

*Borne the Battle*

Episode # 235

VA Secretary Denis McDonough

<https://blogs.va.gov/VAntage/86600/borne-battle-235-va-secretary-denis-mcdonough/>

(Text Transcript Follows)

[00:00:00]

**[00:00:05] OPENING MONOLOGUE:**

**Tanner Iskra (TI):**

Oh, let's get it. Monday, March 29, 2021 Borne the Battle brought to you by the Department of Veterans Affairs. The podcast that focuses on inspiring veteran stories and puts a highlight on important resources, offices, and benefits for our Veterans. I'm your host, Marine Corps veteran Tanner Iskra. Hope you all had a great week outside of podcast land. It is my personal 100th episode of hosting *Borne the Battle*. You know, way back in episode 134, when my predecessor Tim asked me what Tanner Iskra's *Borne the Battle* was going to look or sound like, I know I gave some answer that probably sounded smart- or probably sounded dumb- but in my head, I had no idea. I was like, "Whoa, okay, what is this going to look like?" So, I hope within the past 100 episodes that I've figured out a show that you can appreciate and take something away from. And I've had a blast. I've had conversations with some incredible Veterans. I've been inspired countless times by our guests, and I've learned a lot with our Benefits Breakdowns. And Tim, if you're still listening, I've got only 34 more to go to pass you.

Past couple of weeks, we've been celebrating it, letting you know it's coming up, but today is Vietnam Veterans Memorial Day. If you haven't yet, please seek out a Vietnam veteran today, give them a hearty welcome home or thank you, as it's, unlike my generation, it's something they didn't receive by either the government or by the community when they came home, and many of them have made it their mission to ensure that the following generations never felt or never feel the same thing they did. So, if you're a Vietnam veteran, thank you for all that you've done for me and mine. Welcome home, and I appreciate you.

Couple of ratings. One new review this week. This one is from Mojave Rick- love the name, by the way. Mojave Rick gives five stars and says, "This is a great service for Veterans. Thanks for keeping us informed. I'm 4 years out of a 31-year career and I still feel like I'm in transition. This is a nice way to stay informed on veteran issues and hear stories of inspiration. Keep up the good work!" You're not

alone, Mojave Rick. I think I've heard from somewhere, I can't cite the source right now, but I think they read somewhere that for every year that you were in, it takes a half a year to readjust. And I understand that. I went through a lot of that myself. Back in episode 140, one of my first episodes, Danny Chung, Marine Corps veteran- he's now the Chief of Staff for Microsoft's Military Affairs program- he said pretty much the same thing that you did. A couple episodes later, Navy veteran Stephen Holley, CEO of Carry the Load, he talked about how he didn't think that that feeling will ever go away. And I think that's okay. I think both are right. I think that the military has forever changed us through a shared experience. And I think that's what bonds us. And again, I think it's okay. Again, you're not alone. As always, appreciate the feedback every week. If you're so inclined like Mojave Rick, please feel free to leave a review on Apple Podcasts. It's not only a good way to communicate directly with our podcast here, it helps get *Borne the Battle* recognized by more Veterans in podcast land that are out there listening to other podcasts at the same time through different algorithms and stuff.

Okay, before news releases- you know I normally don't interject in the discussions within our veteran community anymore. Most are politically charged, and politics, you know, frankly, isn't to be involved in what I do here. Part of my job is, and I realized I have a political coming on, but he's big daddy. Sec VA, right? So, you know, that's the exception to the rule. We want to know from the heads of state, from the direct heads of state, what their plan is to take care of Veterans, but politics isn't to be involved with what I do here. Part of my job, I feel, is to provide information to the community, and then they can discuss it. So, it kind of grinded my gears this week when I saw social media post talking about veteran homelessness and saying that \$0 goes to fight veteran homelessness. When I literally read it off about every dollar that is spent every program in VA to fight that very thing. So far in my count, 1.7 billion has been spent within the last 365 days. The American Rescue Plan, the CARES Act, and the normal appropriations bill equal \$1.7 billion between two administrations and two separate congresses. 700 million in direct support to fight veteran homelessness and another 1 billion with a "B" to fund state VA homes which keep a roof over many of our older Veterans' heads, and I'll be reading off that one here right after this. My point is, if the argument is return on investment, outcomes, fine. But to say there are \$0 going to support homeless Veterans is just flat wrong. And before we influence our veteran community, before setting the stage for an intelligent conversation that can support the community, we need to do a better job at checking the facts first. If you have a basic fact that is

that wrong, you lose the credibility of your entire argument, and we can do better than that.

All right. Busy week. Getting off my soapbox. I've got- count them- six news releases, but they all pertain to you. So, I'll be brief, but we're going to go through them.

First one says: for immediate release, the Department of Veterans Affairs and American Red Cross announced a partnership to boost volunteer recruitment efforts for the Department's Compassionate Contact Core Program which provides companionship to Veterans experiencing social isolation during the COVID-19 pandemic. The program allows physicians, chaplains, nurses, and social workers to pair volunteers with Veterans who are experiencing loneliness, are at risk of social isolation, or could benefit from a companion. Veterans and volunteers are matched based on common interests, with volunteers making regular phone or video calls to Veterans. Volunteers must be 18 years of age or older, successfully pass a background check, and complete training on confidentiality, privacy, customer service, empathy, compassion, active listening, and boundaries. Volunteers do not have to be Veterans or clinicians. Veterans who are interested in participating require a referral by a VA clinician. Interested volunteers can find available opportunities at their local VA or at <https://www.redcross.org/volunteer/volunteer-role-finder.html>.

Okay, next one says: for immediate release, the U.S. Department of Veterans Affairs awarded a contract in mid-March to transform the operation of the GI Bill to a digital platform, improving education benefits, and customer service delivery to nearly 1 million students served each year. Referred to as the "digital GI Bill," this platform will enable VA to call, email, text, and chat with GI Bill beneficiaries, grant the VA immediate access to beneficiary records and respond to questions from colleges and universities instantaneously. VA is using \$243 million- okay, here we go, the investment- under the CARES Act to support the digital GI Bill modernization overhaul. For more information on the GI Bill, visit <https://www.benefits.va.gov/benefits/>.

