

THE AMERICAN LEGION SYSTEM WORTH SAVING REPORT

June 9th – June 11th, 2025



New Orleans VA Medical Center New Orleans, Louisiana

Veteran Affairs & Rehabilitation Commission:

Veterans Affairs & Rehabilitation, National Staff: Marie Black (MD)

Department of Louisiana: Angela, Gomon/ Oliver Moore III took over on 6/8/2025

It is important to reiterate that The American Legion conducts site visits, NOT inspections.

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INTRODUCTION

The System Worth Saving (SWS) program was created to ensure the Department of Veterans Affairs (VA) Medical facilities are providing high quality and timely veteran healthcare. The program also looks at the Veterans Health Administration's (VHA) ability to remain equipped with the resources and staff to meet the needs of every eligible veteran seeking healthcare, and to provide feedback from veterans on their received level of care. Facilities are selected through review and analysis of government reports, media coverage, and veteran feedback.

CHAIRMAN'S STATEMENT

In 2003, Ron Conley, The American Legion's National Commander visited and assessed the delivery of healthcare at over 60 Department of Veterans Affairs' medical facilities across the country. Commander Conley wanted to assess healthcare delivered to the nation's veterans to determine if the VA healthcare system was truly a "System Worth Saving." The following year, The American Legion passed a resolution making the SWS program a permanent program under the National Commander.

After nearly two decades, The American Legion has conducted more than 300 System Worth Saving visits to VA/VHA medical facilities in the United States, its territories, and the Philippines. Over the course of those visits, The American Legion has played an integral role in shaping federal legislation that improves the delivery and quality of healthcare at VA/VHA medical facilities. Furthermore, each System Worth Saving visit culminates with a report that informs members of the American Legion and provides additional insight to the President of the United States, members of Congress, the Secretary of Veterans Affairs, and other senior leaders at the Department of Veterans Affairs/Veterans Health Administration about the challenges and best practices at VA medical centers.

PURPOSE

The American Legion conducted a System Worth Saving (SWS) visit to the New Orleans VA Healthcare system, with the intended purpose of determining the quality of care provided to veterans in the catchment area of this facility. This visit was used to gain insight into how the facility serves veterans and to recognize the best practices as well as identify challenges. This location was chosen prior to the 2024 National Convention in New Orleans because of the input from local Legionnaires and the Department of Louisiana in addition to the interests associated with running and maintaining facilities in an area that has historically dealt with such destruction caused by hurricanes and how they prepare and plan for these events. In these visits, the American Legion representatives serve as visitors, in partnership with VA, not facility inspectors.

SCOPE

The American Legion conducts between 5 and 8 SWS visits per year. To choose facilities, national staff creates a list of possible locations by looking at government and congressional reporting, media stories, veteran feedback, and VA hospital public data. They synthesize the information to create a complete picture of a facility and then look at the possible impact from conducting a visit. Once approximately 10 locations have been identified, the list is reviewed again by American Legion volunteer staff who narrow down the list to make the final decision on locations for the year.

Each SWS visit follows a triangular review model. The American Legion requests data from the VA Medical Center (VAMC) via emailed questionnaires which cover 18 - 20 offices, depending on location. Also requested are reports such as the employee and patient satisfaction survey results, among others, for review. This information is then analyzed and allows the SWS team the ability to construct a comprehensive in-person questionnaire which is used during the interview sessions with the executive leadership team, department managers, and other staff.

The SWS visit starts with a town hall meeting at a local Legion post where veterans gather to tell the SWS volunteer team about the successes and obstacles in receiving care from the selected medical center. Typically, there will be representatives from the VAMC, the regional benefit office, local Legion posts, and when available, Congressional staff may be in attendance. The town hall is followed by two days of structured interviews, a facility tour, and completed with an exit brief.

