Fantastic. I wondered if you had any other thoughts, reactions to what's been said today, most recently by Dr. Lawrence. But more generally, I guess, the way to frame the question would be how would you take stock of where we are today in the United States in handling the challenges facing the veteran population? Where have you seen progress, where are you most concerned about unmet need?

DR. CLANCY: Sure. So where I've seen progress a lot is in access. Some of my colleagues and I published a paper right at the beginning of 2019 looking at wait times in our facilities compared with private sector wait times in about 15 major metropolitan areas. Now, it turns out notwithstanding our places where we had big backups and wait times, like Phoenix, because our facilities had not caught up to where veterans were moving and so forth, and we had a little tiny bit of telehealth going on, but now we have a whole lot more. In the private sector, at a very high level, we were about the same. Since then we have improved a lot. And for the most part, the private sector has not been moving as rapidly. So I think access is better and more to the point, we've put a big premium on same day access today if you have an urgent primary care or mental health problem.

Now, that may or may not involve you getting in the car and coming over to the facility. Sometimes an urgent problem is you were supposed to fill my meds and I didn't get them, can you check

that it should come by today or if not, how do I get an emergency supply and so forth, or I need a form approved, or something along those lines. But the point is that's probably 20-22 percent of all of our appointments. So I think access is better.

There is a growing number of studies that show that the quality of care we provide is equivalent to or better than the private sector. So when, you know, the RAND Corporation or a researcher from Dartmouth, I put some faith in that. We can do these studies, but it certainly feels like it has more validity if an external group produces those results. And I think those are probably the biggest areas, can we get you timely access to safe high quality care.

Do we have problems? Yes, we do. Do we have problems that are not seen in the private sector? To the very best of my knowledge, based on my prior life before I came to VA, no. What we have is far more transparency. That is completely fair for a publicly financed system. And this is not to scare everyone, but just to say that what happens in our academic partners' medical centers and so forth, or any private sector facility, does not get that same level of scrutiny.

For the most part, it has actually been a good thing for us. So I think those are where the big improvements have been.

The one other advantage -- and this ties back to Dr. Lawrence directly -- for those of you who care about health care, I mean in a policy sense, you know, one topic that people talk about a lot are social determinants of health. All things being equal, if you have lower levels of education, lower income, housing problems, and so forth, your health is going to be worse. And guess what? Even if you run right into Dr. Oz or the best doctor anywhere, that's still going to be a tougher set of challenges, whether that's paying for prescriptions or the best kind of meter to test your blood sugar, or whatever it is, it's harder if you've got those problems. And for those problems we can provide a lot of support for veterans through the GI Bill, you know, through employment assistance, and a whole host of services. So we see the Benefits Administration as pretty vital partners.

Unmet need, I would say we have a mental health crisis and a suicide crisis in the country. Thankfully it's gotten far more attention among veterans than the rest of the population. But I think the rest of the health care system is slowly coming to grips with this. You hear about this in the clinical community because there's reports about burnout, people feel like this is not giving me a great

deal of meaning. And it used to, but it's not anymore. That's one manifestation. At a time when we have insurance parity, there is still a huge, huge stigma with mental health care. So we have an Executive Order now where we're focusing on suicide prevention, not just for the veterans we see, we do that of course, but for the veterans everywhere. And, frankly, we're going to need the help of the Wounded Warrior Project and many, many other groups to try to figure that out.

MR. O'HANLON: On that point, the Wounded Warrior Project of course focuses primarily, or I think exclusively, on the post-9/11 generation, or I think exclusively on the post-9/11 generation, and that's pushing 4 million individuals I believe, but I think there are more than 20 million veterans in the United States still alive.

DR. CLANCY: Yes.

MR. O'HANLON: Are there certain problems that you see more often with the Wounded Warrior Project population, so to speak, with the post-9/11 generation or, for example, is the risk of acute mental health distress and suicide, is that evident across all veteran demographics?

DR. CLANCY: Well, we know that among veterans the largest number of suicides is in the 55-74 year old age group. The highest risk though is 18-34. And I would guess that's mostly going to be the veterans for whom Wounded Warrior advocates for specifically.

We are now at a time of getting where we have an all volunteer army. One of the issues that we struggle with in health care, and every health care organization struggles with this, is let's be honest, 18-34 or younger, younger than me, are far more tech savvy and frankly they don't get this, you know, come to the waiting room and hang out with your buddies and we'll get to you and you'll be very pleased when we do get to you, but we don't have that much respect for your time. They're much, much more hip to virtual modalities. And one of the people who works for me who is a constant source of insight and intel, more or less tells me with the demands on his time -- he's raising a son by himself, occasionally he's got another job on top of his day job, and he'd like an app for when he's going to the DC VA to tell him how the appointments are running. Well, you know what, I'd like that too. So far my provider doesn't seem all that inclined towards getting it, but when you can sign up for doctors on line with Zocdoc -- you can do this now with VA as well -- why shouldn't we have that kind of capability. And frankly I think younger veterans put a much higher premium on convenience. I get that. There's only 24

hours in a day and if you've got a lot of demands on your time, that's just how it's going to work.

