

**STATEMENT OF
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OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
JUNE 7, 2004**

Mr. Chairman and Members of the Subcommittee:

On behalf of the local members of the Disabled American Veterans (DAV) and its Auxiliary, we are pleased to express our views on the Department of Veterans Affairs (VA) benefits and medical services for sick and disabled veterans. VA Connecticut Healthcare System has shown positive improvements over the past two years, but improvements are still necessary especially with respect to appropriate funding and accessibility.

The improvements to the VA Connecticut Healthcare system are due in part to the quality leadership we have in Roger Johnson, Director of the VA Connecticut Healthcare System, his staff, and his employees at each of the VA health care facilities in Connecticut. From our experience, most of the VA employees are working hard to carry out their mission, but often find themselves undermanned and overbooked.

Mr. Johnson has been responsive to issues and complaints we have raised. For example, one of our veterans, who was rated 100 percent service connected, was being denied nursing home care at VA's expense and was basically informed that he would have to resort to Title 19. We contacted Mr. Johnson with the veteran's concerns, and he contacted the VA Community Nursing Staff and resolved the problem quickly and professionally. Mr. Johnson periodically holds meetings with Veteran Service Organizations (VSOs) to keep us informed on recent developments in the VA Connecticut Healthcare system to include expansion of services at the Newington Campus and the CARES recommendations and implementations. During these meetings he has expressed his goals of expanding specialty care services at Newington by adding a dermatology clinic and a gastroenterology clinic.

Although this is the right direction, in our opinion, progress is still necessary in the VA Connecticut Healthcare system. In addition to local Community-Based Outpatient Clinics (CBOCs), which do not provide sufficient hours of operation and are understaffed, we feel more specialty clinics need to be erected at the Newington Campus to include an orthopedic clinic and a pain management clinic. Nearly 20,000 veterans rely on the VA Connecticut Healthcare system and live more than 45 minutes away during rush hour traffic from the West Haven Campus, including approximately 13,000 in the Hartford area, 3,000 in the Litchfield area, and 3,000 in the Tolland and Windham areas. Orthopedic and pain related disabilities plague a large number of these veterans. This patient population should have access to specialty care without being forced to travel the distance to West Haven for specialty care.

Transportation to and from VA medical treating facilities still remains a largely debated issue here in Connecticut. We are concerned about the aging veteran population. With more elderly veterans becoming unable to drive, they are relying more heavily on others to assist them in getting to and from the VA medical facility. We have had our disagreements locally when the VA Connecticut Healthcare system took a very narrow interpretation of the legal guidelines to authorize VA transportation; however, this interpretation has since relaxed and we are progressing toward a better system. At one point, they determined that a veteran had to be in a wheelchair to get VA transportation. After in-depth discussions with Mr. Johnson, he agreed that some patients are medically unable to drive to the VA treating facilities and are not wheelchair bound. He agreed that patients who are epileptic, blind, or on some debilitating medications are not medically advised to drive. A committee made up of physicians selected by Mr. Johnson has been created, and now determines whether veterans are entitled to VA transportation. We appreciate these efforts, but more needs to be done. We hope that you agree that leaving a veteran at home to suffer daily without medical aid until he or she progresses to a point where they need emergency care is an **outrage**, especially when that veteran is eligible for VA health care and simply needs a ride.

Through the DAV transportation network, we make every effort to provide transportation for our fellow veterans in need of medical care. Though our system is manned by volunteers, mostly disabled veterans themselves, we will continue to make every effort to support and care for our comrades. However, if it is truly this Subcommittee's intent to provide high quality health care in a timely manner, then transportation is vital for veterans in need of medical care. We appreciate Mr. Johnson's liberal interpretation of the law, but the VA transportation system is still restricted by the legal guidelines. **As our elected representatives, we look forward to working with you to liberalize the VA transportation guidelines so that no sick and disabled veteran suffers without relief because of his inability to get from his home to the VA hospital.**

Another problem is the waiting time for specialty care. In most specialty clinics, disabled veterans are waiting 6 months to a year. For example, a colonoscopy requires an average of 6 months waiting, and sleep studies are taking up to year. Access means that the quality care must be timely and within a reasonable traveling distance. Access to priority health care has seriously eroded **due to drastically inadequate health care funding.**

In order to combat these major problems infesting our health care system, mandatory health care funding is necessary. On January 7, 2003, Senator Tim Johnson (D-SD) introduced S. 50. A leadership bill (S. 19) introduced by Senator Tom Daschle (D-SD) also recognized the need for guaranteed funding. In the House, Representative Lane Evans (D-IL) introduced H.R. 2318, the Assured Funding for Veterans Health Care Act of 2003, on June 4, 2003. If passed, adequate level of funding for the VA health care system would be mandated.

Many of our elected officials believe that the status quo is working and that the current process of bickering over funding for VA health care should commence year after year, while the health care system continues to erode. The rising cost of medical care continues to result in an increase in demand for VA health care. As this demand increases, so does the demand for funding to provide care to these newly enrolled patients. Right now, the VA health care system

has to depend on the imperfect guesswork of Congress and the White House to come up with a level of funding adequate for health care. **Each year, this funding proves to be inadequate.** Each year, we come back to you with the same problems and each year, you bicker about it among yourselves and brag to us about how much you care about veterans and all the good you do for us. Each year, we are forced to wait on a list to get quality care.