OVERVIEW

The state of Louisiana has 3 VA hospitals. The 3 VA medical centers are housed in Shreveport, LA, Alexandria, LA and New Orleans, LA. The New Orleans medical facility has 5 community-based outpatient clinics (CBOC's). The Baton Rouge location will consolidate two clinics into one. To include special services such as MRI's, imaging, prosthetics, and an increased dental capacity. To serve increasing demand, Hammond, LA has been identified as the site for a new CBOC which has already broke ground this year, and will take 14 months to construct. The Southeast Louisiana VA medical center facility has a rich history of experience with natural disasters and pandemics. During the scheduled interviews, the executive leadership team (ELT) shared how the newly designed building has allowed them to navigate and overcome natural disasters and global pandemics. The SWS team learned about the facility's history, recent modernization efforts, and best practices. Our team was informed that VA Southeast Louisiana Health Care facility began construction in 2016 with the input of local veterans. The land for the new construction was granted to VA by the City of New Orleans. The original VA medical

facility was donated to the City of New Orleans in a land swap agreement. This facility is designed to withstand a category 3 hurricane and function on its own electrical and water supply for up to seven days. All essential services are located 20 feet above ground. There was a blizzard in January 2025 that shut down the city, and the hospital continued to thrive. The emergency management program does hurricane exercises once a year. In 2021, this building survived a category 3 hurricane.

The medical center falls under Veteran Integrated Services Network (VISN) 16. Mr. Rivera is the acting VISN director. The fiscal year (FY) 24 patient trust score at this facility is 91.7% and has increased to 95% in FY25. This facility has provided 360,000 outpatient visits since the start of FY25. The top 3 patient issues include asking for a new provider and scheduling or rescheduling appointments. This facility provided 802,822 outpatient in-person visits and 66,655 outpatient virtual visits. Outpatient community care appointments have increased by 19.8%, totaling 67,080 patients. The facility houses on average 114 inpatients a day.

The growth and utilization of community care has projected these numbers to grow in the future. A 60-bed domiciliary is being constructed for the Southeast Louisiana Medical Center. The new domiciliary will focus on veterans who suffer from substance abuse or homelessness and will house veterans for 90 days. There are 12 beds in the domiciliary reserved for women veterans. This new facility will free up a significant number of inpatient beds in the main medical center, which is currently handling social admissions. This new domiciliary will work with the mobile homeless unit that travels around the city.

TOWN HALL MEETING

The town hall was hosted by Post Commander Mark Duran at post 397. VA provided a mobile van in the parking lot to provide privacy and offer on the spot claim assistance. Southeast Louisiana VA provided representatives from both VBA and VHA leadership. There were about 30 veterans in attendance and many of them shared their concerns during the town hall meeting. The new Acting VA medical director, Jack Gootee, who was promoted into this position on June 1st, shared that VA's goal is to put the veterans first. Mr. Gootee receives all of his care at VA as well. A woman veteran who is an MST survivor shared concern about her safety while navigating through the facility to the women's health clinic and some of her other appointments. One Legionnaire suggested that VA always provides this veteran with escorts so that she can comfortably walk through the facility. A few veterans praised the weekly pottery classes, and drum circles were offered at VA. The American Legion received praise for helping a veteran navigate her benefits. One legionnaire shared that the state of Louisiana offers free toll cards for veterans with disability ratings of 50% or more. Some veterans were frustrated with the pharmacy

program. When you wait for prescriptions in person, you are often waiting for 1.5 hours, and when you receive medications in the mail, they often come from different locations and are packaged in multiple boxes. One veteran was offered a position on the Veteran experience board. A veteran shared challenges that they have faced with the mental health department. The veteran stated that he has often had appointments canceled and the new appointment dates are usually 3 months later. He is able to receive day of appointments at the medical facility, but his mental health is missing the continuity of care. Mr. Gootee mentioned that they are in the process of hiring more mental health professionals. Many veterans shared that their VA disability claims have been denied for years. VA offered on-site assistance to multiple veterans at the town hall. A woman veteran voiced that VA is losing a lot of good medical professionals, and access to onsite mammography, and questioned why the women's health clinic is on the 7th floor. The veterans were very appreciative of the town hall because they felt that it allowed them to be heard. They also appreciated the fact that the new director is a veteran as well. The day after the townhall, VA leadership informed the SWS team that they were already rectifying some of the issues that were brought to their attention at the townhall meeting.

