APACHE #1

Local Post Traumatic Shock Disorder aftercare missing

JOHN TAYLOR

VETERANS ADVOCATE

Four months ago, I wrote about an attack helicopter pilot in desperate need of medical care for his Post Traumatic Shock Disorder acquired in either Vietnam or Operation Desert Storm (or most likely both).

He was having a difficult time gaining admission into the VA health care system, and was almost admitted to the New Mexico state mental institution from Mesilla Valley Hospital in Las Cruces. Finally, quick action from a VA "fire-control executive" (my terminology) snatched my guy, "Apache," from the clutches of "warehousers of the mentally ill." He was admitted to the in-patient PTSD treatment program in Albuquerque after some intense prodding. There is a waiting line for treatment, as Congress has not adequately funded (per comment from a physician within the VA program) this most critical treatment program, at least in our state.

As pointed out in my July column, he was on the front line seeing hundreds of people dying right before his eyes as he was trying to avoid being shot out of the air, which led to an all too familiar alcohol abuse problem and threats of suicide. His family stated the treatment received in Albuquerque was excellent. Apache stabilized, made some very positive friendships with fellow veterans in his "situation," became group leader among the program residents and was discharged several weeks later. Then, with no further "buddy" contact, he fell off his "wagon" - hard. He began drinking again when the nightmares returned. He was found passed out on the floor, sent to the emergency room locally and is currently in the local hospital's mental health unit facing the same shuffle through Mesilla Valley Hospital, again. Why? Should we just let the dude commit suicide and eliminate the problem?

There appears to be no formal program of aftercare down here in "Rosburg," six-plus hours round trip travel from Albuquerque. As with a number of programs providing health care, follow-up to critical care is vitally necessary to successful treatment of health care emergencies. Having been a medical administrator in a large in-patient substance abuse and mental health treatment facility, I know if you don't have a good aftercare treatment program to support even the best primary, in-patient treatment program, everything falls apart with disastrous consequences. Alert! You people about to receive government-run health care better take note. I may have to say I told you so!

When discharged, Apache was sent home with instructions to see a local VA "counselor" in two weeks. I could be wrong, but the counselor sounds like a social worker person, rather than a certified substance abuse/mental health technician. This would be like sending a man with prostate cancer to an OB/GYN technician for care. Unless he is going to give birth to his prostate, care may be considerably wrong for his health issue.

Apache's responsible family member told me the local counselor was not helpful way back in the beginning of Apache's pre-admission PTSD attacks. He confronted our guy with, "You really need to stop drinking." The classic response of, "Who, me? I don't have a drinking problem," was given by Apache. After much trauma, admission to the VA program and subsequent discharge, he kept his two-week appointment only to have the same comment thrown at him, "You really need to stop drinking." Frustrated and angry, Apache got up and walked out. A classic response to improper, inadequate aftercare.

When Apache was found passed out on the floor and sent to the local emergency room, the family member called the social worker, who asked, "What can I do? What do you want me to do? You need to have him go to AA or Prescott, Ariz. (a larger VA treatment facility)" The social worker vowed to call the treatment doctor in Albuquerque for direction, but did not return the family member's calls after no follow-up. Finally, upon being reached, the social worker said he was waiting for the doctor's call, but then wasn't sure he had actually called the doctor. This is why I suspect we are not dealing with a certified PTSD/substance abuse counselor. More on this cliff-hanger (Apache in ICU, threatening suicide when discharged) as, I hope, competent action is taken. God bless.

APACHE #2

Apache returns; aftercare for PTSD lacking

JOHN TAYLOR

VETERANS ADVOCATE

With the way things have been going this past year, Apache, the 100 percent disabled, PTSD crippled, attack helicopter pilot I have written about in previous columns, may be dead in a couple of months due to the inability of several, and I mean several, mental health professionals not being able to reach a successful outcome to several treatment episodes following emergency situations. If that really doesn't matter — since obviously he does not seem to care enough to stop trying to destroy himself — stop reading and don't waste anymore time on him. If it does matter, please bear with me.

As a quick review: Apache has on-going traumatic memories, depression, panic attacks, heavy smoking, insomnia, heavy alcohol abuse and has threatened suicide on several occasions. He has re-occurring nightmares of walking through a breakfast "chow line," seeing a crashed, burning airplane beside the eating area. The pilot of the plane is sitting in the plane and pointing a pistol at Apache's head. When the enemy fires, Apache drops his mess gear and wakes up. Other similar variations occur.