Okay, number three. For immediate release, this year's Department of Veterans Affairs Center for Women Veterans 2021 Trailblazers Women Veterans Leading The Way campaign celebrates the contributions of 27 women Veterans representing all military branches during and after the military service. The campaign showcases the impact that these trailblazers have made on a single event or action or demonstrated over time in areas of education,

employment, entrepreneurship, homelessness, law, mental health, and wellness. Learn more about the 2021 Women Trailblazers at <https://www.va.gov/womenvet/cwv/trailblazers2021.asp>. You can also follow The Center for Women Veterans on Facebook and Twitter @VAWomenVets.

Okay. Fourth one says: for immediate release, the Department of Veterans Affairs released a mobile app on March 18<sup>th</sup> that offers step-by-step guidance for those who are trying to support someone they care about and for those who are concerned about their own emotional wellbeing. Developed by the PREVENTS Office, the How We R.E.A.C.H. coaching tool includes five actions to take when reaching out to someone in need or when you are reaching out for help yourself. It provides additional resource information and suggested language to use when starting that often very difficult conversation. The tool is a key component of REACH, the first ever national public health campaign focused on suicide prevention. Established in July of 2020, REACH aims to engage everyone with a goal of changing the culture of mental health and preventing suicide among Veterans and all Americans. It was developed with the help of military and veteran service organizations and in collaboration with other organizations that have pledged to assist with the dissemination of this potentially life-saving app. This is apparently not on any app store to download. You have to go to <https://www.reach.gov/resources/tool/> and then you get a prompt to download on your device. I was on my PC when I went there myself, and I haven't downloaded it yet.

Okay. Number five says: for immediate release, the Department of Veterans Affairs recently announced the strategic review of the Electronic Health Record Modernization program after Secretary Dennis McDonough's initial assessment of the program within its first month in office. And we actually talked about the whole program a little bit in this episode. The strategic review consists of a full assessment of the ongoing Electronic Health Record Modernization program to ensure continued success for all future EHR deployments. This assessment period will not exceed 12 weeks. VA's ongoing analysis of the Mann-Grandstaff initial operating capability post-deployment activities have precipitated the need to a schedule shift while Columbus is currently scheduled to remain as the next go live site. The order of subsequent deployments may be revised as a result of the strategic review. So, it looks like they're identifying pain points and fixing them up. I personally hope to see it all cleared up because getting the DOD and VA health record systems to talk to one another in an electronic form will be a great

thing for Veterans. No more- it'll no longer be incumbent on the veteran to scan it into the VA system, which is great.

Okay, and the last one says- and this is the one I was talking about earlier on my soapbox- for immediate release: the Department of Veterans Affairs announced that it will make grants totaling \$1 billion with a "B" to state veteran homes operated across the country to ensure residents continue to receive high quality care, live in modern, safe facilities, and are protected from the COVID-19 pandemic. VA is appreciative to Congress for providing the funding for these grants, and the American Rescue Plan, The Coronavirus Aid Relief and Economic Security Act as they were amends to the Consolidated Appropriations Act of 2021. Saw a lot of memes out there. Again, saw a lot of memes out there in social media land about Veterans not receiving any funding. I'm here to tell you 1.7 billion in funding within the last year between two administrations and between two congresses to fight just veteran homelessness and to support housing Veterans and state veteran homes. Okay, I'm off my soapbox! I'm off it! I'm off it. But I'm going to break this part down for you. For the most recent funding included in the American Rescue Plan, \$500 million to provide grants through current capital grant program for construction of state veteran homes, \$250 million designated for grants related to the operating needs based on each state's share of total veteran residents and nursing home and domiciliary care, 150 million from the CARES Act designated for grants for capital needs for construction funds to modify billions, to prepare, prevent, or respond in order to mitigate their risk of COVID-19, and \$100 million designated by the Consolidated Appropriations Act for 2021 for grants for emergency payments to existing state veteran homes to prevent, prepare, or respond to COVID-19. To learn more about state veteran homes, go to [https://www.va.gov/geriatrics/pages/state\\_Veterans\\_homes.ASP](https://www.va.gov/geriatrics/pages/state_Veterans_homes.ASP).

Alright, so promo-ing this week's guest for the past couple of weeks didn't jinx us. It stayed on schedule. Alright, right? And I hope this is a start of a good trend. This week's guest is the new boss. And just like with any of our secretaries, I hope it's the first of many appearances here on *Borne the Battle*. So, without further ado, I bring to you the 11th Secretary of Veterans Affairs, Denis McDonough. Enjoy.

[00:14:00] Music

**[00:14:07] Interview:**

**(TI):** And we're live. Secretary Denis "the relentless" McDonough. Thank you for coming on "*Borne the Battle*."

**Secretary Denis McDonough (SDM):** Thanks for having me. I'm really psyched to be here.

**(TI):** First one on camera, by the way. Trying this out for the first time- the studio with the CDC guidelines. We're honestly- we're actually in the same studio right now. But they did a really good job making it look like we're- that way we can have our masks off and have a good conversation.

**(SDM):** I love it. I love it.

**(TI):** Now, you know why I dubbed you "the relentless," correct?

**(SDM):** I have a hunch.

**(TI):** During the hearing, I was counting. I was kind of playing a game with myself how many times you were saying "relentless." And you were saying relentless for many things on behalf of Veterans. You're going to fight for this and that. Why did that word keep coming up in your mind in the middle of that confirmation hearing?

**(SDM):** Yeah, it's really a good question. And I think for a couple of reasons. One is, you're talking to a lot of different people in a confirmation hearing. First and foremost, obviously, you're talking to the Senators. Because this is a really important constitutional responsibility to have, advise and consent. So, I wanted them to hear my seriousness, and it's really hard sometimes to find words that kind of match the emotion. I say to people: if I could hire on one attribute, I would hire not on where you went to school or not on, kind of, where you come from, I would hire on hunger. And I was thinking about that for the hearing. I was trying to think what's the adjective that I would use to quantify my hunger in demonstrating to the Senators, to the President, by the way, because he's the one who gave me an assignment that said I need to be a staunch advocate for Veterans. So, I wanted him to hear it. And then, of course, maybe most importantly, I wanted Veterans to hear it, and I wanted them to hear a word that connoted this sense of hunger for doing this job. Because you've got to be hungry to do this job well, I think.

**(TI):** Yeah.

**(SDM):** And relentlessness is what I came up with for- as the proxy for that.

**(TI):** You talk about being asked to do this job, and you were a former White House Chief of Staff. Did you think this was going to be an easier job? Has anybody ever told you that this is not an easy job?