INTERVIEWS

Interviews were conducted with the following offices: Executive Leadership; Veteran Outreach; Quality Management; Financial Operations; and Veteran Access and Community Care.

The SWS team has identified and discussed several best practices and challenges identified at this facility.

AREAS OF FOCUS

FACILITY

Facility Best Practice: After Katrina, the city of New Orleans donated land to VA for the construction of SLVHCS. VA had to agree to keep 4 historic homes in place on the property and as much of the Dixie Brewery intact during the construction of the research building. The Dixie Brewery is now used as the main research facility. This medical facility was rebuilt in 2016, ten years after it was destroyed by flooding caused by hurricane Katrina. VA continued to provide care to veterans without a facility. Care was provided in local CBOCs, parking lots were converted into temporary medical facilities with tents, and community care. This facility has incorporated many updates to the infrastructure of this facility in efforts to prevent damage from future natural disasters. All of the machinery needed to keep this building operational is located on the 5th floor. There is a central energy plant that supplies water and electricity that will allow the facility to run on its own grid for up to 7 days. The emergency room has a ramp that can be used as a boat ramp if the city is to

experience flooding in the future. The facility has 9 buildings. There are 4 historic homes on the campus that have to be preserved.

Facility Best Practice: Lowest outsourcer of primary care in the VISN and maybe the country.

Facility Best Practice: There are 8 CBOCs, 3 are contract CBOCs and 5 are VA CBOCs. The Contracted CBOCs provide VA care through a VA model. CBOCs are located within every region. There are three mobile medical units in this region.

Facility Best Practice: Morning Report is very expansive, you get everything that you need to know within a half hour. Every service chief participates on Webex, 120 slides a day, roll call of every section every section has a part on the slide show Dr. Richard Stone, who was VHA's acting Under Secretary for Health in 2021, received a demonstration of the morning report through the tiered huddle system. The tiered huddle system allows bidirectional communication. These meetings are short safety huddles that include front-line staff, 1- 2 service chiefs, tier 3 service chiefs, and up. Bidirectional, at 7:30 am, tier 3 huddles are due; Tier 1 and Tier 2 huddles are before 7:30 am. The morning report is used in other VISNs, but it was created at this medical facility. This has been adopted throughout VISN 16 and other VAs.

Organizations that have adopted the tiered huddle system

- VAMC Shreveport, LA
- CBOC, Jackson, LA
- CBOC, Alexandria, LA
- VISN 1
- Denver VAMC
- St. Louis VAMC
- GHAPT Graduate Health Administration training program

Fisher House Best Practice: The Fisher House was built in 2017 and is a beautiful 16 suite home managed by a VA employee. This home stays occupied. As of May 2025, they have taken care of 1,983 families, 3,571 guests. This house has provided an estimated cost savings of 2,313,750 dollars since it opened. There is an agreement with Fisher Foundation to house active duty members receiving care at the local hospitals. This home allows family members of veterans and military members to stay at the Fisher House. A contract hotel for veterans traveling to the area has closed because there is now a Fisher House. The hotel is used as an overflow if Fisher House is full. The hotel hasn't been used in a while.

SERVICES

Services Best Practice: VA realizes that employees need to maintain their health as well. This facility offers a free wellness center to staff that is open 24 hours a day. There are also multiple employee break rooms throughout the facility and employee offices are away from clinical offices.