Thank you.

MR. O'HANLON: One last thing from me and then we'll go to the audience for the remaining 10 or 15 minutes. And, again, thank you so much for being here.

This question is a little different. It's not so much a policy question, but I'm picking up on the mental health issue and I wonder if there's a message you would want to give to anybody who might be listening and experiencing mental health distress who is a veteran, or even not a veteran for that matter? Is there a message about what's the first step, what do you do when you're in that moment? If we have this national crisis but we do have capacity to help, what do people who are experiencing the worst of their lows or their anxieties, what do they need to hear from a health care provider?

DR. CLANCY: Well, first of all, if you are in crisis I would want everyone to know about our crisis line, which is 800-273-8255. You might want to put it in your phones right now so you'll always know it. So it's 800-273-8255. And you don't actually have to be standing on the ledge metaphorically. If you feel like you're in crisis, it is a great place to call. And I've been extremely impressed for veterans enrolled in our system, as well as others, how quickly we can reach veterans literally almost anywhere. Several years ago when I was Acting Under Secretary for a year, I actually started getting emails from veterans that said something like I don't know this person, but I saw him on my Facebook, can you help. And the Answer the vast majority of the time was yes, we can help. We can figure out where this person is and -- you know, because we are a very large integrated system and that's a great capability.

I think if there's one advice I would have for everyone sitting here and everyone you know, it's don't be afraid to ask people about it. You know, again, that's the one manifestation of stigma we all deal with. It feels like a little too sensitive to ask someone, gosh, you're seeming kind of down to me, like how down are you and can I help and so forth. Sometimes that feels too private to people, but people get that message nonverbally, and so they don't bring it up with colleagues and so forth. And it is never, never really the better idea not to talk about it.

So if you are worried about someone, tell them, even if this is the furthest -- actual suicide is the furthest thing from their minds, no one is going to mind that you say I care about you and I'm concerned. If the unthinkable happens, not talking about it is horrendous. I've had it in my immediate

family and frankly what I felt insulted about were people who didn't want to say anything. I know they thought they were being very polite and concerned about me and therefore the politer thing to do was not to talk about it. What do you think I was thinking about 24/7? The recent death. So those are what I would want, and that we want to help. And if you have ideas or gaps, please let me know. Caroline.Clancy@VA.gov.

One of the issues that I'm working on in particular is how can we help people in the workforce (a) actually deal with their own mental health resiliency, dealing with emotional stress, and so forth. And a growing number of employers are starting to get into this, which I think is phenomenal. But in particular, for those who deal with the public, which may include veterans, how do they recognize signs that someone is in a bad place. Now sometimes Dr. Lawrence's people are hearing from veterans who say things like I am so frustrated with your system, I could kill myself. Now, often that is a figure of speech, and sometimes it's not at all. And trying to figure out how they can do that, how they can recognize that and express concern and assure someone that there's help available.

And, again, any veteran with an acute mental health problem, regardless of whether they're enrolled in our system, as long as they have not been dishonorably discharged, can come in and we'll see them right away.

MR. O'HANLON: Thank you very much.

Let's go to your questions for the remaining 10 minutes or so. And, again, please wait for a microphone and identify yourself if you could. We've got a gentleman over here please.

MR. RAMCHAND: Hi there, Dr. Clancy. I'm Rajeev Ramchand from the Bob Woodruff Foundation.

One of the results from the Wounded Warrior Project survey that I'm struggling with is this 70 percent of respondents report exposure to toxic substances or hazardous chemicals of the post-9/11 era. I'm curious, is the VA -- I know that they have a registry, has the VA made headway on what diseases and illnesses those exposures might contribute towards or increased risk for? Do we know that?

And then this finding that 9 percent have sought care. I don't know if that's a good or bad number. Should veterans who feel that they've been exposed to toxic chemicals seek care and what

should they be asking their provider? I don't want to put you on the spot. I don't know the answer to that.

DR. CLANCY: No, no, I'm really, really glad you brought this up. Yes, we do have a registry specifically focused on those individuals who have had some exposure to burn pits and we're learning a lot about it. So you've got two things going on. One is a sizeable number of people who've had this exposure, some of whom are experiencing some difficult lung problems.

Now, we still have a lot to learn with how much of that is primary from the burn pits, how much of it is exacerbating some underlying problems that at best were minor to trivial before they entered service, and so forth. And we won't stop until we get some of these answers. And we have some really, really terrific people working on it, both within VA, but also outside as well.