**(SDM):** Well, I- what I know is that this is a job. I guess what I think about when I think about opportunities to serve, I think about mission, and I think about the people you get to work with.

**(TI):** Okay.

**(SDM):** And so, when the President- if he is President-elect at the time- when he called, and he offered me the assignment, I went first to mission.

**(TI):** Okay.

**(SDM):** And I thought, "What better, more honorable mission than to serve our Vets?" There is none. But then I also went to the people, right? Not only the people that you get to serve, but the people you get to work with. And I got a chance to see a lot of really great leaders come through VA or spend their careers at VA. And you know, so people like Bob McDonald come to mind.

**(TI):** Sure.

**(SDM):** Sloan Gibson, Tony Principi, Jim Nicholson. I just spent time with both of them on the phone- well, on video- yesterday.

**(TI):** What did y'all talk about?

**(SDM):** I asked her for further advice.

**(TI):** Okay.

**(SDM):** I'm trying to- I'm continuing a tradition that I followed in the White House from Josh Bolton; he was President Bush's last Chief of Staff.

**(TI):** Okay.

**(SDM):** He hosted a dinner- a lunch- for incoming Chief of Staff Rahm Emanuel and all the living Chiefs of Staff. So, I continued that in 2016 for Reince Priebus. So, we had about 17 of the living Chiefs of Staff back, Republicans and Democrats. Fully off the record, no discussion, but it was really valuable to be able to share unvarnished advice.

**(TI):** I think in that position, you need that.

**(SDM):** Well, and in this position, you need it too. So, that's why I reached out to all the formers.

(TI): Outstanding.

(SDM): Secretary Wilkie has got other responsibilities right now, so he couldn't make it, and Secretary McDonald had a speech, and Secretary Peake also. So, we'll do a couple of rounds of that.

(TI): That's good to hear. That's good to hear it.

(SDM): Yeah.

(TI): Getting advice from former, that's- absolutely. Now, you were also hit up in that hearing by many congressmen about community care. Some wanted to ensure community care stayed, some didn't. Some wanted it to go away completely. What I didn't see a lot of is that nobody referenced what Veterans wanted.

(SDM): Yeah.

(TI): Or they didn't say what they heard from their constituents about what they wanted. What did you see or what did you pick up on in those exchanges about that? About that particular item?

(SDM): It's really interesting. It's interesting as you say that. Now, I guess I want to, before answering the question specifically, I want to just mention that off and on over the course of the last three weeks since I've been here-

(TI): Yes, sir.

(SDM): I've just picked up the phone and called some Veterans to get their advice. So, especially 10 days ago, we spent a lot of time calling Veterans in Texas and Oklahoma.

(TI): Okay. How do you go about doing that?

(SDM): Well, I talked to Ray Kelley, who is our VSO liaison, and I said, "Ray, I-" and this is based on good advice from Rich Stone, Dr. Stone. I kept asking as the storm got worse and worse, I said, "What are we- what do we need to be worried about that I'm not asking about?" And Rich kept bringing it back to vulnerable Vets. Somebody who is at home on oxygen and all of a sudden doesn't have power. Somebody whose telephony is fully based on power.

(TI): Yeah.

(SDM): How are we in touch with them?

(TI): Especially because a couple of weeks ago that was a big deal.

(SDM): No power and all of a sudden and no water.



(TI): Yeah. Especially in Texas.

(SDM): Yeah, exactly. So, Ray worked with several of our VSOs, and we just- I found some people to call and I called them. The reason I bring this up is a couple of those Vets volunteered their observations on community care without me having asked about it.

ISRKA: Oh, wow.

(SDM): I asked for advice. I asked how they were doing. Were they getting everything they needed? Then I asked for advice on how to handle a job. And two of the Vets volunteered that sight unseen. So, your point is a good one, which is: it's on front of mind for our Vets. So, now, what about in the hearing? Well, this is why I think the President has asked me to be an advocate for Vets.

(TI): Yes, sir.

(SDM): He wants me to see the questions here, the policy questions from the eyes of the Vets, and that's why I've focused so much on- focusing on access and outcomes. And nevertheless, even though the debates in Washington sometimes don't verbalize that the Vet is front and center in a policymaker's mind.

(TI): Sure.

(SDM): They're trying to get at, kind of, how do we make this big structure work?

(TI): Well, of course. It's a big ship with a tiny rudder.

(SDM): Exactly. And-

(TI): hard to turn sometimes.

(SDM): Yeah. Yeah. And so, what I heard, so when you say, what did I hear? What I heard is making sure that we fulfill two principles. One is access to care- timely access to care.

(TI): Sure.

(SDM): For Vets.

(TI): Absolutely. And then the other principle is maintenance of the integrated system that the VA is in a world-class fashion. And what you- and the reason that those two principles sometimes appear to be in conflict, although I think they need not be, is because a lot of times here in Washington, the discussions are more about dollars and cents. And so, the question that I think we have to figure out going forward is how/are we making sure that we are getting the

dollars into the world-class integrated health system that is the VA while also getting dollars to our who need timely access to care in the community and making sure that those don't come at cross purposes.

**(TI):** Yeah.

**(SDM):** And that's a trick.

**(TI):** No, it's tipsy.

**(SDM):** Yeah.

**(TI):** It could tip either way, one or the other.

**(SDM):** Exactly. Which is why we're going to be really clear about this. And I've had a really good conversation, going back now two months, with Senator Moran on it. Also, really good conversation with, Chairman Tester, Senator Sanders- former Chairman Sanders. And so, I think this is going to be one of the issues that's going to have to be front and center for us.

**(TI):** Very good, very good. You mentioned also in the hearing, "greatest impact to Veteran." Whatever the greatest impact is to Veterans- that was going to be one of your priorities. When you say "greatest impact to Veteran" what did you mean by that? How do you determine greatest impact? Is it through studies, polls, service prioritizing Veterans' choice? Is it a mixture of all of that? How do you prioritize greatest impact?

**(SDM):** Yeah, so I think there's - I think I'd say a couple of things about that. First of all, impact, especially on healthcare but also on benefits-

**(TI):** Sure.

**(SDM):** Can be measured in terms of access and in terms of outcomes- quantifiable outcomes to the health of the Vet, to renewal, rejuvenation, new opportunities.

**(TI):** Yeah.

**(SDM):** And those - so, outcomes we have to be very focused on. Sometimes we get overfocused on what we're putting into the system, we get under-focused on what we're getting out of it. And what we have to focus on in terms of outputs has to be outputs for Vets, quality of life, healthcare performance.

