



PHOENIX VA HEALTH CARE SYSTEM | PHOENIX, AZ

Date: March 20– 22, 2017

Veterans Affairs & Rehabilitation Commission, Chairman: Ralph Bozella

Deputy Director of Veterans Affairs and Rehabilitation Division: Roscoe Butler

Assistant Director-Health Policy, Veteran Affairs and Rehabilitation Division: Edwin Thomas

Overview

Phoenix VA on the Road to Recovery

Just as a patient with physical or mental illness needs treatment and a period of recovery, the same is true with a health care system. Medical centers can also display unhealthy operational symptoms that require analyses, appropriate diagnoses, a proper treatment plan, careful implementation, and a period of monitoring and recovery. Phoenix VA Health Care System (PVAHCS) became an example of what could happen to a health care system after a self-inflicted injury.

Purpose of Visit

In 2014, PVAHCS, one of the nation's largest health care systems, found itself in the center of a scandal involving patient waiting list and scheduling abuses leading to the death of patients as they waited for medical care for catastrophic illnesses like cancer. The Veterans Affairs Office of the Inspector General released a report ([VA, 14-02603-267](#)) in August 2014 to address allegations of gross mismanagement of VA resources, criminal misconduct by VA senior hospital leadership, systemic patient safety issues, and possible wrongful death. The American Legion conducted a town hall meeting subsequent to the release of the report to assess the effect of the scandal in the veteran community. Since the scandal in 2014, PVAHCS has been the most scrutinized of VA's 152 major medical centers. This level of scrutiny has caused a stigma for PVAHCS that has affected the community's perception of patient care, staff turnover, and efforts to recruit professional medical, nursing, and support staff.

In 2017, The American Legion scheduled a visit to the Carl T. Hayden Veterans Affairs Medical Center, which is part of the PVAHCS, through its System Worth Saving program. The purpose of the visit was to assess progress made by the new executive staff and make determinations as to additional resources and support needed to make a successful recovery. On March 20, 2017, The American Legion conducted its town hall meeting to hear from the veteran community and patients about the medical center's progress. Moreover, The American Legion also wanted to evaluate PVAHCS' current strengths, challenges, and resources needed to improve the timeliness and quality of care for veterans.

Following is the report of TAL SWS site visit team, which was overall impressed with the attitude of the new director of PVAHCS, Chief of Staff, and the entire leadership team. They attended the town hall meeting where they worked directly with veterans into the late evening to resolve pressing issues even after a grueling eight-hour workday. Additionally, the executive staff was very candid during the Executive Briefing and interview. They actively listened to concerns and recommendations for improvement made by the SWS team. The executives impressed both the SWS team and American Legion leadership from the Department of Arizona with their professionalism, commitment to bringing about positive change, and the commitment to remaining at Phoenix VA to be part of the recovery solution. Furthermore, the executive staff showed a commitment to preventing unnecessary staff turnover and establishing consistency, accountability, transparency, and open communication with its veteran patients and community, through partnerships with the Veteran Service Organizations (VSO) that can assist in helping the medical center achieve its goals.

Overview of the Phoenix VA Health Care System

The Phoenix VA Health Care System (PVAHCS) serves veterans in central Arizona through its main medical facility, Carl T. Hayden VA Medical Center, and provides acute medical, surgical and psychiatric inpatient care and rehabilitation medicine. The main medical center has 98 inpatient beds, 10 Medical Intensive Care beds, 10 Surgical Intensive Care beds, 48 mental health beds, 24 Substance Abuse Rehabilitation Treatment beds, and 102 approved nursing home beds. PVAHCS also has nine Community-based Outpatient Clinics (CBOCs). The medical center also has a well-developed women's health program that has nearly 9,000 enrollees with projected enrollment to reach 10,500 by 2020. As a complement, the medical center conducts monthly Women's Health Providers meetings. Additionally, the medical center recently hired a Military Sexual Trauma Coordinator who also doubles as a Social Worker. PVAHCS also has 89,207 Unique Patients with 7,270 or 8 percent being Women Veterans.

Town Hall Meeting

Nearly 100 Veterans attended an American Legion System Worth Saving town hall meeting March 20, 2017, at the Luke



Greenway American Legion Post 1, in Phoenix, to share their good and bad experiences with the Phoenix VA Health Care System with VA hospital administrators, congressional representatives and national headquarters staff from the Washington, D.C. office.