Services Best Practice: The physical therapy department offers an outpatient clinic that is open from 6am -7pm. There are two smart homes that have been designed to help veterans acclimate back into the home setting upon discharge. The humpback homes consist of a chair lift, typical two-story New Orleans homes, a kitchen, laundry facility, grocery store and airplane. One of the newest services that this facility will offer is chiropractic services.

Prosthetics Best Practice: Since 2020, this facility has had two prosthetics labs on site and 3D printing capability that allows onsite prosthetic production. During the pandemic, the prosthetics lab was able to fabricate face shields. Prosthetics do not require a contract; they are the exception to the contract procurement process and have their own prime vendor.

Canines Best Practice: Zeuss- pet rescue- A veteran had to be admitted for inpatient, Zeuss came and took care of the patient's animal while the patient was in the hospital. SLVHCS has a fenced in area behind the emergency room, dog relief center.

Mobile units Best Practice: There is a mobile unit that looks for Vietnam veterans around the city and provides services. There is a Mobile medical unit that serves homeless veterans. The mobile medical unit has a PACT team that consists of; NP, Nurse, Social Worker, and a psychiatrist. This PACT team can provide primary care and mental health services. The mobile homeless unit offers seven services to homeless veterans. The new domiciliary unit will assist with housing them.

The Eye Clinic Best Practice: During the SWS town hall, one of the veterans shared that the eye clinic is fantastic. The eye clinic provides many options in terms of eyewear. There are two eyeglass distributors in this clinic, one distributor is the veteran canteen, and the other one is a private distributor that is contracted through VA.

The Eye Clinic Challenges: During the SWS town hall, one veteran shared that the eye clinic failed to provide safety eyewear after they dilated his eyes. Luckily, his spouse was able to transport him home that day. VA contacted the eye clinic, and this issue was overlooked on that particular day and they are working to ensure that veterans do not experience that in the future.

Suicide Prevention Best Practice: There are 5 suicide prevention coordinators. Each provider is trained to use the Columbia Screening program.

Cancer Care Best Practice: Oncology Clinic- there is a physical infusion center for chemotherapy, using tele oncology for the management of breast cancer. On-site radiation is coming soon (2028). The radiation building will be between the employee parking garage and the loading dock, allowing it to be shielded. There will be a parking area that will allow dedicated parking for radiation patients.

TRANSPORTATION

Transportation Best Practice: This facility was one of the pilot sites for Uber Health in 2023. Uber Health has provided 15,000 uber rides. Veterans who are 30% or more disabled can utilize Uber Health for their VA appointments and community care appointments. There is also a grant with Lyft for cancer care. The facility has 3 wheelchair capable vans and 3 drivers that provide transportation through the veteran transportation network. There is a shuttle service from CBOC's. Air ambulance is available for veterans who need to be transported to other facilities, i.e. organ transplant facilities or trauma facilities. There have been 6 air ambulance transport this year. Most of the air ambulance transports transport veterans to Houston, TX where liver and kidney transplants are performed.

Transportation Best Practice: There are two companies contracted to provide medical transportation for veterans. Acadian provides gurney/stretchers transport and Navarre transport provides wheelchair transport. There are different locations around the facility for drop-offs to give veterans dignity. You will not see a bedbound patient in the main hospital. The hospital has special areas where patients are transported.

Transportation Challenge: Travel kiosks were removed from all VA medical centers. This facility shared that the contract cost to maintain travel kiosk was the reason why they were removed. Many patients would like to have the travel kiosks back. Electronic submission makes BTSS easier, but many veterans are not comfortable with this process. There is a PCI check-in app that allows veterans to check-in to their VA appointment and file a travel claim in the app.

WOMEN VETERANS

Women Veterans Best Practice: Women veterans are the fastest growing demographic in this area. This facility offers a separate entrance for female veterans in their clinic, located on the 7th floor of the medical facility. There are currently 76 women veterans in the maternity care program. There are multiple nursing pods throughout the medical facility for nursing mothers.

