



# **Report from Puerto Rico: Pride, Problems, & Promises**

*By John Rowan  
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*In December 2006, VVA National President John Rowan spoke with and listened to VVA members in Puerto Rico and went on an unannounced fact-finding tour of VA facilities there. This is what he found.*

At the behest of VVA's Puerto Rico State Council President Jorge Pedroza, I visited the island commonwealth in early December on a fact-finding mission. I wanted to hear first-hand about the issues and problems our VVA members were reporting there. I wanted to seek answers to some key questions, specifically: Is the VA medical center that serves the 200,000 veterans who live on the island and on neighboring U.S. Virgin Islands adequate? Will the national cemetery in Bayamon run out of burial space before new land is designated and prepped to expand its capacity?

Francisco Muniz, who is Secretary for VVA's New York State Council, joined me on this mission. He is a native of Puerto Rico who has lived on Long Island with his family for many years. One of the first things we did was to drop by the VA medical center, which is located in a very crowded hospital complex in a highly developed area of San Juan. It became quickly apparent that there is a dearth of parking at this aging facility. This, we would be told over and over again, is a nightmare for most drivers who arrive for treatment or an appointment any time after dawn.

Walking through the corridors, we passed Room D-1115, the Veterans Support Center. This was "closed until further notice," a sign on the door announced. But "further notice never comes," said Juan Heredia, Francisco's *compadre* (they had served in Vietnam together) and our "guide" around the medical center. This seemed emblematic of the "empty promises" made by VA officials to veterans: While problems fester, any change for the better seems glacial.

We went up to the hospital director's third floor office. I must say it was the dumpiest director's office I've ever seen. Dr. Sandra Gracia-Lopez, the chief of staff and acting director, was welcoming and gracious, in stark contrast to her working environment. She was open to responding to our queries.

Dr. Gracia-Lopez noted that the VAMC serves 66,000 unique patients a year, who make some 700,000 visits. She acknowledged deficiencies in service. The physical plant, she said, needs a lot of work – "several building projects are going on and being planned," she said, although funding is a perennial question mark – but because "we don't have any more land," parking will continue to be a problem. The parking situation has caused some hospital employees "to come very early and sleep in their cars" before reporting for work, she added. Because public transportation is "limited and unreliable," she said, "most patients travel by private vehicle."

Parking difficulties did not suddenly emerge. Parking has been a long-standing problem. Lack of parking often causes missed appointments, which only exacerbates the problem of missed appointments and delays in rescheduling. Although the plan is to rebuild the medical center in stages, this is not optimal. Parking will be even more disrupted, and even if a spanking new facility is built, parking will undoubtedly remain a major problem.

This problem is not simply an inconvenience. Some veterans, we were told, have to leave their homes on the island well before dawn. And if a handicapped veteran is lucky enough to get parking in the designated lot, (s)he still has to walk or push his wheelchair up a ramp to get to the hospital proper.

Dr. Gracia-Lopez noted that four outpatient clinics help serve the island's veteran population. The 10,000 or so veterans on neighboring St. Thomas, St. Croix, and St. John, which comprise the U.S. Virgin Islands, have to depend on outpatient care; in emergencies and for necessary specialist care, they are transported to the VAMC in San Juan. This is hardly an ideal situation. Nor is this a new situation: a 1999 report by the VA's Advisory Committee on Minority Veterans noted the paucity of outreach to Virgin Island veterans by the San Juan VAMC as well as the continued understaffing, especially of support staff, and lack of training and inadequate support for the Virgin Island healthcare staffs by the VAMC.



VVA National President John Rowan and Puerto Rico President Jorge Pedroza address VVA members and families after presenting a wreath at the war monument in San Juan.

In my remarks at a gathering of VVA members in a federal building a stone's throw from the war memorial in San Juan, where we laid a wreath in a solemn and moving ceremony, I reported what we had seen and heard. I told them that Vietnam veterans are getting sicker and dying younger of ailments that derive from our experiences in Southeast Asia. I took the VA to task for its inability and/or unwillingness to reach out to veterans, and their families, and inform them of the benefits to which they are entitled by virtue of their service.