PVAHCS became the epicenter of a scandal in 2014 when it was reported many veterans were denied care, experienced extremely long wait times, or one may have died while awaiting treatment.¹ RimaAnn Nelson, Director, along with representatives from the office of Senator John McCain (R-Arizona), heard personal challenges and struggles that veterans have faced with the state's health care system.

"Last January, I was [supposed to have received] oxygen. I still [haven't received it]," said veteran Jay David. He later added that he has received bills for office visits from a civilian doctor that totaled \$950 the VA Choice Program has yet to pay.

Veterans criticized the VA's patient advocacy program. Mike Woods stated "I was nearly killed by the VA here [PVAHCS]. The only reason I'm here is that I qualified for Medicaid and got some help. Our guys' problem here is that if we are having a problem with our VA doctor or VA health care, we don't have a person to go to."

However, some veterans praised the care they receive from the VA. Larry Webb, a Vietnam veteran, and former Army Cobra pilot gave a glowing review about the counseling he is receiving for Post-Traumatic Stress Disorder or PTSD. "My two psychiatrists at the VA are my pillars of strength, and my medical treatment and mental health care at the VA has been excellent ... exceptional," Webb said. "Next to my wife, they are the two most important people in my life to depend on."

Chris Diaz, a young National Guard veteran who fought in Iraq, agreed and said his first experience at the VA hospital was incredible. Having experienced post-duty respiratory problems, Diaz is thankful for the timely care he received which helped cast away his worries. "I lost my health insurance and had no idea I could receive treatment at the VA," he said. "I got sick and was coughing up blood, which was really scary for me. I went to the VA and was seen immediately, diagnosed and treated within two hours."

Dr. Sue Sisley of the Scottsdale Research Institute also briefed those in attendance on the landmark research she is conducting into the medicinal application of cannabis for treating PTSD.

"We are very proud to be the first and only randomized control trial in the world looking at whole plant cannabis for PTSD," said Sisley. "This is the only FDA approved trial happening anywhere, and it's happening here in our home state of Arizona."

Army Veteran Dan Schmink, who is president and founder of the Southwest Healing Group, praised The American Legion for its official resolution on the issue and demanding more research into the therapeutic value of cannabis. "I love what The American Legion is doing with the resolution last year to push for cannabis rescheduling – it's a great thing," Schmink said. "We need to do more. When I go to the VA, they are barred from providing me information about resources and clinical studies."

Prior to the town hall meeting, American Legion Executive Director Verna Jones and Media Relations Director Joe Plenzler visited Camp Pulaski, aka Alpha Base, a campsite for homeless veterans who had been staying there since late last year. The visit came on the heels of recent news reports about Arizona Department of Transportation officials forcing the homeless veterans to shut down and relocate their camp, a site officials said is located on state-owned property.

The homeless veterans were in the process of relocating to an alternative site in Phoenix, but local police denied them access to the privately owned lot due to conflicts with zoning laws. City officials also did not offer an alternate location for the veterans.

Jeff Kagan, a civilian volunteer working with a homeless intake group called Veterans on Patrol in Phoenix, spoke about the many challenges faced by homeless veterans. "We had an amputee who was pushed out of his wheelchair and had his money and phone stolen," he said during the town hall meeting. "That's what's going on [in] the streets to the veterans who have nowhere to go. They came back to no wife, no kids, no family, no nothing [sic]."

The American Legion received a donation from a local Walmart of more than \$300 worth of supplies for delivery to the homeless veterans that included water, food, and medical resources. Local service officers at the town hall meeting connected with other volunteers to arrange housing and access to services for the homeless veterans.

Veterans Affairs and Rehabilitation Commission Chairman Ralph Bozella wrapped up the town hall meeting by stating that a System Worth Saving report will be produced as soon as possible. "We are working shoulder to shoulder with VA for the same goals," said Bozella. "And that is to improve access and quality of health care."

Executive Leadership Briefing

Chairman Ralph Bozella of the Veterans Affairs and Rehabilitation Commission led the meeting. Executive Director RimaAnn Nelson and staff of the Carl T. Hayden VA Medical Center in Phoenix, Arizona attended the meeting. The American Legion's Department of Arizona attended the meeting rep-



resented by Department Adjutant, Angel Juarez. Johnathon Clinkscales from the Washington, D.C. National Headquarters, Media Relations, also attended. The Chairman began the meeting by highlighting the purpose of the visit, the history of the System Worth Saving program, and the report generation and distribution processes subsequent to the visit. The executive director and her staff outlined the following Challenges and Best Practices.

