

November Webinar

OPERATOR: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question-and-answer session of today's conference. At that time, you may press star-one on your phone to ask a question. I would like to inform all parties that today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the conference over to Mr. Christopher Scott. Thank you, you may begin.

CHRISTOPHER SCOTT: Good afternoon and thank you all for attending the conference. Again, my name is Christopher Scott and I'm a Congressional Liaison for the VA Salt Lake City Health Care System here in Salt Lake City, Utah. We're happy to have you all a part of our conference today. Today's topic is VA 101. This topic is a very big topic, as you will see, there are lots of parts to VA. This is just a basic course. VA has many moving parts and many different regulations that we follow and many different things that we offer veterans. And so, as we go along, I will invite you to look back, as we get to the end, to some of the websites that we have listed, to go back and do research on topics that are of interest to you.

Our administration, a little bit about us, when people think about VA, they think about just VA as one entity. The fact is that VA has different parts to it. We have a central office that kinda keeps us all together. We have a Veterans Benefits Administration, and that's the administration that deals with service connection, and pension, and money, as you will see. We have the National Cemetery Administration; this administration is responsible for taking care of our fallen veterans and making sure that they're properly buried and providing those last rites in the cemeteries that you see around the nation. Then there's the Veterans Health Administration. The Veterans Health Administration, their job is to take care of our veterans, making sure that we also work with families in doing that. We have many facilities across the United States, and we also have facilities in Puerto Rico, American Samoa, Guam, the Virgin Islands, and the Philippines.

Our shared purpose; as much as we are scattered throughout the nation and in different areas and different parts of VA, our whole shared purpose is to build the trust and lifelong relationships with veterans, their families, caregivers, and supporters. We do that by working with each one of you and each one of your veterans to do the very best every day that we can to support our veterans. Just a little bit about who we are, and it's a pretty busy slide, but roughly there are 22.2 million veterans that we've estimated around the United States. VA has about 356,000 employees that take care of veterans. The slide kind of depicts to you where we sit as an employer. Just so you kinda know that, when you ask if so-and-so works with what—in a specific spot like Salt Lake City here, we kind of look at you and go, "Well, there's 2,500 employees here." Sometimes we know them and sometimes we don't. There are lots of employees that work with us. This video here, this is a video, and what I'd ask you to do at the end of the presentation when it becomes available online, is to download the video and take a look out at this particular video. Videos in the WebX conference aren't able to be viewed, but I wanted you to have it because it really does show what veterans think when they first walk into VA, and I think that's an important thing to share with you.

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So we're gonna start off today's topic of VA 101 with the Veterans Health Administration. In our administration with the health topics we can provide veterans, we have mental health care, long-term care programs, pharmacies, chaplain support. You can see those things that we're able to do. In the mental health care, all our facilities now have 24-hour access to mental health care. Veterans can come into our emergency rooms or into our mental health providers and get the care that they need. We offer long-term care programs in both the home and out in the community to take care of veterans long-term. We have pharmacies. Our chaplain supports, in our hospitals, especially, we have chaplain support. Our hospital here has five chaplains. At a moment's notice, if you needed somebody to come be with you, we could make that happen. We have caregiver support and housing for veterans. The caregiver support program is a very big program out there where we can take care of veterans in their home and have people take care of veterans in their home, and actually pay a caregiver, in many instances, to take care of our veterans when they can't manage their care in their home. That's a great thing to look into.

Our women's health care; almost all our hospitals, if not all our hospitals, have a women's health care system within it where our women veterans can feel safe and get the care that they need. A lot of veterans that look at the VA, especially women veterans, don't understand that we have a specific women's health care place. I think it's important to point out to you because veterans, when they're service-connected, and we'll talk about that later, we are required to take care of all their health care needs. With our women veterans, this includes the whole gamut of health care that they are entitled to and we're happy to do that. Our geriatrics and palliative care system take care of aging veterans and those that need specific help in moving through life and the issues associated with that—getting older.

