STATEMENT FOR THE RECORD OF
THE AMERICAN LEGION
TO THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
"A CONTINUED ASSESSMENT OF DELAYS IN VETERANS' ACCESS TO HEALTH CARE"

APRIL 19, 2016

The American Legion has been actively tracking the amount of time it takes for veterans to access the healthcare they have earned for over a decade. In 2002, The American Legion launched the "I Am Not a Number" campaign to identify and document the delays veterans were facing in obtaining medical care from the Department of Veterans Affairs (VA). This project grew into to the "System Worth Saving" (SWS) Task Force of The American Legion. The SWS team has been crisscrossing the country annually with boots on the ground to evaluate the Veterans Health Administration (VHA) in the field ever since. The American Legion has not been shy about raising concerns, such as in the testimony of Mr. Roscoe Butler in March of 2013, fully a year before the Phoenix wait time scandal would break, where Mr. Butler raised concerns about inaccurate self-reporting from the VA as well as the large number of empty medical staff positions that needed to be filled if VA was to have any hope of maintaining manageable wait times for care.[1]

When the scandal broke in Phoenix, The American Legion not only led the chorus demanding accountability, but also continued to put resources toward solving the problems and helping veterans receive care, by establishing Veterans Crisis Command Centers (VCCCs) and conducting town hall meetings to facilitate communication between veterans and the VA and help veterans access with the care they needed. Today, we know from validated reports that there was systemic falsification of wait times at VA medical facilities.[2]

The American Legion and the American people were rightfully concerned. The obvious concerns and the conclusions that can be drawn from this may not be easily solved by some of the pat solutions being thrown around. Some of these concerns are shared by the larger health care industry of America as a whole and while these problems may not be easily solvable – transparency must be a staple of VA, and the ability to report accurately will be critical toward finding solutions for veterans.

Chairman Miller, Ranking Member Brown, and Members of the Committee:

On behalf of National Commander Dale Barnett and the over two million members of The American Legion, we welcome this opportunity to comment on improving the access to the health care system of the Department of Veterans Affairs (VA).

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[1] Witness testimony of Roscoe Butler, The American Legion – HVAC Subcommittee on Oversight and Investigation, "Waiting for Care: Examining Patient Wait Times at VA" – March 14, 2013
[2] "VA Bosses in 7 States Falsified Vets' Wait Times for Care" – USA Today, Donovan Slack April 7, 2016

While veterans wait for care in the VA system, many find that the private sector is just as rife with delays and wait times that rival or exceed those at VA. Newspaper reports note *"emerging evidence that lengthy waits to get a doctor's appointment have become the norm in many parts of American medicine, particularly for general doctors but also for specialists"*[3]. A report from the National Academy of Sciences noted *"tremendous variability in wait times for healthcare appointments exists throughout the United States, ranging from same day service to several months."*[4] In addition, veterans have mentioned problems accessing care in the private sector, including a veteran in a major East Coast city who reported a minimum of 90-100 days to get a simple dermatology consult, no better, and in many cases far worse than veterans would be receiving utilizing local VA health care centers.

The American health care system as a whole has problems with wait times, and sometimes it is important to reflect on VA's position not solely as an island, but as a barometer that can help forecast what to expect. The American Legion believes that this is an area the Committee could more fully explore by focusing on how to underpin the existing system so that we not only shore up VA, but set the example of how the national healthcare industry should operate. This wouldn't be the first time innovation at VA would lead the nation, and The American Legion believes that this Committee has provided excellent oversight and analysis with a comprehensive slate of hearings examining the VHA. In addition, The American Legion believes that a hearing or series of hearings examining VHA in relation to the larger health care picture of America would prove beneficial. Wait times, opioid pain killer prescription, elder care, mental health care, these are all problems that VA must tackle, but they are also problems the American health care landscape as a whole is grappling with, and the comparison and contrasts are illuminating.

While emergency measures such as the Veterans Access, Choice and Accountability Act of 2014[5] (VACAA) provided the opportunity for some relief while utilizing private sector resources as a pressure release valve, the private sector has many of its own struggles with wait times and cannot be seen as a sole solution to the problems of waiting veterans. VACAA and subsequent efforts to consolidate care in the community under a single streamlined system should make the process easier when veterans need help accessing care, and reforming this portion of the system is important. However, this only addresses part of the access problem.

The American Legion recognizes the importance of communication and coordination between all components of the health care community – VA facilities, private sector resources, public-private partnerships such as agreements with teaching hospitals and universities, Veterans Service Organizations (VSOs) and others who provide resources to help veterans, Congressional as well as local governments, and most importantly the veterans themselves. When all of these stakeholders communicate it is easier to determine what resources are available to serve the needs of the veteran. That cooperation can only occur when the communication is open and free from fear of reprisal.