**(TI):** If we're putting a shiny new toy into the system, it better have a good outcome.

**(SDM):** Right. Or if we're arguing that we're doing a great job because of how much we're spending instead of arguing that we're doing a good job because of the outcomes that Veterans are getting, that's what I mean. So-

**(TI):** Best efficiency out of the money that we're putting into something.

**(SDM):** Best efficiency, but also best outcome for the Vet. Is that knee surgery working?

**(TI):** Yeah.

**(SDM):** Can he get back to doing what he wants to do?

**(TI):** Yeah. Are we effectively taking Veterans off the street?

**(SDM):** Yes.

**(TI):** With what we're- with the money that we're putting in.

**(SDM):** And not just taking them off the street, but also getting them into jobs commensurate with their skills and their experience.

**(TI):** Exactly.

**(SDM):** Ensuring that our investments in mental health are helping as it relates to substance use disorder. And so, I want to make sure that we're focused on outcomes, and we have to measure those, that's one. Two is- this is why the Veterans Experience Office is so important. And we just got a new director of that office, John Boerstler. He's right up your alley; he's a Marine.

**(TI):** Oorah!

**(SDM):** Oorah! But he's from Houston. And the first couple of days, by the way, he's joining our meetings, after he swore in, he's joining our meetings from his phone because he doesn't have water, power in his house.

**(TI):** Oh wow. Yeah, yeah, yeah.

**(SDM):** Right? And just- this is really important because I got a note over the weekend from a spouse in Wyoming. She hadn't seen her husband in a year. He's in a VA retirement home. She'd seen him through a window-

**(TI):** Oh wow.

**(SDM):** But she hadn't been with him. So, he had just gotten a second shot, she said she was about to get his. She was so eager to see him, right.

She contacted our office and because the good work of John and Debi Bevins and Jackie, Coley, and a couple others, she got to see her husband.

**(TI):** Wow.

**(SDM):** The first time in a year, which is great.

**(TI):** Yeah.

**(SDM):** But when we have an office that's solely focused on the Veteran experience. What is all the services we're providing? How are they being experienced by the Vet?

**(TI):** Well, they have all the data for that.

**(SDM):** Exactly.

**(TI):** They have all the data. But their V-Signals and the survey- and that's why it's so important when Veterans go to the VA hospital, like, take those surveys-

**(SDM):** Totally.

**(TI):** Because that's- you're reading them.

**(SDM):** Yep.

**(TI):** The Veterans Experience Office is actually getting that and then reporting it to you.

**(SDM):** So, that's the second thing. Let me say the last thing, Tanner, which-

**(TI):** Yes, sir.

**(SDM):** That this is so- and there's ways for us to do that and statistically significant ways and all that stuff. And so, that's important and that, as you say, it's really important that Vets take those surveys. But then the last thing is, I just want to underscore that what the Vet experiences is important to the performance and to that- our quantification of whether we're doing well, right. That's what I call actionable intelligence. Right?

**(TI):** Yes sir.

**(SDM):** Which is, we want to know what that is. And the free flow of that information should be the lifeblood of a well-functioning organization. Because then we know what the experience is. We know, by the way, because we're keeping data on what the outcome is, are the health interventions working, improving quality of life?

But also, what is the individual experience for an individual Vet. And if we can run an organization that can use that flow of information and the massive investments that the American taxpayers make in the institutions, then I think we're going to do okay.

**(TI):** Very good. Very good. So, on “Borne the Battle,” we always ask Veterans- we always ask them about the time that they decided that they’d join the military and when they knew that that was going to be the next step in their life. Now, you're not a Veteran-

**(SDM):** Yep.

**(TI):** But you’ve served in government administrative positions for many years.

**(SDM):** Yeah.

**(TI):** So, I guess a similar question would be when did you know that the life- when did you know that civil service was going to be the next step-

**(SDM):** Yeah.

**(TI):** In your life?

**(SDM):** Yeah. It's a good question. I still call- we were just talking about this- I still call myself a Minnesotan.

**(TI):** Yeah. I'm still Washingtonian. Yeah.

**(SDM):** Yeah. But my kids are born here, and they keep telling me, “Dad, you say you're going home when we go to Minnesota, but, you know, we were born in Maryland,” they say. So, I grew up in a family of 10 brothers and sisters, and a lot of times I've made decisions in my life by following a brother or sister somewhere just to be perfectly honest with you.

**(TI):** Same with me.

**(SDM):** Right?

**(TI):** My brother was in the Air Force, and so I went to go visit him on base. Totally changed my life. Totally changed my trajectory.

**(SDM):** I love it.

**(TI):** Yeah.

**(SDM):** I love it. I mean, that's the power of family, right. And the power of siblings.

(TI): What was that for you?

(SDM): Well, so, I was a teacher for a little bit, for two years. And one of my brothers was out here working for a member of Congress, my brother Sean.

(TI): Okay.

(SDM): And when you have seven brothers and three sisters, you're close to some at different times -

(TI): That's a big family.

(SDM): Closer to some than others. Yeah. And so, I've always been very close to Sean because he's just older than me. So, I did what I've done a lot of times in my life, and I followed him out here for graduate school. So, he was out here, and I followed him out here for graduate school. But then I saw- fully intending to go back to Minnesota or to go maybe even into, kind of, working in development, right. And, kind of, in Central America or something.

(TI): Still got a lot of family in Minnesota?

(SDM): Yeah. I still have half of my brothers and sisters are there. And a lot of nieces and nephews.

(TI): Okay. Is it a family plot? Is it a-

(SDM): No, there are kind of, everybody's all kind of spread out, you know. It becomes everybody's house at sometimes becomes a family plot because we all kind of like converge.

(TI): I think a lot of Veterans have the same mindset that it's like, "Okay, I'm going to have my career, but eventually-

(SDM): Yeah.

(TI): "I'm going to go back home."

(SDM): Yeah.

(TI): "I'm going to go back home."

(SDM): Well, so here's my challenge on that is I think Kari, my wife may think Minnesota is uninhabitable because it's so chilly.