Preventative primary and specialty care, this is the bulk of what VHA, the health administration, provides veterans in the community. Preventative—and I ask veterans to look at every day when they tell me, they say, "Well, why should I come to VA?" Well, in the military, and I was a military veteran as—I am a military veteran as well, we used to have to, in the military, go get that screening once a year. Preventative health care is nothing new to us, we're just gonna continue that at VA. We do that by going to a primary care provider and having them do a physical and taking a look at our whole health care needs. Once those needs are looked at, our providers at VHA have the ability to reach out and request specialty care within our system. That specialty care is significant in that they can ask to have mental health look at us, they can have an orthopedist look at us. If you look at our military today, we have big orthopedic needs because we run, jump, and leap tall buildings at a single bound in the military and then come home. Specialty care may be dental, specialty care may be physical therapy, it could be as a variety of things that we have at our disposal, neurological care. We have the ability to provide specialty care in substance abuse to veterans who are struggling with an addiction. We would invite veterans with those types of addictions to come see us and see what we have the ability to provide for them. We do some kind of unique things as well in the weight programs that we offer, trying to have—help veterans with the management of weight and the eating and dieticians. We have dieticians that can go into rooms and help veterans just manage those types of issues. Our integrative health is another thing, trying to wrap our arms around our veterans. In some cases, we're able to offer dental care to veterans. You see the link there for

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the caregiver toolbox, and I would invite all of you to go to that link when you get the moment to do that.

VA is unique in that, through the years, we have done some of the most amazing things to not only take care of veterans but to also take care of the public in general. If you look through this list here, the first electronic medical system, the first clinical video telehealth. Telehealth is a program in which we are able to go into a veteran's home and provide help, or we're able to reach out, in many cases, thousands of miles to another clinic and provide health care for a veteran. You see that next part that talks about telemental health. Salt Lake City is a telemental health hub for the United States, one of a few out there. We provide telemental health to veterans over a million miles. We can reach into their homes and have those conversations with veterans to help them move forward with their mental health and care. We do My HealtheVet, that's a way that we secure message back and forth to veterans and a unique way to go out into VA and get your prescriptions and do some things, pull down labs and different things. The SCAN-ECHO is a conversation between providers, not only in the VA, outside the VA. We have a whole bunch of mobile apps available to veterans. Some of my favorite—well, one of my favorites is the PTSD Coach that is out there. PTSD Coach allows the veteran to link into it and find new ways to get your feelings back into place and relax a little bit and get stress under control. I would invite veterans and caregivers to reach out and download that app. We also have kiosks that you can sign in at and stakeholder portals that veterans—people concerned about veterans can help them.

Long-term care here, this is some of the unique things that VA does differently than a whole bunch of other type systems such as Medicare, Medicaid, Indian Health Service—we have the ability to do some things in long-term care that aren't normally done anywhere else. Between the geriatrics care, the adult health care, we can provide care for the provider. Sometimes the provider needs a break and that respite care is a very good way for a provider to take that two hours or three hours they may need just to rejuvenate and get back into taking care of our veterans. We do some hospice and palliative care, hospice being end-of-life care for veterans, taking care of them. Nursing home care, this is the unique thing as well. Veterans who are service-connected, and you'll see that later on, who are 70% service-connected, have mandatory access to nursing home care. Many veterans would feel comforted to know that towards that end-of-life where they really need the help and somebody else can't provide it, that VA can step in and provide that care. And then we have domiciliary care as well.

These are some of the research things that we've been able to do. We have research going on all across the nation. When you think about, "Why stay with VA?", this is the reason that you would stay with VA. We've done ground-breaking work in diabetes, kidney function, especially here in Utah where we're working with kidney function, simple things to make your kidney stay—survive longer. We also have unique—different prosthetics that we're working on that you'll see in the future, but you can see here, too, many of our researchers have attained some of the very elite prizes available for the ground-breaking work that we've done. When we talk about VA and looking at getting into the community, this is a reason you would stay with VA. It's critical, research is critical. A few of the facts that are out there, we complete 96% of all of

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our appointments within 30 days. We do our very best to get you in as fast as we can. We have very high scores in the quality of care that we provide. We operate the nation's largest integrative health care system. So you have access around the nation.

These are some of the integrative health—and integrative health really is moving into a whole health partnership with a veteran in saying not only what your current health state is but what is it that you would like to do. What would you like your health to do for you? We work with all of the different things, such as post-traumatic stress, depression, back pain, headache, arthritis, fibromyalgia. We really work to integrate that whole health with not only our whole health teams but with our patient-aligned care teams that provide care throughout the nation for our veterans. We wrap our arms around them in a whole type manner of care for them. The VA, in this opioid reduction piece, we've been able to reduce opioid reduction 22% since 2010. This is a national crisis right now with opioids. We are really, really reaching out to try to get our hands around veterans who need the help the most.