Challenges

1. Space/Growing demand for medical and mental health services

- PVAHCS is compelled to stay ahead of the growing demand for medical services as the veteran population continues growing in the Phoenix catchment area. The medical center conducts an average of 35,000 consults per month.
- PVAHCS/Veterans Integrated Service Network (VISN) opened its Southeast Community-based Outpatient Clinic (CBOC) in May 2014. Two years later, the CBOC has outgrown its capacity. PVAHCS leases additional space to accommodate serving an additional 5,000 unique veterans (veterans who seek treatment from multiple care providers within a medical system or VISN) as this segment has grown by 6 percent since 2016 from 89,471 to 94,471.
- The lack of space to accommodate a growing call center operation forced the unit to begin looking for space off-site. The call center receives more than 47,000 calls per month.
- The growing “veteran snowbird” population puts an additional burden on the hospital’s resources

2. Staffing (Physicians, Nurses, and Support Staff)

- At the time of the SWS visit, President Trump had implemented a hiring freeze affecting all federal agencies. The freeze temporarily exacerbated PVAHCS’ staffing shortage negatively affecting patient safety and veterans’ experience.
- Executive staff reported the hospital as understaffed especially in the area of medical professionals (physicians, nurses, psychiatrists, physician assistants, mental health clinicians). Other acute shortages exist in Human Resources, Patient Advocacy, and Food Service.
- The medical center has reduced physician turnover, but physicians are still leaving the medical center because of better salaries in the private sector.
 - » PVAHCS has difficulty recruiting Emergency Room physicians and cannot compete with the higher salaries offered by commercial hospitals. The Patient Wait Time Scandal also contributes to the difficulty in general re-

cruiting because of the stigma in the broader community associated with working at the medical center.

- Mental health clinicians are not seeking employment at the medical center because of threats their colleagues received during the Patient Wait Time Scandal coupled with a veteran’s suicide that occurred in the parking lot of the Department of Veterans Affairs Phoenix Regional Office
- The Executive Leadership Team identified the Top 10 hard to recruit positions and could offer Education Debt Reduction Program (EDRP) for those positions. However, the VA cut funding for the EDRP for the VISN by \$200,000.
 - » VISN director is making a decision about the EDRP. Medical center executives praised the program because it not only helped with recruitment but also with retention of physicians.
- PVAHCS hires Patient Advocates at GS-9 when other VISNs hire at grade GS-11.
 - » Four Patient Advocates not only address patient issues but also must field 50-100 calls per day, write and file reports, conduct input activities for Patient Advocate Tracking System (PATS), and follow-up with staff about service failures or concerns.
 - » PVAHCS relies on the VHA National Policy for Patient Advocacy. However, the PVAHCS needs a local policy to account for local differences.
 - » Regulatory requirements cause unnecessary delays in hiring. The process is too long for most candidates, and many candidates lose interest or find jobs elsewhere.
 - » The medical center has experienced challenges with employee classification with positions in Administration with many denials that get “exceptions”.
 - » Patients try to resolve problems where they occur or to present them to “higher ups” in the chain of command. According to staff, many complaints are unresolved or never registered in PATS.
- The HR department has 12 vacancies.

3. Community Care / Veterans Choice Program

- The medical center needed additional funds to offer additional administrative support to conduct patient care activities in the Community Care program.
- Providers who participate in the Veterans’ Choice program do not return the veteran’s medical records, which causes unnecessary work for and lack of care continuity for the veteran.
- The Executive staff reported that there are challenges in com-



munication and coordination of care. The multiple funding streams for care provided by our community partners (Choice, Choice First, CITC, Provider agreements) add complexity to the coordination of care.

- Providers expressed concerns about the uniform provision of care by the appropriate specialty level of the provider in the Choice Program.

4. Constant turnover of executive director

- The PVAHCS has undergone several changes in the position of executive director. Allegedly, the medical center has had seven executive directors in four years. The current director is the seventh, and she began working in October 2016.