(TI): My wife- my dad has pet raccoons on the farm. They come and- they come and eat. And my wife's like, "I am never going to have pet raccoons. I'm never going back there." And there was one time I left her at the house; I went to go see my aunt, and the raccoon showed

up with just her in the house. And she didn't like that too much. I totally understand and appreciate that. So, it's been what, sir? It's been what- it's been, and by the time this drops, probably would have been a month, or roughly a month. How's it going so far? How is this going so far? Like I said before, it is not an easy gig

**(SDM):** No. You were saying before did anybody tell you it was harder than everything else? It is - it's a hard job. It's a great job. And it's a great job because of the mission and because of the people.

**(TI):** Yeah.

**(SDM):** I think- I don't know. I would - how's it going? I'd answer this way. One is, I'm going to let other people say how it's going because I think there's - we have a lot of people are getting the service from VA who'll have a view on that.

**(TI):** I like that answer. I like that answer.

**(SDM):** That's the first part of the answer. The second part of the answer is I'm having a lot of fun.

**(TI):** Okay.

**(SDM):** And I'm really getting into this. Issues are really difficult, but consequential -

**(TI):** When you have good outcomes, it's got to be - it's got to be so rewarding.

**(SDM):** I'll tell you what. When we - when the spouse who contacted our office was able to see her husband.

**(TI):** Yeah.

**(SDM):** That means something.

**(TI):** Sure.

**(SDM):** You know, and you think about all the families separated by COVID and the pandemic. And the fact that she got to be with her husband, it's really consequential. So - or vaccinations. The relief that has to be coming from Vets, particularly our - the first tranche was 75 and older and then now we're on 65 and older. The fact that they can get a degree of freedom and hope in the context of the pandemic because of this, the vaccine, is really meaningful.

**(TI):** Yeah. As for current operations, I watched, and you're talking about recent COVID operations within the VA. We recently highlighted Dr. Stone's comments that he, when he was on Capitol Hill, you pointed

that out to me. And I was like, oh, that's - absolutely, we'll throw it on there. The vaccine is getting administered as soon as it comes through the doors at VA.

**(SDM):** Yeah.

**(TI):** Is that why we're seeing the allocations increase? Because every week I'm seeing in the news releases, hey, instead of 150,000, VA's getting 600,000.

**(SDM):** Yeah.

**(TI):** Is that the reason?

**(SDM):** Partially. I think everybody, as supply generally grows every- each of the allotments state by state, and then us and other federal partners are getting more. So, there's some of that. But importantly, there's- about two and a half weeks ago, we got a big bonus of about 200,000 additional doses because we- our VHA personnel were doing such a bang-up job of getting it out the door.

**(TI):** Yeah.

**(SDM):** So, the nice thing is we're trying to demonstrate in the deployment of our capacity that we can do more. And so that when there is more -

**(TI):** Dr. Stone was even saying that. He was like, "Hey, bring me more, bring me more." Because I think you got a question on the hearing, it was like "Where are we at?" And he's like, "I got none. I got none." So, then I, after seeing that- it's funny, it's like as soon as I saw that, then I started to see news releases come out from the VA it was like, "Hey, 750,000, 600,000. So, I was just wondering if that was one of the reasons that we were getting it.

**(SDM):** One of the reasons is there's just more supply.

**(TI):** Very good.

**(SDM):** And, but another reason is when there is places that the HHS has extra-

**(TI):** Yeah.

**(SDM):** They move it to us because we can move it out fast.

**(TI):** Very good. Very good. So, sir, what is your plan? Speaking of vaccine distribution, what is your plan for VA to have an inclusive and an equitable vaccine distribution?



**(SDM):** Yeah. Well, first of all, let me just give you the plan overall. One is, we - while we're getting more supply.

**(TI):** Yeah.

**(SDM):** We're demonstrating our capacity to do more. So, Doc- you just-

**(TI):** Yeah.

**(SDM):** You heard Doc Stone talk about this, we all heard Doc Stone talk about this in his testimony. So, let's show that we can do more, one. Two, let's get more vaccinate tours. The actual, the people who put the shot in an arm, right? And what we also know is that for every vaccinate tour, we need about 10 other people, pharmacists, nurses, other supporting that effort.

**(TI):** Just like a - it's just like a grunt that is out in the field. You need the supply guy, you need the-

**(SDM):** Exactly.

**(TI):** Gotcha.

**(SDM):** So, let's go find those people and be ready. And so, we're looking at a lot of innovative stuff there. Looking at are there Veteran organizations that can help us with that, right? So, that'll be interesting. And then, third is, let's demonstrate new capacity. And the new capacity here is mobile units. Let's make sure that we- VA has a lot of mobile units across the country. Let's use those to get to-

**(TI):** You're talking like the VA Vet Centers and that sort of?

**(SDM):** Exactly.

**(TI):** Gotcha, gotcha.

**(SDM):** Yeah. And let's get- and the mobile van capacity that can get us to highly rural areas, to rural areas, and to make sure that people who are, who can't immediately get to a med center get taken care of. And that's the plan. Then we have to make sure that we're getting to all Vets, right? And so far, the numbers are pretty good.

**(TI):** I've seen some stories. And if you go, if anybody that's listening goes to [blogs.va.gov](https://blogs.va.gov), they can check out the deliveries to rural Alaska, deliveries to rural Montana.

**(SDM):** Yeah.

**(TI):** Those are really cool stories to see. We- have you, are you aware of the Coconut Network out in the Pacific Islands?

**(SDM):** I'm not.

**(TI):** Yeah, so they have something very interesting, how they get to rural Veterans using the Coconut Network, and they call it. And it's kind of like a radio network. They fly planes. It's good stuff. I've got to do a "Borne the Battle -

**(SDM):** I love it.

**(TI):** Benefits Breakdown" on that, so, at some point, because it was great stuff. But so, I'm seeing a focus on rural Veterans when it comes to vaccinations.

**(SDM):** Yeah.

**(TI):** Is there going to be an overall focus in their healthcare moving forward?

**(SDM):** Yes.

**(TI):** You know, we have ATLAS sites for telehealth. Are we going to be opening more of those up? So, you said yes, so.

**(SDM):** Yes. And this was a big topic in my consultations on the Hill before confirmation, big part of the confirmation hearing. Obviously, with the Chairman from Montana, ranking member from Kansas, this is a big priority for them, but it's a big priority for me because a lot of our Vets are in rural communities. And so, you highlighted some of the tools that we'll continue to expand. This question of telehealth and connectivity is going to be- continue to be a central piece of how we provide care, but that's going to require us getting help from other federal agencies. So, we've got to go to the FCC to make sure that they're helping us with broadband.