I told them, too, that the bottom line is money. The VA cannot give veterans their just rewards if it doesn't have the funding it needs. And it is this issue, above all others, that is, as it has been for the past several years, VVA's highest legislative priority: reforming the current discretionary method of funding to ensure the VA of a reliable, predictable, sufficient, and sustainable funding stream.



*Rowan told VVA members what he had seen at the VAMC. Mostly, though, he listened to their queries and complaints.*

And I heard a lot from our members. During our tour of the VAMC, there appeared to be few resources for treatment for Post-traumatic Stress Disorder. Now, this complaint is hardly new. Back in 1999, the report of the VA's Advisory Committee on Minority Veterans noted the lack of an inpatient PTSD capacity at the VAMC in San Juan. That report also noted the need for additional long-term care beds in the spinal cord injury unit.

And we were told that acknowledgment of this condition by hospital staff is grudging at best. We were told that veterans are not paid their correct mileage reimbursement, nor are they given a receipt, for travel to and from the medical center. Again, this hardly is a new complaint: Back in 1999, veterans reported under-funded travel budgets for patients requiring care for service-connected medical conditions. We were told, too, that some of our members have claims for disability compensation pending for upwards of five years, although in fairness, this is a complaint heard in just about every VA regional office across the country. We were told that getting American flags for funerals was a dicey proposition. These are but a sampling of issues both aggravating and potentially dangerous that impact the lives and the health care accorded veterans of the island commonwealth.

A visit to the island's national cemetery the next day was revealing. While waiting to speak with Arleen Vincenty, assistant director of the facility, we had to duck the drips from leaks in the ceiling of the administration building, which has



*At the national cemetery in Bayamon, fresh burial space is running out, and time is tight.*

long been in dire need of repair. When we did sit down with Ms. Vincenty, she acknowledged that, yes; officials should have been looking to expand the cemetery ten years ago. But past is prologue, and they are planning to expand the capacity of the cemetery, which sees dozens of burials of veterans and their spouses every week, in part through the construction of a columbarium and in part, if the efforts of the VA Central Office are successful, at a second cemetery site.

A 2005 report of the Advisory Committee on Minority Veterans warned that the existing national cemetery will have to cease burial operations by 2010 because of lack of space. A columbarium certainly will be an asset, but it seems to us that what is needed is a second cemetery to serve the needs of the veterans and their families.

To deal with, to ameliorate the problems encountered by our brother and sister veterans in Puerto Rico, we must find champions in Congress. I promised that VVA will reach out to the Hispanic caucus in Congress. I told them that we would work to ensure that the leaders in the House and Senate Veterans' Affairs Committees are aware of the situation in Puerto Rico and ask for their assistance in resolving these deficiencies. It was obvious to me that, while these men and women are proud of their service, they are anguished at what they believe to be unfulfilled promises. And VVA will not allow the VA to ignore the plight of these veterans, for they are us.

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*At the end of December, Congress passed Public Law 109-461. Section 821 tasks the VA Secretary with reporting on options for medical facility improvements at the San Juan VAMC.*

Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report identifying and outlining the various options available to the Department of Veterans Affairs for replacing the current Department of Veterans Affairs Medical Center, San Juan, Puerto Rico. The report shall not affect current contracts at the current site, and the report shall include the following: (1) The feasibility of entering into a partnership with a Federal, Commonwealth, or local governmental agency, or a suitable non-profit organization, for the construction and operation of a new facility. (2) The medical, legal, and financial implications of each of the options identified, including recommendations regarding any statutory changes necessary for the Department to carry out any of the options identified. (3) A detailed cost-benefit analysis of each of the options identified. (4) Estimates regarding the length of time and associated costs needed to complete such a facility under each of the options identified.



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