

**Statement Of
VIETNAM VETERANS OF AMERICA**



Submitted By

By

**Richard Weidman, Executive Director
For Policy and Government Affairs**

**Before the
Senate Veterans Affairs Committee**

Regarding

“The State of VA Health Care”

May 15, 2014

Mr. Chairman, Ranking Member Burr, and other distinguish members of the Senate Veterans Affairs Committee, thank you for allowing us to appear here today. We appreciate you giving Vietnam Veterans of America (VVA) the opportunity to express our views in regard to the State of VA Health Care.

As we did for the 112th Congress, VVA stressed again in our annual statements for the 113th Congress to the Committees on Veterans Affairs that we again wanted to make it clear: “**Funding is not the primary issue**” when it comes to timely adjudication of claims and of appeals at VA.

Similarly, VVA stressed that **Funding is not the primary issue** when it comes to the delivery of timely, quality medical care to veterans at the Veterans Health Administration facilities.

We are aware that some have called for Secretary Shinseki to step down in the wake of press reports of significant problems with timely access to medical care at many VA Medical Centers. Some of those so speaking out are our own members. With all due respect, the departure of Shinseki would not change nor “fix” anything, as these problems with timely access, proper use of tools to assist in the delivery of medical care, and being honest in portrayal of the status of wait times by VA clinics (both for primary care and for specialty care) did not begin with the tenure of Secretary Shinseki, but rather long before he left active duty in the Army.

The crux of the problem is that VA does not have enough clinical care deliverers who actually see patients for care. The reasons for this are basically that the Veterans Health Administration (VHA) has spent the enormous increases from FY 2007 to date on hiring way too many “middle middle” people, often at salaries higher than the front line clinicians, who do not see veteran patients, and whose contribution to the overall enterprise is dubious at best.

VVA has voiced this directly to the Undersecretary of Health and to the Deputy Undersecretary for Health and others in the VHA hierarchy for the last six years at least. We have also spoken directly to the VISN Directors en masse about this problem virtually every chance we have been given. VVA has also noted that having two management lines up and down the chain of command, one for policy and one for operations, is just too many people in management, VVA has phrased this in such a way that the while most of the world’s medical and other enterprises are going toward fewer levels of management between the CEO/COO and the actual workers (in this case clinicians) (or a wide fairly flat pyramid, the VHA was becoming a steeper pyramid, with way too many VISN staff and others in slots that can best be characterized as administrative overhead. Much of this has been done in such a way as to mask this fact, both internally and externally. Whether this is intended to be less than honest is for others to decide. We do believe that this is the fact, however.

There have been some remarkable Americans who have tried to make dramatic changes to the VA, and all of them have tried to improve the corporate culture and effective

service to veterans. All have succeed somewhat, and failed somewhat. From Max Cleland to Harry Walters to Jesse Brown to Tony Principi to Eric Shinseki they have all striven mightily to improve the quality of the VA services from adjudication of claims to improving access to health care, as well as improving the quality of health care.

And the fact of the matter is that while there was always some great clinical work going on at VA medical facilities, the quality assurance was lacking. VA had always tried to be prescriptive as to what to do and how with its clinicians, and shifted in 1994 to say to local VA Medical Centers “just take care of veterans in the best way you know how.” And that worked to some degree, but what it did not account for was the need for specialized services that were relatively rare outside of VA, such as Spinal Cord Injuries, PTSD, and prosthetics of every sort, Blind Rehabilitation Centers, and the like. What this VISN run healthcare did not do also was provide a true account of the need.

All of the funding models that VHA have in place consistently underestimate the number of clinicians needed to optimally run this system. VVA has not altered our position that they are systematically underestimating needs of VAMC because VHA is using is still using a variation of the Millman formula, which is a civilian needs estimation tool designed for use by private Health Maintenance Organizations (HMO) and PPOs who have middle-class patients.

That formula estimates needs for resources based on an average of one to three presentations (things wrong with you that need to be medically addressed). Among veterans it was averaging three to five presentations per individual *before* the recently fought wars. Even with after VHA made adjustments for additional mental health and some specialized services, the formula continues to underestimate the “burn rate” of resources for every veteran seeking care.

Among IOF/OEF/OND/Global War on Terror veterans the presentations per individual are even higher than for earlier generations. Further, the needs of older veterans only increase as we get older. Additionally, the formula does not take into account the wounds, maladies, injuries, illnesses and adverse medical conditions that stem from military service, depending on what branch, what MOS, where, and when one served, all of which could and should be taken into account.