Women Veterans Challenge: The women’s health clinic is located on the seventh floor of the medical center. Some women veterans are challenged with traveling through the facility and interacting with male veterans.

Women Veterans Recommendations: Offer an elevator dedicated to women veterans or offer an escort for women veterans who are uncomfortable navigating the facility.

Women Veterans Best Practice: New Orleans is the only VA facility in LA that offers a closed women’s health department, i.e., women only waiting facility.

Women Veterans Challenge: Women’s health programs are growing, this VAMC trying to expand the women’s health program, and improve the space usage efficiencies on the 7th floor. Women’s health needs more wrap-around services, and VA wants to keep them all on the 7th floor. Women’s health currently offers gynecology, and pelvic floor physical therapy.

RESEARCH

Research Best Practice: The Dixie Brewery was donated to the Southeast Louisiana VA medical center to be converted into a research facility. This facility has produced a lot of innovative medical solutions. One of the previous SLVHCS research projects received a noble prize.

Research Best Practice: There are 120 active VA approved research projects going on at this facility, 14 of the research projects are funded by VA. In 2025, SLVHCS received a VA research career scientist award.

WHOLE HEALTH

Whole Health Best Practice: This facility hosted the National Veteran’s Wheelchair Games with PVA. Whole health is part of recreation therapy programs, agreements with local yacht club that teaches sailing, music therapy, golf, yoga, creative arts festival, pickle ball, golden age games, winter sports clinic.

Whole Health Best Practice: Graduated MOVE program: Healthy living, pool therapy exercises, to standing equipment in gym, when you are discharged from the MOVE program, VA works with local gyms to keep you moving. New Orleans Recreation Department facilities are free to the public.

FINANCE

Finance Best Practice: Medline is the prime vendor for medical supplies at this facility. This VAMC is able to use purchase cards for some supplies. Most purchases for supplies are made locally. Contracts are paid electronically under national negotiated agreements.

COMMUNITY CARE

Community Care Challenge: Pharmacy is the largest cost. The consolidated prescription mail order pharmacy program costs 98 million dollars.

Community Care Challenge: There have been changes in the contracting process with the new administration. Approval is much harder- through executive orders and government efficiency requires a review for any new contracts on the national level. Most contracts are one year long with a 4-year option. Contracts are vetted at the facility level and then go to the VISN Deputy director. VISN can approve up to 250K. The first level central office can approve up to 3M dollars, anything over that must go to VHA senior advisor. Each VISN has a network procurement team.

Community Care Challenge: The largest cost at this VAMC is payroll. Community care costs are the 2nd largest at 300M. The nursing department has the largest budget. The pharmacy budget is 400M. Funding comes from congressionally approved agencies, appropriations, medical direct care, infrastructure, 10% of revenue is from 3rd party insurance vendors.

Infrastructure Challenge: Overordering supplies is still a challenge that this facility is working on. One of the reasons why supplies are often overordered is due to the many different specialists. Each specialist has a supply preference and many of the supply preferences differ.

INNOVATION

Innovation Best Practice: An innovation specialist role started in January 2025; the innovation specialist works with VA's national innovation program. There is a growing use of virtual reality applications in the clinical setting. Mental health and pain management use virtual reality applications the most.

Innovation Best Practice: This facility had a winner of Shark Tank: Written exposure therapy for PTSD. There was also a winner for the internal innovation program. Inpatient mental health unit: medical care, medication, group therapy, developed an abbreviated treatment that can be done as evidence-based psychotherapy or PTSD.

Innovation Best Practice: The patient education resource center helps veterans with phone apps. There is a travel office that helps with BTSSS. There is a BTSS App for travel reimbursement.

BENEFITS

Benefits Best Practice: This is the only VA facility where VHA and VBA are co-located. The VBA customer contact center allows the veteran to enroll and apply for benefits. This allows a one-stop shop for veterans. The Benefits office also go out to CBOCs and is part of the outreach team.