The MISSION Act, and this is a very busy slide, but I will tell you that, in the last year, things at VA have drastically changed. Currently, we are changing how we offer care in the community. This kind of depicts what this congressional law signed by the President stated on what we would be doing in the future, consolidating our community care programs from eight into one, expanding the program of comprehensive assistance to family caregivers. Really it allows us to provide, in two years from now, care to all veterans who meet the criteria of needing a caregiver. It provides VA some flexibility to look at infrastructure and do some building and different things that we need to take better care of our veterans and strengthening our ability to recruit and retain our health care professionals and provide for them. This really talks about what that law entailed.

But what you need to know is, what do you need to do when you go to the community for care? Many veterans don't understand that assessing community care, you have an obligation, you can't simply walk out into the community and walk to your doctor, and say, "I need you to treat me because I'm a veteran." That's not how it's done with veterans' care. Veterans are able, if they go through the right procedures, to get care in the community. So, this kinda tells you the model to look at as you need to get that care in the community: schedule that appointment with your provider, work with the team to see that you're eligible for community care, and then move forward, and getting the help that you need in the community. This particular slide shows you what you need to do to get care out there effectively, and, more importantly, to make sure that VA is taking care of paying for those appointments you have in the community. This is different than an emergency care piece, I will tell you that. Emergency care, as you know, you have a 72-hour need to reach out and notify VA that you've been in an emergency room and ask that emergency room to reach out to have VA take a look at paying that bill. VA will look at it and it may or may not pay for the emergency care depending on what the situation is. So, a little bit different.

So, some of the questions that we see most are: How do I find the facility? How do I apply? How do I access medical information? And, what types of facilities are there available for veterans?

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This is the best telephone number to call and, actually, one of the best places to go on the web. The va.gov website, within the last week, has just got overhauled. You should be able, now, to easily—more easily move around that website and get the information that you're looking for. But this VHA hotline is absolutely critical in trying to get help not only within the state that you reside in but other states that you may be going in if you're interested in finding other VA locations. It's also an excellent resource to resolve issues with billing and issues with care. So, I would encourage you to reach out to this telephone number and give those folks a call. Other ways to apply for health care, of course, there's a telephone number for the vets.gov website. You can go to explore.va.gov, another absolutely fabulous website that gives you three to five-minute videos that you can watch. That's kind of a unique thing to a younger population, we all like to go out to YouTube and watch videos on how to fix stuff and do stuff, but what if you could get a video on how to fix your health care or a disability claim or a benefit that you're looking for? It's so important to have that access right at your fingertips. The Health Eligibility Center is where you mail your applications, so that's there. And then, of course, always in our hospitals and different clinics, you're able to come in with your VA form 10-10EZ, the enrollment form, and enroll for care. We're able to help you as we—as almost all facilities have enrollment folks at 'em, at least most of our major hospitals have enrollment divisions within them.

This is the medical information I was telling you about, accessible on My HealtheVet. We encourage veterans to enroll in the system. It allows you to look at your prescriptions, at your medical care, allows you to download all your medical care, it tracks appointments so that you can see your appointments. Sometimes veterans struggle remembering appointments, and this is an excellent website to help remind you of when those appointments are. You can review the notes in case you've forgotten what your physician has talked about or you can download those notes and take them to a private physician so that they're able to see what's going on in your medical care as well. Maybe there's a CT scan that they would be interested in looking at the results on or something like that, or your lab tests. You can go to this website and download those types of information.

These are the types of facilities that we have out there. Of course, our medical clinics is the big one. We have rehab centers out there in the community as well. Our clinics are community-based outpatient clinics. Those are the little ones that you see away from the main hospital, which are closer to home in many cases. We have our integrated service networks out there. The Vet Center, we'll talk about in a minute. My biggest one—we've talk about research—but my biggest one to tell you about is the Fisher Houses. We are so proud to have Fisher Houses as part of our care that we offer to veterans and their families. Fisher House offers veterans' families a place to stay, free of charge, when a veteran is getting care across our nation. Here in Utah, we do cardiac hearts, we're one of five that take care of hearts for veterans, and families come from all over the United States to stay in our Fisher House, free of charge, while that veteran gets a new heart or the bypasses that they need. Perhaps it's simply that the veteran's family has a child at the Primary Children's Hospital, which is close to our Fisher House, and they need to take care of them. Fisher House offers a great place for a family to stay while their loved ones, our veterans, are getting the care that they need.