5. Women's Health/Military Sexual Trauma

- Women veterans are experiencing barriers to access and feel they are not included in many activities at the medical center
 - » Many of the activities at the medical center target in-patient men and not inpatient women for participation.
 - » Women share a waiting area in the Mental Health clinic with returning soldiers from Afghanistan and Iraq, and some women feel concerned about that arrangement.
 - » Women believe the culture of the medical center presents a challenge because some doctors refuse to treat them. Women also hear inappropriate comments from male veterans at the hospital while waiting for medical care.
 - » Women view the lack of childcare at PVAHCS as a significant barrier to accessing medical care.
- The medical center does not have a "Women's Clinic" but Gynecology Clinic and at the time of the SWS visit 8,966 women veteran enrollees. The staff projects an enrollment of 10,500 women veterans by 2020.
- Budget for Sexual Assault Awareness Month
 - » At the time of the site visit, PVAHCS did not have a full-time Military Sexual Trauma (MST) Coordinator. A Licensed Social Worker splits her time as the MST Coordinator and other mental health social work duties.
 - » The VA stopped funding the program. Some VSOs like the Veterans of Foreign Wars donated \$200 for promotional materials. However, the staff stated the hospital needs additional funds.
 - » The Veterans Equitable Resource Allocation or VERA is an outdated financial allocation model. The allocation process did not allow funding of Sexual Assault Awareness Month activities.

6. Rural Areas of Arizona

- Transportation
 - » Veterans living outside the Metro-Phoenix area need transportation to the medical center. The hospital cannot address their need due to budget constraints.

7. Patient Wait Time Scandal

- Stigma
 - » The medical center was at the epicenter of the 2014 waiting list scandal. Since that time, PVAHCS has experienced very negative fallout that affects media relations, recruitment, community relations, and the medical center's overall image.
 - » The executive staff is trying to engage the challenge by developing tactical plans to help overcome the stigma and rebuild the community's trust and confidence.

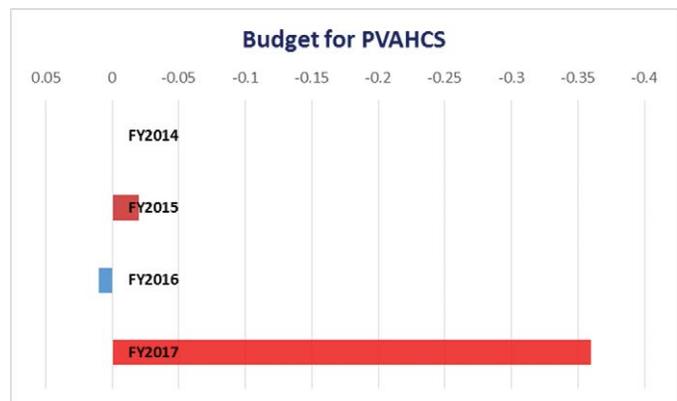
8. Business Operations

- The VA Central Office often requests short-term completion of intensive training programs/changes for Medical Support Assistants that negatively affect the facility.

9. VA Office of Inspector General 2016 Report on Delay in Care of Lung Cancer Patient

- The VAOIG of Healthcare Inspections conducted an inspection in 2016 at the request of Senator Jeff Flake (R-Arizona) to determine "the merit of the allegations regarding a delay in treating a patient diagnosed with lung cancer."
 - » The VAOIG made seven recommendations and target completion dates.

10. Budget (Facility)



- The facility's Care in the Community (fee-basis) budget dropped by more than one-third from a high of \$111 million in FY2014 to \$70 million FY2017.



Best Practices

During the meeting with the medical center's executive staff, the SWS team also asked about "Best Practices". Their responses varied from national awards to a women's maternity program. With the growth of 5,000 unique veterans per year and positive recognition from professional organizations, the Phoenix VA Health Care System is on the road to recovery.

Women's Health

- The medical center funds training on women's health care for its primary care and mental health providers. The medical and nursing professionals receive Continuing Education Units (CEU) upon completion.
- The American College of Radiology awarded PVAHCS an Award of Excellence for its Breast Health and Mammography Center.
- PVAHCS screens all women veterans for MST and mental health problems.
- The medical center hosts a program called "Moms and Babies". Two women veterans started the program.
- PVAHCS has a 30% market penetration for their Women's Veteran Program.

Cancer Program

- PVAHCS believes their program to enroll veterans in the Million Veteran Program is the second largest in the nation. However, the medical center admits its Tumor Registry needs improvement.

Suicide Prevention Team/Mental Health

- Patient-Aligned Care Teams (PACT) have an embedded clinician who specializes in PTSD.
- PVAHCS has one of the most robust PTSD programs in the country with multiple screening processes and treatment modalities, and close working relationships with the Women's Veterans Coordinator and Homeless Shelter Coordinator.

Process Improvement Initiatives

- The Assistant Chief of Scheduling Operations formed work groups to create efficient consult workflows.
- Additionally, the Process Improvement Initiative led to the executive director streamlining the call center and scheduling operations.

