

STATEMENT OF
JAY A. KENDALL
VETERAN SERVICE OFFICER OF MIAMI COUNTY
BEFORE THE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
U.S. HOUSE OF REPRESENTATIVES
SEPTEMBER 5, 2001

Mr. Chairman and members of the Committee.

I am honored to give you a snapshot of how the VA is helping Veterans in my area. Overall the Veterans I work with are pleased with the service they receive from the Regional Office and the Medical Centers. Locally, I work at the "pointy edge of the spear". I am the person that Veterans can go to and ask questions and receive help. Since Grissom was deactivated I have many, many retirees and Vets that are more than just a little sore. But lately I have received a steady flow of Vets looking for one thing. Help from the skyrocketing pharmacy bills. Our government did a good thing to open up healthcare to all Veterans several years ago... But like all good things it can develop new problems. The growth rate for Northern Indiana VA healthcare has been averaging 20% a year. This year the rate is closer to 29%. Gentleman the word is out. The VA healthcare can help. I work with very proud, very stubborn veterans and they are coming to my office asking for help. But local VA Medical Centers are now realizing they can not handle the influx of new Veterans. According to VISN 11 information in 1999 only 11% of the Veterans were using the medical services. How is the VA Medical Center going to handle a larger percentage?? Let me give you an example. Just over a year ago the word was that a Veteran could walk into a VA Medical Center with his discharge in hand, fill out the forms, see a doctor and receive medicine all in the same day. Now we have to tell the Veteran that there is a 90-day wait before a doctor can see him. A year ago there was flexibility in the system now there is none. If I have to change an appointment for a Vet it could result in a delay of 6 to 8 weeks before that Vet could get another appointment. One of the major problems is that the VA can not compete with the private industry in hiring qualified healthcare personnel like doctors, nurses, and pharmacists. The Northern Indiana VA Healthcare system currently has 135 open slots in a workforce that total 1160 that means almost 12% of their workforce is missing. More with Less can work in some areas but not in Healthcare. But let me state that the nurses and technicians in the system now are really working hard and I rarely have any complaints.

More and more of Medical Centers budget money is going to pay for all the medicine they must obtain. Congressman, this is how Congress must get involved. Sooner or later, and I am betting sooner, the system is going to break and there is no easy solution. More and more Vets are relying on VA healthcare and the VA can not lessen the quality or quantity of healthcare... it is all or nothing.

The following are some problems I see at my level:

1 Formulary Drugs

Not all medical centers have the same formulary list. This must be changed. How is it fair for a Vet in one state or even in the next hospital to get a prescription while the next Vet can not?

The list must be more receptive to newer medicines. Louie Myers has waited over two years to get Celebrex from the VA. Other medicines do not work as well, but the VA is so slow to get new drugs. Doctors state that you, the Vet, must get approval from someone higher to get the medicine. Doctors should not be constrained by administration when trying to reduce pain or heal a Vet. I ask that you direct the VA to enforce a national formulary at all VA Medical Centers.

2 Transferred files / computer between medical facilities is improving but still has a long way to go. For example between Ft Wayne and Marion VAMCs there is very good coordination but between these two facilities and Indianapolis it is difficult. My example is a year old but still emphasizes my point. Lee Brewer was transferred from Marion to Indianapolis VAMC with a growth on his lungs. The X-ray files were lost en-route and the decision to give him medication and radiation was delayed and possibly as a result the only course of action after the files were found was to remove his right lung. Sometimes it seems like Indianapolis has a "me first" attitude with their Veterans when all Veterans in the state rely on Indianapolis for specialized care. I request you direct the VA to not prioritize local patient over patients from the outlying regions for specialized care.

3 Another item of great importance is the VA attempt to use Community Based Clinics (CBOC). This is a good thing. All the Vets that I have talked with really like the system in its current state. The challenge is that the VA is very slow in assigning/increasing the number of CBOCs. Can you ask them to speed it up??... I have, but it would be better coming from you. At the last County Veteran Service Officer's meeting, Dr. Lanier, MedMark Services Inc., stated if he could get VA approval he would put 40 clinics in Indiana. There are only 6 now. The CBOC in Muncie was established in about 45 days and is providing a great service to the Vets. I request that the VA expand the number of CBOCs as soon as possible.

The following are the hardest things for me to do as a Veteran Service Officer

1. Tell a W.W.I Vet that the VA still does not have a comprehensive long term care procedure.
2. Explain to a widow that she must be living below the poverty level in order to qualify for widow's pension.
3. Tell a Viet Nam Vet that the VA has only limited support for Agent Orange or the Desert Storm Vet that there is no support yet for Gulf War syndrome.
4. To tell a Vet that he can not prove his case because the fire in St Louis destroyed his records and there is no supporting evidence.
5. Explain to disabled, military retirees how they are not allowed to receive concurrent pay like other Federal Employees do.

The VA thinking and current attitude is to do "more with less". It is impossible to provide healthcare with less. The VA is doing a good job today, Congress must realize the important contribution the VA is making and continue to increase funding for the VA.

I enjoy helping the Veterans in my area. I hear war stories that water my eyes. Congress has some big decisions on how much care the VA can give to all the Veterans signing up. I want to be able to tell Vets that the VA is there to help them.

This concludes my statement.