**(TI):** Okay.

**(SDM):** USDA, the Department of Agriculture, same thing, helping us with broadband. And then we have to make sure that we're investing- and then this gets to community care, we were talking about that before.

**(TI):** Yeah.

**(SDM):** We have to be a good partner at VA. We have to be a good partner with the community providers who take care of our Vets when they're in the community.

(TI): Sure.

(SDM): So, that means paying our bills in a more-timely fashion.

(TI): Oh yeah, they'll appreciate that.

(SDM): They will appreciate it. Well, I'll tell you this. They don't appreciate it when we don't.

(TI): Absolutely. Absolutely.

(SDM): But then, this gets to the last point, which is we have to have the, not just infrastructure, but the people in the rural communities. And so, that means really working the network and really working to ensure that we have rural providers who are our partners. So, I got a good buddy of mine.

(TI): So, reaching out into the community to say, "Hey."

(SDM): Just making sure we've got docs and nurses in rural communities across the country.

(TI): Sure.

(SDM): Which is just, this is a major challenge for rural country, rural states, and rural communities everywhere. And so-

(TI): Oh yeah. I know back home, they're talking about shutting down the hospital because there's not enough people coming in.

(SDM): Exactly right. So, how do we keep those people there so that we can work with the local community so that we have shared capacity.

(TI): Yeah.

(SDM): And that'll be a big part of our effort. And that goes back to the first question you asked around community care, which is we have to do both of these things well. We have to do community care well. We have to continue to do care in the system well because we need the whole capability.

(TI): And we're just talking about healthcare. You know, mental health, I'm sure it's even probably less capacity in the community.

(SDM): Well, that's a challenge everywhere.

(TI): Yeah.

(SDM): Rural, urban, suburban, exurban, we have so much demand for mental healthcare. Here's the good news in that, which is the stigma

is going down, and people are recognizing that health - mental healthcare is every bit as -

**(TI):** Needed.

**(SDM):** Needed as your physical healthcare. So, that's great that people are demanding it. But as people are demanding it, we have to make sure that the supply keeps up. And so, telehealth ends up being really important to that. But the integrated care offered by the VA system, you just can't, you can't shake this. By the way. You've got to check out this story in the New York Times yesterday.

**(TI):** Yeah.

**(SDM):** That about -

**(TI):** Say that again, so I can -

**(SDM):** Yeah. Sorry. You got to check out this story in the New York Times yesterday about a program started by one of our therapists in Madison, Wisconsin.

**(TI):** Okay. Okay.

**(SDM):** They've concluded that actually knowing the story of the Veteran who's coming into the VA system is actually really critical to the outcome of the care that we provide.

**(TI):** Oh, absolutely.

**(SDM):** Which is pretty straightforward, right?

**(TI):** Yeah.

**(SDM):** Guess what, guess what. Only the VA is spending the time with the patients to know their story.

**(TI):** Have you, I mean, do you know we have a podcast on that?

**(SDM):** I do not know.

**(TI):** Yeah. It's called "My Life, My Story."

**(SDM):** Love it.

**(TI):** Yeah. "My Life, My Story." It's a, what it is, it's Veterans stories as read by other people, but it's been-

**(SDM):** Oh my god. I love it.

**(TI):** The Veterans are - signed release forms that go with it, and it's just that what's in there, they get to get to know them part that you're

talking about. That's- we've made it into a podcast, so anybody can go on right now, if you're looking at this and you're like, "Oh, that sounds cool." It's on Spotify, Apple Podcasts, all that stuff.

**(SDM):** I'll listen to it on my run home tonight.

**(TI):** And we're actually looking at getting, and of course I'm speaking on behalf of the producer of it, but they're getting Veteran actors-

**(SDM):** I love it.

**(TI):** To actually read stories.

**(SDM):** Well, that, well, you guys got to check out the story in the Times, then.

**(TI):** Okay.

**(SDM):** The point is that it just makes this case, right. Which is, we're not just all a collection of symptoms, right? We're all people with stories and with hard-earned stories. And look, I also happen to believe that we're all made in the image of God, and we have dignity as a result thereof.

**(TI):** Yeah.

**(SDM):** And so, we've got to make sure that we are leading the charge and how we care for our Vets recognizing that the whole health of that person and that person's story.

**(TI):** Absolutely. Good stuff. I saw a news story last month. The VA house committee voted to fund VA with \$15 billion for their role on the American Rescue Plan. Has that, where are we at on that? 15 billion is a lot of coin.

**(SDM):** Yeah, look, it's a good, it's a big part of it. And I'll tell you, thirteen and a half billion of that. Goes to healthcare at VHA.

**(TI):** Okay.

**(SDM):** And I'll just give you two data points, which I think are pretty remarkable. Since the start of the pandemic, 19 million appointments at VA facilities across the country changed, deferred, postponed. So, 19 million appointments means care has been deferred. And if care is deferred, it could be that the treatment of that care when it actually comes around, may be a little bit more expensive. So, that's why we need the money.

**(TI):** Okay.

**(SDM):** That's one statistic, 19 million. Another statistic, March 2020, telehealth appointments per day in the whole VA system about 2,500. It's 2,487 a day.

**(TI):** Wow.

**(SDM):** February 2021, about 45,000 a day. So, it's like 44,870, something like that. So, you go from 2,500 a day to 44,000, and then you ask yourself, how are we doing that? And there's a lot of different ways we're doing it, but, as many of your listeners know, some Vets have gotten tablets, iPads, and have gotten connectivity to the internet, so they can do their telehealth appointments with their docs.

**(TI):** Yeah.

**(SDM):** If you're doing 45,000 appointments a day, people got to have the hardware and the software and the connectivity to do that.

**(TI):** Yeah.

**(SDM):** So, that's another big part of that.

**(TI):** Absolutely. Absolutely. Very good. As one of the first things that you did here was, it was a memo asking the VA to review policies and determine how to make the department more inclusive for LGBTQ Veterans and employees. What was the impetus behind that? That was one of the first things that you did. What prompted that? And was it-

**(SDM):** Yeah, look, what prompted it is my view that we have to be a VA that serves all Veterans.

**(TI):** Yeah.

**(SDM):** Full stop. And what we've seen is that different parts of the government, DOD, HHS, and elsewhere are making decisions and changes. And I'm most acutely aware of staying consistent with where DOD is so that we can provide the full range of services to the Vets that come out of EA- sorry that come out of DOD.