Homeless Shelter Program

- The program director successfully obtained a \$1 million grant from the private sector to provide housing for 36,000 veterans.
- The homeless shelter operates with the philosophy of "Help people keep their home before they lose it". PVAHCS was the first VAMC to provide housing to veterans with no strings attached.

Staffing

- Since her arrival in October, the executive director has reduced the high turnover in departments historically known for constant employee defections. Those departments included:
 - » Housekeeping Aides
 - » Medical Support Assistants
 - » Food Service

Exit Briefing and recommendations

The System Worth Saving team conducted an exit interview with the executive staff after speaking with other departments and program directors at PVAHCS. The SWS team compiled meeting notes with recommendations to the executive director and staff:

- RimaAnn Nelson, Medical Center Director
- Dr. Maureen McCarthy, Chief of Staff
- Dr. B. Sylvia Vela, Deputy Chief of Staff
- Associate Director of Patient Services, Dr. Alyshia Smith
- Associate Director, Victoria Scoggins
- Megan Freeman, Health Systems Specialist, COS
- Jennifer Russoniello, Patient Advocate Supervisor
- Dr. Chris Burke, Chief of Primary Care
- Scott Nevins, HR Manager
- Kristen Nordquist, Women Veterans Program Manager
- Gilbert Barrera, Assistant Chief of Scheduling Operations
- Sharon Coleman, MST Coordinator (Part-time)
- Stacy O'Neill, Health System Specialist, ADPCS



• Challenges and Recommendations

1. Space/Growing demand for medical and mental health services

- **Recommendation:** President Trump’s administration has increased funding for the VA. The medical center’s executive leadership should continue developing business plans for approval through the Strategic Capital Investment Program (SCIP). PVAHCS should emphasize achieving the goal outlined in the handbook: “Improve the quality, access, and cost efficiency of the delivery of VA benefits and services through modern facilities that match the location of current and future demand.”¹
- **Recommendation:** The PVAHCS should leverage their relationships with local Veteran Services Organizations to help assist with matters of voicing issues about lack of space in which to deliver the appropriate care to veterans.

2. Staffing (Physicians, Nurses, and Support Staff)

- **Recommendation:** The American Legion recommends the hospital actively recruit Locum Tenens physicians through the VA Locum Tenens Program and VA Interim Hiring Program. Under the Locum Tenens program, PVAHCS can contract with Primary Care Physicians, Nurse Practitioners, and Physician Assistants. The program touts that: “VA physicians earn market pay that is designed to be competitive with local physician labor markets. Exact starting salary is determined by a physician compensation pay panel and commensurate with your education and experience.”²
- **Recommendation:** The American Legion recommends the Patient Advocacy unit augment its staff with local VSO volunteers who can assist with bringing closure to cases or talking with veterans about their complaints.
- **Recommendation:** The American Legion recommends PVAHCS develop a business case outlining how cuts to the Educational Debt Reduction Program inhibit the medical center’s ability to recruit and retain qualified medical staff. PVAHCS will forward the document to The American Legion for inclusion in our Executive Summary that we deliver to the President of the United States, members of Congress, and the Secretary of the VA.

1 https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=574&FType=2

2 <https://www.vacareers.va.gov/careers/physicians/locum-tenens.asp>

- **Recommendation:** The American Legion recommends sending additional rationale for upgrading the Patient Advocate positions from Grade 9 to Grade 11 to its National Headquarters in Washington, D. C. including current and anticipated workload. We also recommend that you include any effect on the facility’s budget or budget neutrality. The American Legion will include the passage in our letter to VA Central Office.

- **Recommendation:** The American Legion recommends involving local VSOs by informing them of job vacancies and hard-to-fill positions.

3. Community Care/Veteran Choice Program

- **Recommendation:** The American Legion is exploring the appropriate steps needed to create a change. We are meeting with Subject Matter Experts at the VA to discuss Veterans Equitable Resource Allocation program. Once The American Legion has obtained proper knowledge, we will draft a resolution to support a change to the VERA model.

- **Recommendation:** The American Legion recommends meeting with executives of TriWest and local VSOs to share the issue of communication and return of crucial medical care records to PVAHCS.

4. Constant Turnover of Executive Staff

- **Recommendation:** The American Legion recommends the current executive team commit to remaining with PVAHCS until the medical center has recovered from its current situation stemming from the scandal occurring in 2014.

