

**STATEMENT OF
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CHAPTER 61 COMMANDER
OF THE
DEPARTMENT OF TEXAS
DISABLED AMERICAN VETERANS
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
APRIL 13, 2004**

Mr. Chairman and Members of the Subcommittee:

Thank you for the opportunity to present the views of the Disabled American Veterans (DAV) Department of Texas, an organization of more than 73,000 wartime disabled veterans, on the status of military and Department of Veterans Affairs (VA) health care coordination, including post-deployment health care of recently discharged veterans.

Mr. Chairman, I have two issues I wish to discuss. The first issue is the lack of adequate funding for veterans health care. I am aware that our Government has many commitments throughout the world. However, I feel that the Government, when creating the budget, should consider veterans' health care as a high priority, as a continuation of the cost of war.

Timely access to quality health care for service-connected disabled veterans is a top priority for DAV. We have often stated that through their extraordinary sacrifices and contributions, veterans have *earned* the right to free health care as a continuing cost of national defense. The Health Care Eligibility Reform Act of 1996 authorized eligible veterans access to VA health care and brought us closer to meeting our moral obligation as a nation to care for veterans and generously provide them the benefits and health care they rightfully deserve.

Since Operation Iraqi Freedom started, we have watched our sons, daughters, fathers and mothers put on the uniform of our armed services and go to foreign lands to risk life and limb, believing that the government which sent them into harm's way would take care of them. The fiscal year 2005 budget is again inadequate. The state of Texas has over 73,000 disabled veterans residing within its borders, and every one of them want VA health care adequately funded.

We believe it is disingenuous for our government to promise health care to veterans and then to make it unattainable because of inadequate funding. Rationed health care is no way to honor America's obligation to the brave men and women who have so honorably served our nation. DAV will continue to work to increase awareness and support for veterans issues and to seek sufficient federal funding for VA by shifting VA health care from a discretionary to a mandatory funding method to ensure the viability of programs for our wartime disabled veterans.

I also wish to discuss the excessive time it takes for veterans to receive health care. At the present time, the waiting period for getting appointments to see even a physician's assistant takes anywhere from 3 to 6 months, if you are lucky. If you require an appointment with a doctor, this will take much longer. The last three doctors I have had in the VA Medical System of South Texas have been available only one day a week and then usually only part of the day. One of the other doctors

had poor command of the English language, which made it very difficult to understand his instructions to me. He also had problems understanding me. There is a definite need for additional doctors and nurses in the VA health care system. I am aware that the medical providers are in short supply and the few that are available are able to find employment at other facilities, at higher pay.

Many of the veterans I am in contact with do not desire to have the program privatized, since it results in the loss of services. Many veterans feel that a temporary fix for improving health care for veterans, requiring overnight stay or longer would be to contract with the hospitals in the area. It is not feasible to contract with the military hospitals in the area, since they are just as overburdened as the VA medical system. The problem that arises from having to wait for excessively long periods of time for appointments is that prior to the appointment an illness that could have been treated as something minor becomes a major illness.

There is another problem with not having sufficient staff to schedule and treat veterans. Many veterans from the Vietnam and the Iraq wars suffer from post traumatic stress disorder and when they need to see a doctor, they have frequently already delayed to the point that they are becoming a danger to themselves or others. It is recommended to them that they go to the Audie Murphy VA Medical Center Emergency Triage and ask to see a doctor. It is a bad idea to send a veteran who is already on a short fuse into a crowded waiting room and ask him to wait anywhere from 3 to 18 hours for treatment. The triage is usually short on staff and the doctor on duty may be on call for emergencies only. Patients with chest pains and difficulty breathing have been known to wait in excess of 8 hours to see a doctor or nurse practitioner.

There are returning Operation Iraqi Freedom veterans who are in need of treatment but are unable to get an appointment in a timely manner. Even with VA's new directive to provide health care for two years for veterans returning from a combat theater, this situation is aggravated by time constraints such as a 90-day limit for dental care and a one-year limit for other health care problems that arise from their time serving their country with regard to filing a claim through the Veterans Benefits Administration.

The patient count is down because veterans are unable to get appointments. As a result, VA has been closing wards. I am a 100% service-connected disabled veteran, and due to my medical problems I am not able to be treated at the VA satellite clinics. I am lucky that I retired from the military and have Tricare to fall back on. If I had only the VA to rely on for my treatment, there is a likelihood that I would not have survived to stand before this panel today. Similarly, many returning injured Iraqi Freedom veterans, some of whom will be medically retired, and dually eligible, like myself, will have an easier time receiving care. However, thousands of other returning veterans—those without dual eligibility—will be left to navigate the complex VA health care system, with no other choices.

In closing, DAV Department of Texas sincerely appreciates the Subcommittee for holding this hearing and for its interest in improving benefits and services for our Nation's veterans. The DAV deeply values 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 measures.