**(TI):** Okay.

**(SDM):** And so that was one part of it, right? The second part of it. One -

**(TI):** Just making sure you take care of all Vets, and it's just -

**(SDM):** Correct.

**(TI):** Yeah.

**(SDM):** So, one, let's be inviting and open to all Vets. Two, let's make sure that anybody who's served has access to the full suite of care.

**(TI):** Sure. Yeah.

**(SDM):** And so, it's basically a kind of a combination of right thing to do and common sense.

**(TI):** Yeah. Yeah, of course. Yeah. I just didn't know if it was something that you saw beforehand that prompted that or was it more of a proactive thing. Coming in, just know this.

**(SDM):** Yeah. Just like-

**(TI):** Gotcha.

**(SDM):** Let's just get there.

**(TI):** Very good. Very good. Now, everything that we covered, is this all part of your 100-day plan? Much like- I've heard rumors that you had a 100-day plan, much like a Presidential administration. Is that true?

**(SDM):** What I like about 100-day plan idea is I like being put on the clock.

**(TI):** Okay.

**(SDM):** Right? The most-

**(TI):** No pressure, no diamonds.

**(SDM):** No pressure, no diamonds. But look, we are here to serve Veterans, right? Guess who else is on the clock? Veterans. They're living their lives.

**(TI):** Absolutely.

**(SDM):** And we want to make sure that we're providing care and services, benefits on their timeline. Not on Washington's, not on mine, but on theirs.

**(TI):** Yeah.

**(SDM):** So, the idea that really appeals to me about having like, us on the clock, whether that's a 100-day plan or otherwise, is that I want to make sure that we're responsive to Vets in the lives that they're living right now and the needs that they have right now, that's one. And two is, there are some things that are overdue.

**(TI):** Okay.

**(SDM):** Right? The pandemic, we just have to get our hands around that. So, that's going to be priority number one until we're through it.

**(TI):** Sure.

**(SDM):** Whether that's the vaccination and the care, or whether that's getting ahead of the things like the backlog that's resulted in benefits claims because of the pandemic or whether that's related to the fact that we suspended debt collection because of the pandemic. Making sure that people are not squeezed by the economic outcome of this thing, but then also other stuff, which is to be honest with you, it's overdue. And we owe it to the Vets. The electronic medical health record, that's one.

**(TI):** Okay.

**(SDM):** Let's just get that thing on track. Let's hold ourselves to account on it and let's get it done,

**(TI):** I think, you know, and I hope in the future, Veterans don't have to deal with it. And I know the electronic health record is such a good idea because I remember getting every single one a piece of my health records and having to scan it into the VA like, on base.

**(SDM):** Yeah.

**(TI):** I can't wait for the day that Veterans are like, they don't even think that's a thing.

**(SDM):** Yeah.

**(TI):** You know, that's not going to be a thing. It's just like, it's there.

**(SDM):** Yeah. I mean, it's what- like, you know, all the-

**(TI):** And it was incumbent on you as the Veteran, as you in the Marine Corps.

**(SDM):** Yeah.

**(TI):** It was incumbent on- so, if you weren't proactive about it or you didn't know about it. If your staff and CO, officers didn't tell you to do that, it didn't happen. So, it's so good that, I mean, people may overlook the electronic health record, but as someone who had to live through that.

**(SDM):** And let's get it from kind of a good idea to actual, actually real life. Like you say, you know, I can't tell you how many times my kids, like, here's a good example. I'll call somebody. I'm with my kids. I'll leave a voice message on their voicemail, and I'll leave my phone number.



And every time I leave my phone number, they just crack up. And I'm like, why do you guys crack up about the phone number? And they're like, "Dad."

**(TI):** You boomer.

**(SDM):** "That's not a thing. Like, your phone number registers on that guy's phone. That's not a thing." So, we're going to get to the point where people are like the paper medical record, that's not a thing.

**(TI):** Yeah.

**(SDM):** Let's get on with it.

**(TI):** I can't wait for the day to see that. I mean, we did a Benefits Breakdown that'll be coming up on that as well. So, sir, I did reach out to a couple of Veterans- or I did reach out to the podcast in itself for the past couple weeks. I said, "Hey, if you have a question for the Secretary, I booked him. He's coming on. Can you ask a question?" Do you mind taking-

**(SDM):** I might want to surprise you in the future so you can't trap me with these hard questions.

**(TI):** Well, I mean, I think-

**(SDM):** I'm coming on tomorrow.

**(TI):** Sir, I'm always going to have questions. I'm always going to have questions from the audience. No, no, it's good. It's good. Do you mind answering a couple?

**(SDM):** I'd love to.

**(TI):** Okay.

**(SDM):** I'd love to.

**(TI):** First one says, this was from Master Sergeant James S. Calvert Jr. US Air Force retired, emailed us here at [podcast@va.gov](mailto:podcast@va.gov). That's our email. Says, "Why does VA no longer cover chiropractic care massage therapy? VA was covering my chiropractor visits back in 2016, but when it expired and I tried to renew, I was told it was no longer a covered service. I also saw a chiropractor on base when I was on active duty. In both instances, it and massage therapy were way more effective than physical therapy.

**(SDM):** So, the bottom line is that we do still cover chiropractic and massage therapy. And so, I'm not sure who told him that, but the answer is that we do. So, we'll be happy to provide more information on that.

(TI): Okay.

(SDM): So, let's figure out how to get in touch with him. In fact, we can just put somebody on the blower with him.

(TI): Okay. James, if you're watching this, please feel free to email me again, and we'll get it- we'll find out what's going on. And first of all, sir, appreciate you taking these. I want you to, if you come on again, please, you're invited any time, please feel free to see this podcast as a communication medium.

(SDM): I'd love to.

(TI): For Veterans.

(SDM): It's also for fun, so.

(TI): Yeah. Yeah, exactly. Okay. Question two. This is from Anonymous Army Veteran, so he has to be anonymous. "Is there going to be a look into the consistency of how the VA schedule and rating disability is applied either with the training of VA employees who give ratings or what the current interpretation of the VASRD IS. I've seen a lot of Veterans get rated differently for literally the same issues." And I think what he's asking for is- what I think he's asking for is: what's the quality assurance in the training for those that do the ratings.