The solution is simple, straightforward and proper. The VA should not be forced to ration health care to eligible veterans. We believe that it is an outrage for our government to promise health care and then expect us to lobby each year to get funding to pay for this promise. **Guaranteed funding would be this promise followed through.** It would ensure that the VA receives its funding level by October 1 each year, the first day of the fiscal year, instead of waiting for Congress to pass an appropriations bill. Guaranteed funding would provide the VA with the funds necessary to tackle the problems imposed by the rise in demand for VA health care and the rise in cost of providing this health care without relying on the governmental guesswork now in place.

After being frank with you with respect to the VA Connecticut Healthcare system, we would be remiss not to mention the efforts and leadership of Mr. Ricardo Randle, Director of the Veterans Service Center in Hartford, his staff, and employees of the Hartford Veterans Service Center (VSC). We share their optimism about being co-located at the Newington campus. Mr. Randle has a great attitude. On his first day as the Director, he stated that we need to “grant if we can and deny only in those situations where there is no other alternative.” He has carried this attitude with him in our daily dealings with him. He and his staff hold VSO meetings to keep us informed on the progress, goals, and accomplishments of the VSC. It is apparent that the morale of VSC employees has improved and they are moving toward a brighter atmosphere of compassion for the disabled veteran.

One area of concern is the adequacy of training of the VSC employees and VSO service officers. Mr. Randle approached us about this concern, and together we began to construct a Corroborative Training Initiative (CTI) to discuss our weaknesses and differences in the interpretations of the law. We hope that by training together we can understand each other better, communicate our positions on issues more directly, and offer a more liberal and fair service to all veterans. We remain optimistic about this initiative.

Two areas of major concern remain, however. One is the Veterans Claims Assistance Act (VCAA) requirement to provide a letter to each claimant on what is needed to support each claim submitted and the other is the appeals backlog. The current VCAA letters are vague and the language misleading, often confusing the claimant. The most difficult problem with the VCAA letter is devising a form letter that fits every mold and claim. In order to truly have an effective VCAA letter, each letter must be individually prepared with the unique circumstances of the case presented; the accumulated material evidence discussed; and the evidence required to support the grant of each claim considering every possible avenue of entitlement. As you can imagine, this requirement is difficult, if not impossible to attain to perfection. But nevertheless, the VSC employees are working diligently to meet this requirement.

The appeals backlog still plagues the VSC, but we hope that we can work together to try to bring this down. Neither issue really directly impacts the VA Connecticut Healthcare system. However, indirectly, the claims process relies on the health care system to provide adequate compensation and pension examinations to assist the VSC in making a good decision the first time. Many cases are remanded by the Board of Veterans Appeals requesting a thorough comprehensive examination to adequately portray the disability or disabilities or to resolve the question of etiology of a disability or disabilities. The Compensation and Pension (C&P) unit has been timely in Connecticut, often having the examination completed within 30 days of the VSC's request.

We have noticed, however, that the C&P unit often returns the request as cancelled, if the veteran is unable to attend within that 30 day period. The VSC now must make another request for the exam. The C&P unit does this in order to meet their goal of scheduling the veteran within 30 days of the VSC's request regardless of the reasons or circumstances.

Medical opinions and conclusions are very important elements to a veteran's claim. When a veteran requests the C&P examining physician's opinion with respect to etiology or severity, they are often told that the examiner will only address questions raised by the VSC. The examining physician should be encouraged to address any and all medical questions raised by the veteran and the VSC. We have heard the complaints of rating specialist arguing that when an examiner provides a medical opinion, they have to deal with it and it frustrates them. They argue that these opinions often are speculative and result in slowing down the process. Even though they may indeed have good reasons for their opinions, the idea is to gather all the facts, answer all the questions, and develop every theory of entitlement plausibly raised to provide a correct decision the first time.

Encouraging health care providers to provide medical opinions should be constant throughout the system, and not just during C&P exams. When a veteran has a question of etiology or severity with respect to one of his disabilities and poses this question to his treating primary care physician or appropriate specialty care physician, he is often referred to the VSC to raise his question in the form of a request for a C&P examination. The problem with this is that VSC is not required to request C&P examinations merely because the veteran request it. According to VHA Directive 2000-029, VHA health care providers shall provide a statement or opinion describing a patient's medical condition upon his or her request for a statement. This policy encourages health care providers to provide opinions whenever asked and would resolve this "catch-22" many veterans find themselves in when asking innocent questions regarding their disabilities, which may or may not prove useful in the claim process. In any event, a VA health care provider should never advise the veteran to ask the VSC to request a C&P examination to resolve a medical opinion.

Since we are discussing compensation, there is one issue of utmost concern that we must bring to your attention, which is concurrent receipt legislation. For nearly two decades, we have aggressively lobbied to end the ban on concurrent receipt of career military retirement pay and VA disability compensation. Last year, measures were passed to begin a 10 year phase-in of concurrent receipt. This move was a step in the right direction, but far from sufficient. It only applied to veterans with VA compensation combined ratings of 50 percent or more. Those

veterans with VA compensation combined ratings of 40 percent or less are being unfairly segregated. Retirement pay is based on twenty years or more active duty. VA compensation is based on the impairment of disabilities suffered while serving our country. The fundamental basis for each benefit is distinctly different with no overlapping entities. We ask you to correct this injustice by eliminating the 10 year phase-in and including all career military retirees who receive VA compensation.

In closing, the members of DAV in Connecticut sincerely appreciate the Subcommittee for holding this hearing and for its interest in improving benefits and services for our nation's veterans. We deeply value the advocacy this Subcommittee has always demonstrated on behalf of America's service-connected disabled veterans and their families. Thank you for the opportunity to present our views on these important issues.