At the same time -- so that's true. What else is true is that many veterans, particularly in the 9/11 era -- and it's funny because it's a reflection of medical success on the battlefield -- the mortality rate has been dramatically lower than in any prior wars or conflicts. That's the good news. The slightly less good news is people come home with more -- the medical term is comorbidities -- that could be the form of serious bodily injuries and it could be so called invisible wounds. And this leads many people to wonder, is all of this stuff related to toxic exposures.

We don't know all the answers, but we won't rest until we do. We're working with the National Academy of Sciences and doing a lot of research internally. In fact, our executive in charge just asked for a full briefing on this. And I was exhausted just looking at the information we have. And so it is a very, very big focus for us.

MR. O'HANLON: Thank you. The gentleman here in the 10th row or so.

MR. MEBHARD: Hi, good afternoon, Dr. Clancy, Greg Nembhard with the American Legion.

You touched on some really good points about what the VA is doing and I guess the advancements in scheduling and in access and everything compared to the private sector. We -- and I use the term "we" because we veterans are really good at spreading bad news about the VA -- we have often succeeded in doing that very well. I have a lot of veterans that come up to me and say I don't go to the VA because of this, this, and this. And a lot of times it's because of something they heard from somebody else, not even their own experience.

Programs like what we're doing here, Dr. Lawrence's updates, these are really good things about getting the good word out there. Have you been able to measure just how well these are doing, how much we're getting the word out about the VA through programs like what we're doing here?

DR. CLANCY: I'm going to say this as diplomatically as possible, I can't say that that kind of communication is one of our strongest assets. I mean coming from VA. So to the extent that your organizations can help us, that's greatly appreciated.

But, you know what, you learn a lot when people complain. And we're so acutely sensitive to that that in all of our facilities now, we do something called V for veteran signals, where we're getting a lot of real time feedback. Now, some of this is about predictable things -- I had to wait for 15 minutes or that clerk wasn't as nice as he or she could have been, and so forth. But that feedback gets to the right place and we deal with it. And sometimes it's surprising. You know, in one network they got a lot of complaints about pharmacy and we're sort of surprised and almost a little hurt because they thought that was an area we did very well. Then come to find out, there were some serious glitches and the fixed then. But that kind of real time feedback and reporting is only as good as the service recovery that goes with it.

So really, we have put a very strong focus on that. So when people complain to you, I would tell them to let us know and we're happy to deal with it.

MR. O'HANLON: Anyone else? Time for one or two more if anybody would like. Ma'am, right here. We'll make this the last question.

MS. WATSON: Kate Watson, Your Next Stage. We focus on women vets.

My question is, and maybe there's an answer out here and I haven't read it yet, are you finding -- what are the differences in clinical outcomes from those things that are social media driven, for example, telehealth versus high-touch? Is that something that you're looking at; is there some data out there that I could get ahold of?

DR. CLANCY: You know, that is such a fantastic question. I can't say that we're actively looking at it now, but we need to. There's no question about it. Of course we're excited that we had 2 million encounters last year with veterans via telehealth. And, in fact, I love this -- last week in Eureka, Montana, at the local VFW hall, they now have this special booth -- it looks a little like the Mamavas at the

airport, if you've seen those. I don't think that was intentional, but the point is that it's private -- where veterans can go there for a telehealth encounter. So in areas without broadband access widely available and so forth, this is something of a godsend.

But we still have a lot to learn about when it is far, far better to be in person and when telehealth is just as good. We have a lot of evidence about mental health. So someone from the University of Washington not long ago -- and worked with us a lot to make sure that we had mental health providers in all of our primary care teams across the system -- he told me that one of the residents he thought was one of the best he ever trained was now serving veterans in Amarillo, Texas, but he was not giving up his views of Puget Sound where he lives.

And increasingly, we're going to hear that, but thankfully there's been well over a decade of very strong evidence that that works well.

For other kinds of issues, I think we're still learning. At the same time, we're partnering with an organization, for example, that uses a doctor and coach due, and it's almost all virtual, to help veterans with diabetes. And they're seeing some pretty dramatic results and improvements, which is not a problem health care has excelled at, because it's not easy. Nothing to it, just forget everything you really want to eat and exercise like crazy. Anything else? (Laughter) But, you know, with that kind of coaching and motivational approach that seems to be working.

So I think that we have more to learn about the relative strengths and limitations of both.

MS. WATSON: Great. Thank you.

MR. O'HANLON: Well, let me thank everyone for coming today and thank Joe and Melanie and Jen and Dr. Clancy and everyone else, Dr. Lawrence, and all the veterans in our communities who have done so much for the country and all their families and friends who do so much for them and for all of us.

So best wishes, go Nats, have a great rest of the day. Happy Halloween. (Applause)

DR. CLANCY: And thank you all, thank you all, please, from the bottom of my heart for everything that you're doing. It's hugely important.

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