LGBTQ

LGBTQ Best Practice: Care for members of the LGBTQ+ community hasn't stopped. Veterans who have been receiving hormone replacement through VA prior to the executive orders will continue to receive their treatment. Those who wish to start hormone replacement after the executive orders are unable to do so.

LGBTQ Challenge: Prior to executive orders there was a strong LGBTQ+ presence. VA is not able to participate in Pride Month due to the new executive order. Specialty groups have been removed.

RECRUITMENT AND RETENTION

Recruitment and Retention Best Practice: VA has 300,000 positions that are exempt from the hiring freeze. The exemptions came in 3 phases. 150 additional positions have been filled at the New Orleans Va facility. VHA hasn't been affected by the hiring freeze.

Recruitment and Retention Challenge: Many VA directors have retired. There are currently 25 vacancies for medical center directors across the country.

Recruitment and Retention Challenge: The onboarding process takes a long time, which allows new hires to find work elsewhere due to the long process.

Recruitment and Retention Challenge: The hiring freeze is not impacting us now, but will cause issues in the future because it takes 200 days to hire. This VAMC has been trying for years to recruit. VA gives the budget to hire, and HR takes so long to hire and then VA gets a memo that says stop hiring. VA is not nimble. VA just can't compete for administrative staff and nursing staff. In the past, they would have a lot of people line up for positions; now, there aren't as many people trying to work at VA. Ochsner (local hospital) pays more. This is a hospital-rich region, and there is a lot of competition with local healthcare systems. Internal recruiting doesn't help.

Recruitment and Retention Recommendations: VA is well equipped with resources and should be able to proactively hire. The amount of time from application to hiring staff needs to be condensed, and the onboarding process should be re-evaluated for timely completion by new hires and the facility. Other facilities are recruiting for positions before the positions are open. VA needs to be more proactive in its growth. VA is the largest healthcare system in the country and this facility in particular would benefit from communicating with hospital and leaders throughout VA to identify where these areas can be adjusted for the betterment of the facility.

EDUCATION

Education Best Practice: This facility is the 3rd largest medical residency training programs within VA enabling it to support a large range of specialty clinics. This allows more veterans to be treated internally, reducing the need to refer veterans to community care. The VA medical center is affiliated with LSU and Tulane university health programs, which allows the medical students to rotate throughout both facilities during the entirety of their programs. Most recently, VA agreed to partner with Xavier Universities college of osteopathic medicine, creating another university medical teaching affiliation. The growth in external partnership will increase the expected number of trainees to 2,300 in fiscal year 2025. This has improved VA's effectiveness, because the programs allow for 40 million dollars in annual support for medical residency programs.

Education Best Practice: The 40 chair dental clinic has given more veterans access to dental healthcare, allowing VA to complete more dental care than most community care referral models that most VAMC's use for dental appointments.

Education Challenge: The dental residency program is however currently on pause due to recruitment challenges that have prevented them from hiring a medical director.

VETERAN ACCESS, COMMUNITY CARE, CHOICE, MISSION ACT

Best Practice: The New Orleans VA Medical Center offers Uber Health at this facility. Uber health is used to transport veterans to community care visits and appointments at the VA medical facility. Veterans must meet administrative eligibility for beneficiary travel. Veterans who are 30% disabled or more or have a VA pension or fit the income criteria qualify for Uber health.

CONCLUSION

This facility has implemented lessons learned from previous natural disasters to provide unique care for veterans in the area that saw disruption due to infrastructure damage. During this visit, veterans who attended the town hall, and the staff at the Southeast Louisiana VA were willing to share their experiences, efforts, and challenges with us. There

were many best practices identified while visiting this facility. These include patient support, mental health, homeless veterans, and innovation. Trends identified in previous SWS visits such as hiring new medical staff and extended onboarding requirements continue to be challenges. Overall, Southeast Louisiana VA continues to be an extremely innovative medical facility and is a great example to follow.