» Rationale: The current administration is strong and has a vision for the hospital and a palpable sense of caring for veterans and the quality of health care at Carl T. Hayden Medical Center. Moreover, staff needs to sense a feeling of continuity at the medical center. This is very important since the turnover rate has been extremely high in the position of executive director.

5. Women’s Health/Military Sexual Trauma

- **Recommendation:** When PVAHCS admits a woman to the hospital, The American Legion recommends alerting the Women’s Veterans Coordinator.

- **Recommendation:** The American Legion recommends the medical center establish a separate “Waiting Room” for women suffering from Traumatic Brain Injury- Post Traumatic Stress Disorder (TBI-PTSD) and /or Military Sexual Trauma (MST).

- **Recommendation:** The absence of childcare at VA medical centers inhibits access to medical care. Therefore, American Legion recommends PVAHCS inquire about the extended federal pilot program that allows a medical center to pay for



childcare services offered to women veterans seeking medical appointments at VA medical facilities and during telehealth consults for rural residents. Likewise, The American Legion believes this will enhance access to care for women veterans and allows parity with leading private sector health systems that have offered childcare services for many years to both employees and patients.

- **Recommendation:** The American Legion recommends PVAHCS help women veterans seek stipends to pay for childcare as promulgated through *Public Law 111-163, Title II, §205* that has been extended through September 29, 2017.
- **Recommendation:** The budget constraints affect the successful promotion and implementation activities for Sexual Assault Awareness Month at PVAHCS. Women already feel alienated by a lack of programming activities focused on gender issues.

Therefore, The American Legion recommends PVAHCS work with the local American Legion post in addition to efforts by the national office staff who will work with VAVS chief to secure additional funding for promotional activities for future Sexual Assault Awareness Month activities.

- **Recommendation:** The Veterans Health Administration uses the Veterans Equitable Resource Allocation (VERA) model to provide funding to VISNs for patient care, services, and special programs such as the Sexual Assault Awareness Month. The American Legion recognizes the VERA model has limitations. The American Legion recommends exploring VERA with VA Central Office staff. TAL will pursue resolutions to recommend changes or strengthen the model that effectively address the unique, local needs of VA medical centers.

6. Rural Areas in Arizona – Transportation

- **Recommendation:** The American Legion recommends that PVAHCS explore hiring a Mobility Transportation Coordinator to ensure transportation is coordinated for veterans who live in rural areas and seek medical care.
 - » Rationale: Rural areas present a constant challenge in the delivery of health services. In addition to diminishing numbers of general medical practitioners and specialists, transportation presents an additional layer of challenge. Phoenix does not offer public transportation outside its city limits. This is a serious problem because a large number of enrolled and eligible veterans who seek medical care at PVAHCS live in rural areas.
- **Recommendation:** The American Legion recommends identifying a VSO eligible for grant consideration under *Public Law 111-163, Title III, §307*. Eligible VSOs or State Veteran

Service Agencies can use the grant award of up to \$50,000 to: (A) assist veterans in rural areas to travel to the Department of Veterans Affairs medical centers; and (B) otherwise assist in providing transportation in connection with the provision of medical care to veterans in highly rural areas.

7. Patient Wait Time Scandal

- **Recommendation:** The American Legion recommends PVAHCS continues being transparent, fostering open communication, and acting proactively to inform the public about the good activities and challenges at the medical center.
- **Recommendation:** The American Legion also recommends that PVAHCS continue its close partnerships with VSOs and community-based organizations and work with those organizations on matters where veterans and caregivers need information.

8. Business Operations

- **Recommendation:** The American Legion recommends PVAHCS keep its current posture of training and providing dedicated oversight of the team of Medical Support Assistants.
- **Recommendation:** TAL also recommends that VA Central Office and VISN headquarters set realistic training schedules that do not cause unnecessary interference or interruption of call center operations.

9. VA Office of the Inspector General's 2016 Report on Delay in the Care of Lung Cancer Patient

- **Recommendation:** The American Legion recommends PVAHCS continue working to complete any remaining OIG recommendations.
 - » Rationale: PVAHCS has closed three recommendations and requested closure on the four outstanding recommendations in its April 30, 2017, submission to the OIG.

10. Budget (Facility)

- **Recommendation:** The American Legion recommends PVAHCS quantify budget shortfalls that affect the quality of care and inhibit the purchase of medical equipment and supplies to perform surgeries in a letter to The American Legion. The Legion will compile similar challenges at other VA medical facilities and submit a letter to the VA Central Office for prompt resolution.