



THE AMERICAN LEGION



2015 REPORT ON

VETERANS BENEFITS CENTERS & SPECIAL PURPOSE VISITS

Michael D. Helm, *National Commander*

The American Legion



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Dear Fellow Legionnaires,

Over the past year, The American Legion has continued its tradition of conducting VA medical center and regional office site visits to assess patient wait times and the overall quality of VA health care. At our Spring 2015 National Executive Committee meeting, and in response to the unmet need for services in the veteran community, Resolution 26 established the “Veterans Benefits Center” program. Under this new program, Veterans Benefits Center Committee members, along with National Headquarters staff, have traveled to several different locations across the country conducting site visits at VA health-care facilities, regional offices, Vet Centers and homeless shelters in response to veterans’ concerns about patient wait times/access issues, closure of medical centers emergency departments, over-prescribing medications, backlogs of enrollment applications at the Health Eligibility Center in Atlanta, Ga., and delays in processing claims for veterans benefits.



Last year, when I was elected as your national commander, I demanded that the health-care needs of all eligible veterans be met in a timely manner, and I personally challenged VA to do a better job in the claims and appeals process. At the same time, I promised to continue to seek answers about what went so terribly wrong at the Department of Veterans Affairs. As your national commander, I called for those VA staff involved in the scandals to be held accountable, because we know that what happened wasn’t an accident or a circumstance, it was willful graft. Now, under VA’s new leadership, we must continue to work with the department to ensure veterans’ health care is of the highest quality and continues to be the best care anywhere for veterans everywhere. We must also continue to work comprehensively with VA to help eradicate the claims backlog while ensuring that decisions are timely and accurate.

Those calling for the end of the VA and privatization of veterans’ health care are wrong, and The American Legion remains steadfast as we continue to support the VA. But at the same time, we will continue to point out the many issues and challenges veterans are facing while using their VA system.

I encourage you to review our findings and recommendations from the 12 VA medical center site visits in this report. We hope that our findings will help the administration, Congress and VA understand what challenges our nation’s veterans, and especially female veterans, face with accessing timely and quality VA health care.

Respectfully,

Michael D. Helm
National Commander

CHAIRMAN'S STATEMENT FOR EXECUTIVE SUMMARY 2015

Dear Legionnaires,

It brings me great pleasure to present to you our annual report on the site visit activities that have helped so many veterans gain access to the care and benefits they have earned over the past year. Since the 2014 national convention, The American Legion's Veterans Affairs & Rehabilitation (VA&R) Commission has been working hard to bring about changes in the Legion's stalwart System Worth Saving (SWS) program.

The changes brought forth over the past year took the best that the former SWS had to offer - VA hospital visits, town hall meetings, coordination with VA, reported results and incorporated a successful program, the Regional Office, Action Review (ROAR) teams, and added to a new element to the system - the Veterans Benefit Center. This new format allowed volunteers assigned to the Veterans Benefit Center to work with staff to prepare for and conduct visits at VA sites where problems with VA health care and VA claims processing were identified. A summary report of the site visits for 2014-2015 is provided in the following executive summary.

This emerging model of veterans' service through the Veterans Benefits Centers has provided a format for The American Legion to continue its leadership role within the veterans' community by helping more veterans in a larger array of services. As we continue to develop this new model of serving veterans and their families, we must take care and consideration to not lose the value of what a strong Department of Veterans Affairs means to veterans and their families, and we must continue work shoulder to shoulder with VA at every level to ensure that it is, indeed, a system worth saving.

It is an honor to serve as your Veterans Affairs & Rehabilitation Chairman, and I look forward to growing this program with you as we continue to serve our members, and veterans of this great nation.