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Vet Centers, I told you we will talk about, Vet Centers is unique. It's a different way to get mental health care outside of a hospital environment. They do all kinds of different counseling for veterans, combat veterans, and veterans who have military sexual trauma. It is a place where veterans are safe and, also, it is a restricted record. The hospital system part of VA does not see the Vet Centers, the care that they provide veterans. Veterans who want that anonymity, perhaps they're working in some public sector that they want just to get the mental health care they need without providing any information to big government, this is a place they would go to get that care. It's also a wonderful place close to home for veterans who are struggling and aren't necessarily wanting to come into the VA. They have different types of counseling that they can provide. They also provide care outside of normal hours of our outpatient clinics—outpatient mental health clinics. So, in many cases, they can offer those weekend—to meet during a weekend or to meet in the evening as veterans get off of work, knowing that many veterans aren't able to come into the facility because they're working. So, I would encourage all veterans to go out and check out their local Veterans Centers and become a part of that group that has that discussion. They can also assist in discharge information, they can help getting service-connected disabilities, all of those things.

We're gonna talk next—we're gonna move forward out of the hospital administration to the benefits administration. These folks, I look at them as kinda this piggy bank describes, as the "money folks." These are the folks providing money to veterans. The hospital does a little bit of that, but not nearly on the scale that the benefits administration provides different types of money to veterans. The benefits that the VBA provides includes compensation, compensation for service-connected disabilities. The dependency part of that compensation is part of the dependency indemnity compensation where a veteran passes away from a service-connected disability or we're taking care of those veterans who fall during combat. The VA has a large role in taking care of dependents and making sure that they are able to function as well. We provide pensions, and we'll talk about pensions, a low-income program for veterans who served during a combat era. We have the ability through the fiduciary programs to reach out and manage veteran's disability or survivor payments when veterans or the survivor's not able to manage their money to make sure that that veteran or survivor has a roof over their head, food on the table, all their bills are paid, and then provide them money that they would need as they go through their life. We provide insurance to veterans, both life and mortgage insurance. As you know, we have the home loan guarantee. That helps banks with veterans—offer money to veterans for their homes.

Education programs, as you know, the GI Bill, we provide education to veterans around the nation with retraining and educational assistance type programs, and moving veterans forward in getting their bachelor's, their master's, their degrees, their certificates, all kinds of things that our Veterans Benefits Administration is able to do for veterans who are looking to get care or looking to get their education improved. Vocational rehabilitation and employment is a way to help a veteran obtain a new skill so that they're able to move—sometimes, if you can imagine, a veteran who was a mechanic like I was in the army, turning wrenches, comes off of active duty and is no longer able to do the same job that they were while they were on active duty. In other

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words, I can't turn a wrench anymore because I can't lift the starters and the generators and do some of the engine work, so voc rehab has a piece where they can step in and retrain me to do something different, maybe computers, maybe all kinds of management types of things, whatever you can conceive that we can do, it could be done through voc rehab, but you have to reach out to us and ask for help. We also have a way of helping veterans get employment. Not only through the veterans' benefits branch, the administration, but also through our state partnerships that all of us have to reach out and help veterans get employment out in our communities.

Service-connected compensation; so VA pays disability compensation to veterans who are disabled by injury or illness that incurred or aggravated during active military service. Also, there's a couple other things that we do with disability compensation along the lines of where a veteran is located during their term of service. Sometimes, whether that be over in Vietnam or Camp Lejeune or other places around the world, there's some presumptive disabilities that we look at. We also do some disability compensation when your service-connected for one illness that then creates another issue such as diabetes starting out just as normal diabetes, then it moves on to be neuropathy in your legs or problems with your kidneys or problems with your heart. Those are the types of disability compensation. That compensation is paid basically on how a disability affects a veteran's ability to work. That's the reason we're paying the compensation. The injury or illness does not have to be part of combat-related and a lot of veterans that you'll see tell you, "Well, I was never in combat." And you need to look at that veteran and say, "But did you get that disability during your term of service?" Because it's really there that we were kind of loan to the government for their use. That disability did not have to be incurred during a period of war. And, in fact, many veterans have sustained injuries while they're simply doing physical fitness in the morning, physical fitness regimes that we do. If it occurred there or anywhere else along the line, they could be service-connected.