(SDM): Yeah. So, the fact is that we do spend, we do have invest a lot in training. I think he's asking like, "Hey, why aren't you doing some training?" And the short answer is we are, and we will continue to do more. And in fact, in the bill that you and I were discussing a couple of minutes ago, the American Rescue Plan, there is increased investment for training over at the VBA.

(TI): The Benefits Administration.

(SDM): Exactly.

(TI): Gotcha.

(SDM): To ensure that we get raters up to speed so they can make these rating decisions in a timely manner and in a consistent manner. And by consistent, I mean, consistent with what the circumstances demand. And so, there is training. There's no doubt that we can do a better job of it, and we will continue to do that.

(TI): And I can do an episode on that too.

(SDM): That would be great.

(TI): I think I can do an episode on that, and we could talk about how these are being trained, and we can break it out and really talk about the VASRD, the schedule and rating disability.

(SDM): You know who would be great? You probably already had him on, but Tom Murphy, who's the acting Under Secretary for Benefits. So, Acting Under Secretary for VBA.

(TI): Okay. Career employee?

(SDM): Career employee.

(TI): Yeah.

(SDM): He's now out in St. Louis.

(TI): Okay.

(SDM): He's terrific.

(TI): Okay.

(SDM): He gave remarks yesterday at the Legion. In fact, I called him this morning to say, "Hey, send me your remarks. I'd love to read them." Because I read all the press on them, the remarks are great. But he gets, he can get really into this question on what we're doing to train. And he's got it down to like, how, what are the timelines on which we can do this to ensure that we're training better-

(TI): Okay.

(SDM): For better outcomes.

(TI): I think I'll do one since we got, I mean, we got an email about it. Yeah. Absolutely. Well, Mr. Secretary, I hope you come back.

(SDM): If you'll have me, I'll come back.

(TI): Outstanding. Maybe in a, maybe you can, maybe in 100 days you can tell me how the 100 days went?

(SDM): Let's do it.

(TI): All right. Very good. Again, I hope you see "Borne the Battle" as a personal connection between you and Veterans. And of course, the journalists, and the VSOs, and all the stakeholders that listen to this show. And even though I work at VA, it's not very often a Veteran gets to interview an incoming Secretary. So, really, I appreciate your time and thank you for that.

**(SDM):** Thank you for the opportunity. It's, I was, I've really been looking forward to it, and I'll look forward to coming back on. And I just, let me just say one other thing, which is, Secretary Principi said yesterday President Bush used to say to him, "Take care of our Veterans. They're our nation's most precious citizens." And I thought to myself, that's pretty awesome. I think that's right. And so, it's great to be on the podcast with you, but it's an unbelievable honor to be the Secretary of this department and get the chance to work on behalf of our nation's Vets, our most precious citizens.

**(TI):** Outstanding, sir. Again, I appreciate the time. Well, you're welcome back any time.

**(SDM):** Thanks.

[00:57:46] Music

### **[00:57:53] CLOSING MONOLOGUE:**

**(TI):** I want to thank the Secretary for his time. For more information on Secretary McDonough, he has a very active official Twitter account which is @SecVetAffairs, and he's been writing a lot of op-eds and messages on our Vantage- on our blog Vantage Point at <https://blogs.va.gov/VAntage/> and we hope to have him back soon.

This week's *Borne the Battle* Veteran of the Week is from one of our listeners. Mary Ellen Salzano wrote into our *Borne the Battle* email here at [podcast@va.gov](mailto:podcast@va.gov). She writes, "I want to nominate and give kudos to Army Veteran Justice Eileen Moore for her recent California Department of Veterans Affairs Trailblazer Award. Justice Moore served as a combat nurse in Vietnam in 1966. For over a decade, Moore has volunteered as a mentor, primarily to women Veterans in Orange County Superior Veterans courts, which revealed to her how many women Veterans have been impacted, as she also had, by military sexual trauma. She has committed herself to address military sexual trauma and the causes of Veteran homelessness. Moore chairs and was the impetus behind the 2008 formation of the California Judicial Council of Veterans and Military Families Subcommittee. A highlight of this almost invisible committee is the curriculum development to train volunteer lawyers to represent Veterans who are serving life sentences in prison before the Board of Parole Hearings. California also has 34 Veteran treatment courts, and this committee has set up a listserv so that information and education can be easily accessed and shared. Moore also serves on the Military Veterans Committees for bar associations across the government, including the Standing Committee for Armed Forces Law, as well as the Veterans Health

Committee. She's also an advisor to the Veterans and Military Families Committee for the California Lawyers Association. At the County level, she is an advisor for the Orange County Bar Association's Veterans and Military Families Committee. Moore is also a founding member of U.S. Vets Women Advisory Committee, a life member of the Vietnam Veterans of America and local Chapter 785, a life member of AMVETS, a member of the American Legion Chapter 291, and communicates with the local chapter of the Veterans of Foreign Wars. Finally, Justice Moore is a prolific writer, a published author, and a sought-after facilitator, moderator, keynote speaker, and presenter on issues impacting military Veterans and families. Army Veteran Justice Eileen Moore, thank you for your service.

That's it for this week's episode. If you yourself would like to nominate a *Borne the Battle* Veteran of the Week, you can. Just send an email to [podcast@va.gov](mailto:podcast@va.gov) just like Mary Ellen did, include a short writeup, and let us know why you'd like to see him or her as the *Borne the Battle* Veteran of the week. And if you like this podcast episode, hit the subscribe button. We're on Apple Podcasts, iTunes, Spotify, Google Podcast, iHeart Radio- pretty much any podcasting app known to phone, computer, tablet, or man. And if you've got a little Google Echo or Amazon doohickey, we're on there too.

For more stories on Veterans and Veteran benefits, check out our website, <https://blogs.va.gov/VAntage/> and follow the VA social media, Facebook, Instagram, Twitter, YouTube, RallyPoint, LinkedIn, Pinterest, @deptvetaffairs, U.S. Department of Veterans Affairs. No matter the social media, you can always find us with that blue checkmark.

And as always, I'm reminded by people smarter than me to remind you that the Department of Veterans Affairs does not endorse or officially sanction any entities that may be discussed in this podcast, nor any media products or services they may provide. I say that because the song you're hearing now is called "Machine Gunner" which is courtesy of the nonprofit, Operation Song and was written by Marine Veteran, Mick McElhenny, Nashville songwriter, Jason Sever, and Mykal Duncan. Thank you again for listening, and we'll see you right here next week. Take care.

[01:01:59] Music

(Text Transcript Ends)