Vietnam Veterans of America

Presented by

Richard Weidman

Executive Director for Policy & Government Affairs

BEFORE THE

House Veterans Affairs Committee

REGARDING

Restoring Trust: The View of the Acting Secretary and the Veterans Community

July 24, 2014

Good morning, Chairman Miller, Ranking Member Michaud, and distinguished Members of the House Veterans Affairs Committee. On behalf of VVA National President John Rowan and all of our officers and members, we thank you for the opportunity for Vietnam Veterans of America (VVA) to share our views regarding "Restoring Trust: The View of the Acting Secretary and the Veterans Community." I ask that you enter our full statement in the record, and I will briefly summarize the most important points.

VVA thanks the Committee for the tenacious and bi-partisan pursuit of the truth as to what was really happening at VA over the past several years. The shortage of clinicians that leads to "gaming the scheduling system" is not just a problem the Phoenix VAMC, nor is it just at the other 26 VA Medical Centers (VAMC) reported in the press. It is in fact the case at virtually every Veterans Health Administration's (VHA) service delivery point, both VAMC and the satellite Community Based Outreach Clinics (CBOCs), and the free standing Outpatient Clinics (OPC).

Acting Secretary Gibson has eliminated the perverse rewards system that in effect rewarded people for lying. It appears that he is committed to rooting out those who have lied, and sending them off to seek other opportunities outside the VA, which VVA strongly supports.

Truth in reporting allows for true identification of problems areas, and leads to a timely address and the initiation of corrective actions. This then leads to data that provides information on outcomes of the actions taken. This may be the real road to performance reviews. Without truth there will be no faith in either the VA's numbers, or anything they say in the future.

VVA has been saying for a decade that some VA officials were coming into this hearing room and not tussling the truth. Hopefully, that dark chapter is now almost over.

We do not understand why there has been no re-deployment all VHA staff that have clinical credentials and training, but are currently in a non-direct services provider position, to serve at least 4 days per week in provision of direct clinical care.

VVA also continues to urge that all VHA administrative staff, especially those on VISN staff with non-clinical credentials, to be detailed to work directly with clinical care providers to assist in the delivery of direct clinical care by taking the administrative load off of clinicians. This would include assisting veterans who cannot be seen in a timely manner by a VA clinician to secure timely care utilizing the fee for service program with a private provider.

VVA continues to urge the Acting Undersecretary and the Acting Secretary to work to bring to national scale the "Grow Our Own" program to train clinicians and allied health care professionals, as well as physicians and other clinicians. These veterans would have to work for VA for two years for every year of education provided by VA or pay back the cost of their education. (See appendix)

Further reductions in overhead can be achieved by consolidating the current "policy" chain of command with the "operations" chain of command that currently exist in both VHA and in the Veterans Benefits Administrations' Compensation & Pension Service. We need more direct service providers, we need more claims adjudicators. We do not need more administrators who "pass the buck" between sections/divisions over a veterans' clinical care or treatment program.

VVA also continues to recommend that they direct every VAMC to set up special screening units to be set up and operational within six months to screen veterans for the major "killers" and most prevalent diseases. These units should screen ***ALL*** veterans who are waiting for initial care (not just those who are already service connected compensable veterans) to test for the leading causes of morbidity/mortality among veterans in the VHA system. These would include but not be limited to: mental health (i.e., suicide), heart disease, hepatitis (particularly Hepatitis C), lung cancer, prostate cancer, bladder cancer, colo-rectal cancer, leukemia, skin cancer, and other leading killers of veterans. Those who test positive for any of these conditions should be seen by a VA clinician within just days, not weeks. If there is not the VA staff to meet any such immediate need, then the veteran shall be assisted to secure such services of an outside clinician immediately, through the active assistance of VA staff, and to do so in a matter of days. This would dramatically reduce in-patient stays and early morbidity in the relatively near future.

For the immediate future, VA must junk the "Millman formula" in estimating clinical needs because it will ***always*** underestimate the clinical needs of *veterans* at a geometrically accelerating pace over a series of years. This is because it is a *civilian* formula that does not take into account the special health care needs of military veterans. Develop a formula that takes into account the wounds, illnesses, maladies, diseases, and adverse medical conditions or risks that result from military service.