If we grant service connection, VA takes on a liability for the government for that disability, saying that we understand that while you were on active duty, or as a result of active duty, you incurred this disability. When we can't fix the problem, such as hearing loss and providing a hearing aid, we provide compensation for that disability as it affects your ability to work. So here, below on this slide, it talks about the monetary value we pay at certain percentages of disability. Everything you can imagine can be requested to be looked at for service compensation. If I use an example such as ringing in your ears, [inaudible] has a 10% service connection because VA can't fix that ringing in your ears, and it affects your ability to work. So, there's \$136 a month paid to veterans with that disability once it's service-connected. Other disabilities, perhaps PTSD, perhaps back injuries, all have a disability percentage assigned to them, and then combined, we pay on the combined disability. Some veterans are rated at 100% service-connected and make nearly \$3,000 a month for the rest of their lives. Supplementing income—that's rated above 30%—this is something I will point out to you that's very important to understand is that veterans, once they're service-connected, it kind of correlates over to the hospital system. You can see that here in that veterans who are 30% service-connected, they get to add their dependents to their award, but they also get travel benefits for that 30% service connection. 50%, we'll talk about later, allows the veteran's copayments to go away.

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70%, as you saw on the slides before, allows us to do some things for nursing homes and pay for care in nursing homes for veterans. The benefit is not affected by other sources of income, except when receiving IU. Veterans can be rated at 70% and be paid at the 100% level if they are unable to work because of their service-connected disability and the benefits branch grants individual unemployability. So, it talks about the date we receive the claim, and what I would just tell you is, "Make the claim." That's the biggest problem that we have with veterans coming to VA, not only with the health care system enrolling but also with the benefits branch. Apply for your benefits. Allows us the opportunity to look how we can serve you.

Non-service-connected pension is a low-income program. This program allows veterans who are—served during a combat era to maintain a living standard at the poverty level or above the poverty level. Veterans who are permanent in total age over 65, or under 65, who cannot work, who served one day during a combat era, are eligible for the program. You have to apply for pension. Basically, we bring your income up to the level of—the pension—maximum pension level. So this talks about that criteria: served at least 90 days, served at least 24 months after 1980, September 7th, one day on active duty during a wartime period. But how many people do you know in your community who live on less than \$1,000 a month? 1,097. Who live on less than—as a single person--\$13,166 a year. Many of us know people in our community that get social security of only six and \$700 a month who would qualify for pension and VA would make up the difference to bring them up to at least a reasonable living level. These are the wartime periods that we talk about. If you look, Gulf War veterans, so you have a veteran who's a Gulf War veteran coming home, gets hurt in a car accident, that comes home from a deployment, they would qualify for pension, and we could take care of that veteran for the rest of their lives. Veterans who are homeless, who have no other money coming into them, in many cases we can help, not only on helping them find a home, but we also have the ability to help them with pension.

A little bit—a few of the VA facts that are here: As you can see, we've processed 1.3 million claims back in 2016. That grew last year, the year 2017, and, again, this last year as well, and the amounts of money that we pay for veterans' benefits. Some common questions are: What are my benefits? We hear this all the time as we do outreach in the community. Am I eligible? How do I apply? I would tell you that, "Let's just take a chance and do the forms that are required to get you service-connected, and do the enrollment forms, and let's get you moving forward with VA benefits." Here's some links that you can go to, the explore.va.gov, it's an excellent website. You can call our call center, that 800-827-1000 number. Used to be that was a dreaded number with VA, but now calls are answered 70—well, I would say, probably 75% of the time and you're not on hold more than a few minutes anymore. It's not like it used to be. Make that call and you'll be surprised at how fast an operator that works for VA gets on the line and is able to provide you information. And then there's also publications that are online, the Benefits Guide that can give you great information. This just talks about how to apply, ebenefits.va.gov, excellent place to go in. With that you link you can also jump across to My HealthVet and look at your care there.