[3] New York Times *The Health Care Waiting Game* – Elisabeth Rosenthal, July 5, 2014
[4] Science Daily *Wait times for health care services differ greatly throughout US* – July 29, 2015
[5] P.L. 113-146

The real and striking problem identified by watchdogs like The American Legion well before the Phoenix scandal broke which was confirmed by the scandal itself, was the culture in VA that led to systemic false reporting of critical information. Without accurate information about the delays veterans were facing, there is no way to correctly identify where help is needed. When self-reporting continued to signify that all was well, those connected to the veterans who were struggling had to find alternative ways of gaining access to more accurate information.

The American Legion made independent, third party oversight visits to facilities through the System Worth Saving Task Force and tried to highlight the problems we saw through testimony before Congress as noted above. Representative Beto O'Rourke from this very committee, frustrated with incongruities of data reported by VA with what the veterans in his district reported regarding mental health care wait times, commissioned private surveys to develop a more accurate picture.

When criticism comes forward to address problems, it must be met productively. Where change is necessitated, it must occur to meet the needs of veterans. As a result of the Phoenix wait time scandal veterans now have new management at VA; from Secretary Bob McDonald, to Undersecretary for Health Dr. David Shulkin, as well as most of VA's senior leadership team. These new leaders have stressed the importance of retraining employees and management at every level to fix these problems.

According to the Independent Assessment[6] VA is inconsistent from region to region. In some regions, VA does an excellent job of managing the health care needs of veterans. Veterans receive treatment within the VA where possible, and overwhelmingly veterans report favorably on the treatment they receive within VA even when they are frustrated with the administrative aspects such as appointments.[7] In some locations when they cannot deliver the care veterans need, they can smoothly make appointments to get the veterans care in the community. This indicates the system has the capacity to deliver the care veterans want and deserve, utilizing the best VA resources and private sector resources in places where this is necessary, but while the capacity is there the consistency of this execution is falling short.

The foundation to build that consistency requires better reporting, better communication between all parties, and better teamwork between all partners. Regional problems can't be fixed unless awareness of those problems filters up to those who can commit the resources necessary to fix the problems and it will take new and innovative solutions to succeed. Representative Ryan Costello has proposed the *VET Act*[8] which builds on the example set by American Legion VCCCs and sets up a pilot program using Veteran Engagement Teams to help connect veterans with resources. Representative O'Rourke's *Ask Veterans Act*[9] proposes surveying veterans directly to get outside the closed loop of VA management reporting on its own progress, and Representative Corrine Brown has introduced legislation that would make VA establish a quadrennial plan for committing funds and coordinating care effectively. These and other ideas will be necessary to help restore trust in the system; even as VA's new management works to do the same.

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[6] http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf
[7] Vet Voice Foundation polling data, November 2015
[8] H. R. 3936
[9] H. R. 1319

The American Legion is committed to ensuring that veterans have the best health care system available to meet their unique needs and we are encouraged by some of the progress VA is making[10]. VA's MyVA initiative combined with the successful implementation of VISTA evolution, My Healthy Vet, working weekends to knock down the appointment and consult wait times, and expanding telehealth are just a few examples where VA is showing promise and improvement. The Wait Time scandal illuminated problems within that health care system. In the time of immediate crisis, the most obvious answer to that problem seemed to be that the resources to meet need weren't there and therefore veterans must be turfed off to community providers, but we all see now that it is just not that simple. The solution will require patience and diligence to be sure, but above all honesty and the humility to admit that you need help. Management and employees cannot be afraid of poor reviews causing them to hide their inability to admit they aren't meeting needs. VA cannot be so afraid of criticism that they fall back on knee jerk habits to deny and deflect accusations rather than owning their shortcomings and providing a plan for how they aim to make up for them.

Overwhelmingly – VA still delivers a "System Worth Saving". This is the nation's largest, most extensive, most comprehensive integrated health care system and is a system that has led the way on integrated health records, on treatment for heart disease, on new and innovative treatments for mental health issues, and especially Posttraumatic Stress Disorder. But this is also a system that needs to be viewed through a lens that not only observes VA's own internal struggles but also the struggles of the nation's health care landscape as a whole.

The American Legion thanks this Committee for their diligence in pursuing improvements to the VA health care system and for their attentiveness to the struggles of veterans who seek to access care. This Committee was instrumental in calling attention to the initial Wait Time problem, and has been at the forefront of oversight through the past two years of reform efforts. As we continue to work toward the future of veterans' healthcare, we look forward to continuing the important partnership and dialogue with all partners at the table from veterans to VA to Congress, toward building the robust and dynamic health care system veterans have earned with their service and sacrifice.

Questions concerning this testimony can be directed to The American Legion Legislative Division (202) 861-2700, or wgoldstein@legion.org

[10] http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2775