The VHA temporary leadership, for the first time in more than a decade, is taking seriously the vital need to program every veterans' military history into each veterans' permanent VistA electronic health record, including branch of service, when and where each veteran served, and their MOS on each veterans' VistA electronic health record, so that it is keyed to electronic clinical reminders to the VA providers of care who see such veteran. For reference, see: http://www.va.gov/OAA/pocketcard/
and: http://www.publichealth.va.gov/exposures/providers/index.asp

There is actually a rough outline as to how they will do this, for the first time. We need to keep the pressure on in order to see that it actually does get done.

The cooperation and positive attitude of the Acting Secretary of Health Carolyn Clancy is just really refreshing. Discussions with both she and Dr. Madhulka Agarwal, head of Patient Care Services has brought more progress in the last few weeks, and a new attitude that will result in a much stronger VHA.

They are interested in pursuing the suggestion that VHA mandate that every VA primary care clinician take the Continuing Medical Education (CME) courses regarding medical conditions that may affect veterans as a result of exposures or incidents in their military service, from parasites to cold injuries to toxic exposures to caring for combat wounds. This should be tracked, and should be tied to their annual evaluations. (It is known as the Veterans Health Initiative or www.va.gov/vhi)

VVA has said to VA officials, including the Acting Secretary that VA should seek an emergency supplemental appropriation of "two year" money of what we estimated almost two months ago should amount of at least $2.5 billion that would be used for direct clinical care only. Most of it should go toward hiring more clinical services providers on a permanent basis at VAMC, and some of it should be used to pay for the "fee basis" services secured until VAMC adds the permanent capacity to deliver such needed care in a timely fashion, but which is not now immediately available. That figure may be low, but it is probably as good as any estimate that can be derived before there is a system in place to deliver numbers we can have confidence in as being more or less accurate.

VVA also believes that there needs to be an emergency supplemental appropriation of "two year" money in the amount of $900 million to $1.5 Billion to be used for reconfiguring now unused space at VAMCs for delivering care in short order, or to reconfigure current clinic physical facilities to maximize each clinicians time, thereby allowing for increases in panel size with no diminishment of quality.

It appears clear to us that the new Secretary and the Deputy Secretary will not tolerate any manager or supervisor that takes, or causes to be taken, any sort of retaliatory action against any VA employee who shares the truth with anyone outside of the VAMC or CBOC or OPC or VA. We think it is clear that such acts will result in immediate suspension, followed by proceedings for separation from employment, to include possible loss of retirement benefits.

The Acting Secretary has mandated each VAMC will meet monthly with the major service organizations to discuss policies, staffing levels, funding streams, problems, and to foster more cooperation. These meetings should involve no more than 10 or 12 veteran/military service representatives (VSO/MSO), with significant VSO input into the agenda. In addition, each VAMC should have at least one mass briefing or town hall open to any veteran at least once per year, but they would be start to do so quarterly. VSO/MSO must have meaningful input to the agenda for each such meeting

Real Leadership

Many in the media are very skeptical that the House and Senate, and the two parties can come together to provide the leadership of Congress, both Republican and Democratic, as well as Congressional authorizers and appropriators on both sides of the aisle, that will cooperate with the Executive branch in meeting this crisis. VVA is not pessimistic, but rather optimistic that there will be a workable deal, and that there will be honest collaboration in rebuilding the VA.

We do think that the Committees and the Secretary should seek the help and cooperation of medical schools & colleges, as well as all of the major clinical specialty societies and disease advocacy groups, to assist in the effort to secure more clinicians to work at VA now and into the future.

Seek the cooperation and assistance of other major institutions in our society, such as the Chambers of Congress, small business groups and associations, the Masons, the Elks, Kiwanis, the Rotary Clubs, etc. as well as the faith-based service groups to secure their assistance, particularly in rural areas. Many of these organizations are already quietly helping veterans in their community, but would be willing to do much more if asked.

When the chips are down, America has always responded, and the chips are now down for America's veterans.

I would be pleased to answer any questions you may have, Mr. Chairman

VIETNAM VETERANS OF AMERICA
Funding Statement
July 24, 2014

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c) (19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For Further Information, Contact:

Executive Director of Policy and Government Affairs
Vietnam Veterans of America
(301) 585-4000, extension 127

Richard F. Weidman

Richard F. "Rick" Weidman is Executive Director for Policy and Government Affairs on the National Staff of Vietnam Veterans of America. As such, he is the primary spokesperson for VVA in Washington. He served as a 1-A-O Army Medical Corpsman during the Vietnam War, including service with Company C, 23rd Med, AMERICAL Division, located in I Corps of Vietnam in 1969.