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Some of the facilities at VA, just a quick note with employment centers being out there. We do some things virtually. The regional office is located in all of our states. Actually, there are regional offices, a few of them in some of the bigger, larger states. Check online and find one close to you. National Cemetery Administration, these are the folks that take care of our veterans as they are interred into our national cemetery. Oddly enough, Arlington is not a VA cemetery. That cemetery is maintained by Department of the Army. We offer burial stations for veterans and eligible family members. It's important to know that veterans' family members may pass away before the veteran does and we have the ability to take care of them in our national cemeteries, and this talks about that. We also work with our state folks to take care of veterans in state-funded VA cemeteries. The opening and closing and the cost of the grave are taken care of by VA for veterans. There is a cost for the survivors' spouses and family, some family members that are authorized to be in our national cemetery system. What I would tell you to remember with VA, as a veteran, is that everything coming up to that national cemetery is your responsibility. The funeral home, some of those things that you would do prior to being buried in our cemetery, you'll take care of those, and VA may step in and do some reimbursement. We also do perpetual care. That means that gravesite that you go to will always be maintained and always be taken care of, always showing the respect necessary for our veterans. VA has the ability, and we provide every day, headstones, markers, and medallions for those gravesites. Sometimes that's done in private cemeteries. Markers are done in private cemeteries, headstones are done in cemeteries. Some veterans like their big headstones, it's a private headstone, but you have the way to put a bronze medallion on that headstone to just show anyone out there that this was a veteran. We provide burial flags to loved ones, we provide presidential memorial certificates to veterans who are honorably discharged under honorable conditions. That's to every veteran that's served this nation—their family, as a way of saying thanks for what you have gave to our nation. And we do some construction grants. And we also do some for both state and tribal cemeteries.

Little bit of about VA, they do wonderful work. 75% of our national cemetery employees are veterans and they continue to win awards across the nation for customer satisfaction. It really is an amazing—when you go to a national cemetery. Just some questions about how to get involved with the national cemetery: burial benefits are available, am I eligible? That's a big question that we see asked all the time. And, again, we invite you to go out to the explore.va. website and it gives you that information so that you can obtain the care that you need in the cemeteries. Also, reach out to your state folks and they can help you along the way, and veteran service officers that we'll talk about in a moment. Here's how you arrange a burial, you can go to the cemetery.va.gov website, you can also call them, and they can help you get those arrangements made. Most of our folks that take care of burials know how to work with VA, so reach out to them and ask them to help you with the forms that you need as well. A little bit more about what you'll need to do a burial, the biggest part here is getting that 214 that you will need. What's not listed on here, there's a website that you can go to, the www.archives.gov, [spells out "archives".gov] website. You can obtain your 214 from that website if you need it for your personal use and disability claims and enrollment in VA health care, but also for burials. We have a way to expedite that out with a phone number for you.

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These are some of the additional services that are available to veterans and their family, the big one here being that My VA 311. That's kind of a new telephone number at your fingertips that you can call. In this, when you download the presentation, these two links here on the service-connected matrix, I invite you to look at that. That is a wonderful place to go just to get a broad sense of VA benefits. Last thing I would tell you on this slide is letting veterans, and really anybody, know about the Veterans Crisis Line. We lose 22 veterans a day in this nation. We find that they're reaching out to that crisis line is helpful in that moment of need to really resolve issues and get the right care to veterans, and maybe it's just a family member that you need to reach out to. The line works for both, but to get to our veteran line you simply press one and you dial in. Many of you know homeless veterans, have them reach out to our homeless phone number. And, again, the crisis line here, the homeless veterans—Ending Veterans' Homelessness, we are always trying to help veterans who are homeless and out on our streets. We have the ability, in my cases, to put them in places with roofs over their head and heat in the winter. It's so important to take care of veterans who are struggling. The crisis line we talked about. Just making sure—and texting. The new generation loves to text. Send a text to the telephone number there and start a dialogue, a conversation with a crisis line worker who has the ability to help you perhaps move to a better place in your mental situation.

We do great things with VA and suicide prevention. This talks about that prevention. Not only with inpatient care, we also do much outpatient care with veterans. Oops! Went too far, sorry about that. Our veterans service organizations; many veterans don't know where to begin and many veterans may not have the capacity to start an enrollment or a disability claim, pension claim, education claim themselves, but there are amazing people around the United States who help veterans for free. I'm a big advocate when it comes to getting the care that you need for free. Our Veterans Service Organizations, such as the Purple Heart, the VFW, the American Legion, the Veterans of Foreign Wars, and many, many, many others offer services to veterans for free. There are many organizations around the United States today who lure a veteran in to try to provide better—benefits to a veteran or get information from a veteran who, then, turn around and charge veterans for care or for the help. It's illegal to have—to charge a veteran to submit a disability claim or to submit forms for VA. Tell your veteran to go to reputable veterans' service organization. You can find them at the website listed on this.