Ralph Bozella
Chairman, VA&R Commission
The American Legion

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SITE VISITS

Washington, DC VA Medical Center (Washington, DC)

VA Greater Los Angeles Healthcare System (Los Angeles, CA)

C.W. Bill Young VA Medical Center (Bay Pines, FL)

Philadelphia VA Medical Center (Philadelphia, PA)

Memphis VA Medical Center (Memphis, TN)

Tomah VA Medical Center (Tomah, WI)

Southeast Louisiana Veterans Health Care System (New Orleans, LA)

SPECIAL PURPOSE VISITS

Atlanta VA Medical Center (Atlanta, GA)

Martinsburg VA Medical Center (Martinsburg, WV)

Mann-Grandstaff VA Medical Center (Spokane, WA)

VA Greater Los Angeles Healthcare System (Los Angeles, CA)

San Juan VA Medical Center (San Juan, PR)

A complete copy of all of the reports, including an electronic copy of this summary can be found by visiting ***www.legion.org/publications***.

EXECUTIVE SUMMARY | VETERANS BENEFITS CENTER: 2015

By Ralph P. Bozella

Chairman, The American Legion Veterans Affairs & Rehabilitation Commission

Background

In 2003, The American Legion's National Executive Committee created the System Worth Saving (SWS) program to conduct site visits to Department of Veterans Affairs (VA) medical facilities on behalf of The American Legion's national commander. The purpose of the program was to assess the quality and timeliness of VA health care and to gather feedback from veterans about their level of care.

In response to the national crisis faced by VA during the spring of 2014, The American Legion merged the System Worth Saving program with the Regional Office Action Review (ROAR) and began holding Veterans Crisis Command Centers in affected towns across the United States. As the situation began to improve at VA due to stakeholder and congressional engagement, our outreach events were later renamed, Veterans Benefits Centers (VBCs). For fiscal 2015, seven site visits were conducted in conjunction with the Veterans Benefits Centers, as well as five special-purpose visits, for a total of 12 events that are broken down in the summary that follows.

Methodology

During the selection process, the VA medical centers that were reported in the VA Office of the Inspector General reports, scrutinized by mainstream media or identified as having issues by Legionnaires were listed in accordance to the severity of the situation preoccupying the medical center. After a decision was made to visit a VA health-care facility, executive leadership of the medical center was notified of the impending visit. The department adjutant and local post were briefed on the visits and encouraged to participate once dates and times were agreed upon. In addition, congressional members or their representatives were encouraged to attend the town hall meeting, schedules permitting.

During the medical facility site visits, Veterans Benefits Committee members and National VA&R staff held interviews with VA staff from the following program areas: Budget, Human Resources, Enrollment, Outreach,

Mental Health, Intensive Care, Long-term Care, Homeless Programs, Patient Advocate, Construction and the Women's Program, as well as local and regional VA leadership. For each of the program areas, The American Legion wanted to understand what progress has been made over the previous three years, the current situation, and five-year plan and goals.

Site Visits Key Findings/Challenges

Between the site visits performed during the Veterans Benefits Centers and the special-purpose visits, The American Legion found the following challenges:

1. Wait times remain an issue with several of the VAMCs visited. With the new changes reflected in the Choice Act, and the implementation of the Choice Program, some facilities have found some relief from extended wait times.
2. Many of the VAMCs continue to struggle with filling critical lead provider positions in various departments. For example, at the Tomah VAMC, the medical center director, associate medical center director and chief of staff positions were vacant. Additionally, they had a major shortage of qualified mental health care specialists, primary care physicians, and psychiatrists. Shortage of staff was also reported in Bay Pines, Fla.; Philadelphia, Pa; and Memphis, Tenn. Throughout the Veterans Integrated Support Networks (VISNs), various options have been explored to gain the talent needed to better serve the veterans.
3. While the Choice Program was recently implemented to assist in giving veterans greater access to care, more education and clarification are needed to ensure veterans know what is available to them. The No. 1 challenge (as told by the veterans in Philadelphia's catchment area) was with the lack of clarity on the new Choice Program.
4. Many VA facilities continue to close or downgrade their Emergency departments(EDs), or provide