Mr. Weidman was part of the staff of VVA from 1979 to 1987, serving variously as Membership Service Director, Agency Liaison, and Director of Government Relations. He left VVA to serve in the Administration of Governor Mario M. Cuomo as statewide director of veterans' employment & training (State Veterans Programs Administrator) for the New York State Department of Labor.

He has served as Consultant on Legislative Affairs to the National Coalition for Homeless Veterans (NCHV), and served at various times on the VA Readjustment Advisory Committee, the Secretary of Labor's Advisory Committee on Veterans Employment & Training, the President's Committee on Employment of Persons with Disabilities - Subcommittee on Disabled Veterans, Advisory Committee on Veterans' Entrepreneurship at the Small Business Administration, and numerous other advocacy posts. He currently serves as Chairman of the Task Force for Veterans' Entrepreneurship, which has become the principal collective voice for veteran and disabled veteran small-business owners.

Mr. Weidman was an instructor and administrator at Johnson State College (Vermont) in the 1970s, where he was also active in community and veterans affairs. He attended Colgate University (B.A., 1967), and did graduate study at the University of Vermont.
He is married and has four children.

Attachments

Department of Veterans Affairs

Memorandum

Date: 19 FEB 2014

From: Grow Our Own ICT advancement program Project Team Leader

To: Mr. Sullivan, Director, and CAPT Jose A. Acosta, Commanding Officer/Deputy Director,
CAPT. James A. Lovell Federal Health Care Center, North Chicago, IL 60088

Subj: GROW OUR OWN PROGRAM UPDATE

1. Two Intermediate Care Technicians have been identified as potential Grow Our Own PA program candidates to date. The transcripts of these two candidates have been submitted to the Rosalind Franklin PA program. Rosalind Franklin has responded with a potential timeline to graduation as a PA based on the transcripts that the two candidates currently have and the length of time that it would take them to attain the pre-requisites to be accepted into the Rosalind Franklin PA program. The suggested timeline is premised in the candidates continued enrollment in a college level classes pursuing their pre-requisites and fulltime classroom/clinical enrollment while attending the tow years of actual PA school.

2. Mr. Joseph Carney, an ICT here in FHCC Emergency Department, needs 50 credit hours to qualify for acceptance to the PA program. A reasonable time frame to expect him to complete these requirements is 1.5 years, followed by the two year PA program. Following this timeline Mr. Carney should be able to finish his pre-requisites and Bachelor degree by December 2015. He would be eligible for the PA program convening in June 2016. He would graduate as a PA in June 2018.

3. Mr. Richard Baca is an ICT in the New Mexico VA Hospital. Mr. Baca needs an additional 90 hours to complete his BS pre-requisite. Mr. Baca should be able to finish his program requirements by January 2017. He would be able to start the PA program in June 2017. He would graduate as a PA in June 2019.

4. Three additional ICT's have contacted program representatives and expressed an interest in the Grow Our Own program. Once their college transcripts have been received by program representatives and reviewed by our program's participating schools, a prospective timeline will be created for them. The Grow Our Own project

leader will be contacting each ICT that has not already contacted the program to identify other potential candidates that are currently unaware of our ICT to PA pathway initiative.

5. In order to meet the program requirements and estimated timelines the students will be required to enroll in pre-requisite classes as each required class becomes available, in a reasonable timeframe, and to maintain a grade of at least a C.

6. ICT's enrolling in the Grow Our Own PA pathway are eligible for VA National Education for Employees Program (VANEEP). If approved for participation in VANEEP the ICT will retain salary while attending school. Healthcare Talent Management, the VACO administrators of VANEEP, pays tuition, fees, books, and provides the facility with salary replacement. Note: Salary replacement does not pay the participant's salary, it is used to bring in a replacement or pay overtime (facility discretion).

7. For additional information on the progress and status of the Grow Our Own program, please contact the Grow Our Own Project Team Leader, Mr. David Lash, at 847-688-6755, X89451 or david.lash@med.navy.mil.

Sincerely,

D. J. Lash