VA—we also copartner with our state folks for state benefits. Many states have different benefits that are offered to veterans. One here that, in Utah, is used quite frequently is our tax on our homes. When veterans are service-connected, there's a percentage of that tax that is taken off on our yearly tax for our homes. Simply by reaching out to your state folks, state veteran service officers or organizations, they can give you information on what is available in your state. Maybe it's a reduced hunting fee or a fishing fee, or different things that they offer. We have wonderful stakeholders with our states. Here's a point of contact, and this is the last sheet in here, and it really just is telephone numbers and ways to reach out to get the help that you may need in navigating our system. Our system is a very big system. In Congress today, there's 790-some odd bills to change benefits for veterans. So it is really difficult to understand all that is available to you, but if you'll call us, work with our Veterans Service Organizations,

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come into our hospitals and our regional offices, we can help you navigate veterans care and veterans benefits. And, at this time, I'll answer a few questions if you would like.

OPERATOR: Thank you. We will now begin the question-and-answer session. If you would like to ask a question by phone, please press star-one, unmute your phone, and record your name clearly. Your name is required to introduce your question. If you need to withdraw your question, press star-two. Again, to ask a question by phone, please press star-one. It will take a few moments for questions to come through. Please standby.

We are showing no questions by phone at this time, but, again, if you would like to ask a question, you can press star-one and record your name when prompted. One moment, please.

We may have a question coming in, please standby.

And our question comes from Ms. Bentley, your line is open.

MS. BENTLEY: Thank you. Chris, great job today. I just wanted to mention and remind, in addition to our Veterans Service Organizations, we also have tribal veteran representatives and tribal veteran service officers out in Indian Country that can assist our native veterans and family members. Sometimes our native veterans feel more comfortable going within their community and with a tribal veteran service officer. So just wanted to mention that. Sometimes those individuals are accredited through national organizations or through state partners, but they're also a great resource of information.

CHRISTOPHER SCOTT: They are. I think it's very important, too, to ask our Native American tribes and all of those to reach out to VA and ask for us to come out and do some of the presentations, whether it be on benefits or health care, and be a part of your communities. We love coming out and providing information that moves our veterans forward and helping them and honored to do it. Totally honored to do it.

OPERATOR: And, again, to ask a question at this time, please press star-one and record your name when prompted. One moment, please, for any additional questions.

We are showing no further questions by phone at this time.

We are still showing no questions by phone.

Christopher, I don't know if we have any online questions or if you wanted to close out the call at this time?

CHRISTOPHER SCOTT: I looked for the online, I didn't see any online. If somebody would like to send in online, I'd be—

PAULA: We don't—and, Chris, this is Paula. We don't have any that have been received online.

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CHRISTOPHER SCOTT: Alright, so it sounds like we're good there. If everybody's in agreement, we'll close out the webinar at this time.

PAULA: That sounds great. Did you wanna say a couple closing words or did you want me to just close it out and thank everyone?

CHRISTOPHER SCOTT: And I would thank everybody for coming on this webinar today. Obviously you have our telephone number down below to reach out to me. I can also be reached at christopher.scott3@va.gov, and I'm happy to have emails come in and answer emails. We have folks reach out, especially those in many rural areas, reach out to me daily asking questions, and I'm always honored to answer as many questions as I can get to, to help veterans, and to help those that take care of our veterans. For those veterans on the line, thank you for so much for your service. It means a lot to me and it means a lot to our nation that you've served proudly. For those of you that take care of our veterans, thank you so much for answering that call. We owe you as much as we do our veterans in the fact that you take such great care of them. And for those of you that would just like to help veterans find a way to reach out and volunteer to help veterans, perhaps the Fisher House, perhaps our homeless Valor House here in Salt Lake, or different places around the nation that you can help veterans, we are always honored to have our volunteers. It's a wonderful thing for all of us, especially here in our hospital. So, again, thank you for coming and I wish you all the very best.

OPERATOR: Thank you. That does conclude today's conference. Thank you, again, for your participation. You may disconnect at this time.

[end of recording]