obstacles to veterans in need of urgent care, without acceptable means of recourse. For example, veterans at the VA Mayaguez Out Patient Clinic (OPC) in Puerto Rico were being denied access to urgent care due to a national policy issued by VA Central Office (refer to attachment A). The VA Mayaguez OPC had a patient care area labeled as an urgent care clinic that was not being used. The four-bed urgent care clinic was complete with ambulance access and all necessary equipment. According to management at the clinic, based on a notice that they had received from VA Central office, the urgent care clinic was closed, staff were reassigned and the space was not being used. The American Legion notified VA's Office of the Deputy Under Secretary for Operations and Management, who consulted with the department's national program director for emergency medicine; that director advised the office that an urgent care clinic was not permissible, per policy, at the VA Mayaguez OPC. VA Central Office advised The American Legion that if the clinic were to change the name from an urgent care clinic to the Mayaguez Walk-In Clinic, it could reopen. Shortly afterwards, the Mayaguez OPC changed the name of the clinic and reopened the area.

In response to the Spokane VAMC downgrading its ED, The American Legion provided Spokane leadership with recommendations that were not implemented by the facility. Subsequently, the hospital director resigned, and the emergency room remains downgraded to an urgent care clinic.

5. With several VAMCs under major construction, a total of \$1,675,000,000 is requested in new budget authority for 2016 for all construction programs. This consists of \$1,143,800,000 for Construction, Major; \$406,200,000 for Construction, Minor; \$80,000,000 for grants for state extended-care facilities; and \$45,000,000 for grants for construction of veterans cemeteries.¹ Medical centers such as the ones in Aurora, Colo., and New Orleans have veterans frustrated and concerned with VA's construction processes, and The American Le-

gion has urged Congress to provide legislation to improve VA construction programs, and urges VA to consider all available options to ensure that these veterans get their hospitals on time and within budget.

6. Other shared concerns voiced by veterans at multiple VAMCs were the processing times for Compensation and Pension (C&P) examinations. In Memphis, the reported averages were 38 days to process a single examination, while the national goal is 25 days.
7. Beyond the processing times for C&P examinations, the VA's Health Eligibility Center (HEC) in Atlanta, Ga., had nearly 900,000 enrollment applications in a pending status.
8. Although most VAMCs have either redesigned or built a clinic for women veterans, a common challenge throughout all VISNs is the decreased number of women veterans enrolled into the VA health-care system versus the catchment area, as they are the growing population. Facilities also reported a lack of space for women veterans' programs, and the Bay Pines women veterans manager identified lack of space as a major challenge.
9. During the past year, it was noted that communities that are on track to eliminate functional veteran homelessness, or are at least making a significant impact, were communities that VA, HUD, public housing authorities and other stakeholders were consistently communicating to provide necessary programs and services to effectively serve homeless and at-risk veterans. Nevertheless, homeless veterans continue to struggle in areas such as Memphis, where there is no provision for transportation for veterans to access facilities that can help.
10. Great strides have been made with the issues faced by the homeless veterans near the West Los Angeles Campus, but continued progress is still needed. American Legion National Headquarters staff, Legionnaires from the Department of California, VA, volunteers, and representatives

<1> <http://www.va.gov/budget/docs/summary/Fy2016-VolumeIV-onstructionLongRangeCapitalPlanAndAppendix.pdf>

from US Vets met at Cloud Break Communities in Inglewood, Calif., in order to reach out to veterans in one of the largest homeless veterans population in the country. From the Cloud Break Communities, staff and volunteers headed out to Skid Row in order to help homeless veterans get access to the VA benefits they have earned. During the event, The American Legion learned firsthand of the issues faced by homeless veterans: issues stemming from less-than-honorable discharges and dispositions and character of service, active-duty time that did not fall within wartime periods and failure to follow up due to their transient status.

11. Parking has remained a great concern for veterans around the nation with little to no short-term solutions. Specifically at the Memphis and San Juan VAMCs, parking garages are currently being built, with an anticipated completion date of 2017, and The American Legion recommended Memphis leadership work to find a short-term solution until the garage is finished. The Department of Tennessee needs keep pressure on the Memphis VAMC to ensure the garage is completed in a timely manner.

Veterans Benefits Center

In response to the systematic failures throughout VA health-care system and Veterans Benefits Administration – which included preventable deaths, delays in providing timely and quality health care, and VA's failure to adjudicate claims in a timely manner – The American Legion immediately went to work to deal with the veterans crisis head-on by travelling across the country to assist veterans and their families. The American Legion strongly believes VA is a system worth saving and is the best health-care system that meets the unique needs of the nation's veterans. The American Legion is committed to ensuring all veterans receive the benefits they have rightfully earned as a result of their military service.