By and large these are not taken into account because the clinicians have not been trained what to look for, never mind the interns and residents on which VA depends so heavily. There has been much talk about “secret lists,” but the basic information that should be known by all service providers is one of the best kept secrets in VHA. Efforts to put this into the VistA electronic health care record at VA could be accomplished without any major re-programming, but VHA always has ostensible reasons and excuses about why they cannot do it, or not do it now.

For a rundown of many of these conditions, please see:

<http://www.va.gov/oa/pocketcard/military-health-history-card-for-print.pdf>

And

<http://www.publichealth.va.gov/vethealthinitiative/>

For reforms to truly succeed there must be far better oversight of and by Managers who are paid very well (not counting bonuses) to administer a system that is all too obviously not functioning as it ought to.

Management audits and assessments must be a component of annual performance reviews that are clear, specific, and success-oriented. There must also be focused and hard-hitting oversight by the Veterans' Affairs Committees in both the House and Senate, as well as in the Appropriations and Budget Committees of both sides of Capitol Hill. VVA has suggested joint hearings of the authorizers with the appropriators.

Such hearings have taken place in this Congress yet we are still shy of our common objective of real accountability in the management of the Veterans Health Administration.

With Advance Appropriations now law for VHA's medical accounts, there can be no excuses as to why a VA medical center fails to hire the nurses it needs as it enters a new Fiscal year, or does not purchase the new MRI machine that its radiologists Insist they must have, or give the go-ahead for several of the small yet pivotal construction projects that in the past would have been put off pending passage of the budget for the next fiscal year.

VVA maintains that measures to ensure accountability must be essential elements in funding the VA. Key to achieving this is to significantly overhaul the system of bonuses for Senior Executive Staff to reward only those who have taken that extra measure, who have walked that extra mile, to ensure that what they are responsible for has been done well, on time and within budget; and for those who innovate and improve the systems and projects under their auspices. Bonuses should be withheld from those who just do their job – that is, after all, why they are handsomely paid. Those who perform poorly need to be removed or reassigned; and any manager or supervisor who gets caught lying to a veteran, to their supervisor, or to a Member of Congress should be dismissed. And bonuses should be given with a caveat attached: If you accept the bonus, you promise to stay with the VA for a given period of time, and not just take the money and run (retire) the very next year.

Vietnam Veterans of America (VVA) believes that it will take several things to get a grip on fixing the VHA.

- 1) A thorough review of all positions that do not involve direct patient care, from the Central Office to the VISN offices, to each VAMC and other remote locations
- 2) Since all of the games with scheduling appointments basically stem from not enough clinical direct care providers, there needs to be a thorough re-assessment of the number needed in each discipline at each VAMC. The increase of the numbers of clinicians can flow from a re-allocation of funds from middle-middle positions to actual care delivery.
- 3) A facility by facility review to ensure that unfilled critical specialties are offering enough money to at least be reasonably competitive with the private sector and other sources of clinician employment.
- 4) Where needed ask for the money needed to adequately staff each service delivery point as appropriate.
- 5) Speed up the efforts for a “Grow Our Own” clinical training program within VA up to scale within the next 24 months.
- 6) Force VHA to start to legitimately reach out to the veterans’ community at every level, to involve us as major stakeholders and beneficiaries. Among other things, this will result in better decisions, and will also hold those within the system honest, and grounded in what veterans seeking services actually see.
- 7) A complete re-thinking of a scheduling program that obviously does not work as intended. Once again, if they do not involve veteran stakeholders, then this effort will prove fruitless.

There are further enhancements that we believe would be helpful in making VHA into a “veterans’ health care system” that delivers quality, timely care with systems in place to ensure quality for every veteran. There are many tens upon tens of thousands of veterans who get high quality health care every year at VA. However, we must make sure that there are enough clinicians to do the job at each location.

As to the situation at hand, VVA restates our position that there are people who should leave VA immediately, but that does not include Secretary Shinseki. Just as we did not think that firing then-Secretary Principi when there were huge scandals at VHA would fix the problem, we do not think starting over with a new Secretary now is necessary. VVA would remind all, however, that in the above cited instance, the Undersecretary for Health and others did depart.

Thank you for this opportunity to share our position, I will be pleased to answer any questions

VIETNAM VETERANS OF AMERICA
Funding Statement
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The national organization Vietnam Veterans of America (VVA) is a non-profit veteran's 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 Senate 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 for 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.