American Legion National Headquarters staff, National Veterans Legal Services Program (NVLSP) personnel, accredited representatives and VA personnel – including Vet Centers staff – have been setting up Veterans Benefits

Centers around the nation to respond to the needs of veterans and family members affected by extensive VA wait times and the claims backlog.

Upon arrival, The American Legion conducts a veterans town hall meeting, usually at a local American Legion post, to discuss with veterans and their families their experiences, and how The American Legion can assist to ensure that they are receiving needed VA services in a timely manner. Services offered at the VBCs included scheduling VA health-care appointments, completion of enrollment applications, VA benefits, homelessness and counseling services. American Legion and accredited representatives from NVLSP collaborate with Veterans Benefits Administration representatives to assist veterans in filing claims for compensation.

Of the seven VBCs conducted from October 2014 until July 2015, The American Legion has directly assisted more than 1,190 veterans, and their families with their benefits and access to VA-provided health care. When combined with the Veterans Crisis Command Centers that began in June 2014, more than 4,035 veterans and family members have benefited from attending the centers. In addition, millions of dollars have been awarded in overdue, retroactive VA benefits, much of which was granted to veterans on the spot at the centers.

Below are some of the success stories from veterans who have attended recent VBCs:

Philadelphia

For more than 50 years, Oswald has dealt with an issue with his medical discharge from the U.S. Army. After one trip to The American Legion's Veterans Benefits Center in Philadelphia, a friend of Oswald's remarked that the Korean War veteran had gotten more answers in one day that he had in the previous 50 years. "They told me a lot of things I didn't know, and they're going to send me some paperwork to fill out," Oswald said. "I'm unemployed. It's been frustrating through the years - very frustrating. I feel as though I can't work to try to earn a living for me and my family. The VA's giving me a minimal amount, which isn't sufficient. But I've managed to find some hope here today."

Memphis

Dan served his nation, retiring after a 20-year career in the Navy which included a stint in Vietnam. Dan, now living in Mississippi, has been fighting to get a decision on a health benefit claim for five years. The claim relates to his prostate cancer and is connected to his active service on the ship he served on, which is among one of the presumptive illnesses on the Agent Orange exposure list. Fortunately, his cancer is now in remission. “I’m still healthy enough to fight it so that’s why I am here,” he said during the first day of The American Legion’s Veterans Benefits Center in Memphis. Dan, a life member of The American Legion, left the VBC pleased and optimistic. “Today was good because I got the answers as to why it’s taking so long. It’s a hot claim (it is over two years old). Hopefully, it won’t take much longer.” After talking with a VA representative at the VBC, he understands what he needs to do to verify some information to allow his claim to resume its movement through processing. He was told he would get an answer soon. “I’m very satisfied. It’s an answer, instead of getting the run around – ‘Oh, it’s in the decision process.’ A decision is a decision. Let’s make one. “

Tomah

Kenneth, a service-connected disabled U.S. Navy veteran, said stopping by the center was a good move on his part. “I came here to see if there were any benefits I might be eligible for that I might not have heard about,” he said. “[The VBC staff was] very helpful. The person I spoke to is going to do a lot of legwork and check into some things for me. It’s a lot better than dealing with things [over the phone]. It’s more personal. I like that a lot.”

New Orleans

Bruce, a Vietnam War Army veteran and 26-year member of Post 307 in New Orleans had been dealing with his claim for more than two years. “It’s very frustrating,” he said. “Every now and then you might hear a little something about it. You really don’t know where you stand.” He felt better after meeting with Ron Abrams [NVLSP], who informed Bruce he was able to also claim another condition. “I was really excited to hear about that,” Bruce said. “I found out I can get some more help. Hadn’t I come here, I wouldn’t have known about that. It was something that’s never been brought up when I get my physicals and stuff at the VA hospital. From now on, I’ll be able to bring it up and ask them about it.”



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