To escape, Apache gets drunk to the point of passing out. His wife has found him several times, sent him to the local emergency room who treated his alcohol abuse and released. Once, the sheriff's deputy was going to take him to jail, and once, the emergency room sent him to Las Cruces' Mesilla Valley Mental Hospital, who were in the process of committing him to the state mental institution when the Albuquerque VA Hospital arranged for his transfer to the VA mental health services.

He was treated in detox and released, sent to a local social worker for aftercare, only to have the story repeated only a few weeks after each discharge. His wife has informed everyone involved that he is threatening suicide, that he will only repeat this series of self-destructing activities once he's released. She complains the social worker does nothing in aftercare, which doesn't surprise me. He's not a clinical or therapeutic psychiatrist/psychologist, and apparently no one is diagnosing or treating the real cause of his self-destructive episodes — PTSD!

Now, guess what? Apache will be released from the Albuquerque VA this week with no aftercare. The wife was originally told by the attending physician from the VA detox center that Apache could go to an extended care facility in Truth or Consequences, or possibility some type of contract inpatient extended service. A day later she was told that was not an option and that followup would be with, – you guessed it, – the local social worker. Mrs. Apache objected, but was told that's the way it is going to be done, period. Once again, she told them he was going to repeat his actions and finally be successful in committing suicide if he didn't get appropriate aftercare. No change in VA response.

From an American Psychological Association (APA) advisory, "While PTSD is widely recognized today, it often remains undiagnosed and under-treated. Ignoring PTSD can be disastrous, and left untreated, symptoms can put people at increased risk for (suicide), etc. People with PTSD often develop substance abuse and mental health co-morbidities, including alcohol and drug use, depression, panic disorder, anxiety and insomnia."

This topic is so critical, I want to share thoughts and findings next week from the APA, VA centers in Houston, San Antonio, the Association of VA Psychologists Leaders and VA Secretary Eric Shinseki himself. To those who argue the VA has no money for aftercare, I'll note that there are 18 doctorate positions within the Albuquerque VA psychiatric services — 18 highly qualified behavioral professionals. Surely there has to be a way to fund a formal "aftercare" program for PTSD down in southeastern New Mexico. God bless.

What's it going to take to get Apache some help?

JOHN TAYLOR

VETERANS ADVOCATE

If you remember, Apache has had serious problems functioning in the real world, has become an alcoholic, passed-out and had seizures, related to the Post Traumatic Stress Disorder, 100 percent disability rating given him by the VA. His wife has had to have the ambulance come and take him to the emergency room several times. His inability to take care of himself has been mentioned several times, by medical personnel, just before discharge.

After one ER event, he was so bad, he was sent to a psychiatric hospital in Las Cruces, which was in the process of transferring him to the New Mexico State Mental Institution when the VA — after passionate appeal from Apache's wife — intercepted him and put him in VA rehab in Albuquerque. The psych hospital wanted him committed because Apache "could not take care of himself or function on his own without assistance." He was treated by the VA and released two weeks later.

The only after care was a series of appointments with a social worker locally, who had a unique response to the wife's question, "what do I do now," after Apache became angry in a session. The social worker said, "Maybe he needs to go to Alcoholics Anonymous and quit drinking." I kid you not! (My comment). Apache walks out furious!

In a few weeks, Apache was back on the warpath. Same pattern — pass out, seizures, ER, Albuquerque and VA's intention to discharge back home — again! I kid you not! This time, several people locally helped Mrs. Apache try to convince the VA of what they should have already known, – he could not take care of himself! A psychiatric hospital stated this in their discharge summary to the VA!

Begrudgingly, the VA sent him to a 90-day in-patient treatment program. Since Apache has threatened suicide more than once, his wife wanted him helped! Time was running out.

Here is a summary in his wife's own words: "I am really discouraged, not sure I have anymore fight in me. Apache has been in Gallup. I tried to talk with the administrator, and finally got in contact with a nurse at the facility. I did not find out much about his progress. Nobody ever called me until a few weeks ago when a social worker called with reference to Apache's aftercare once he was released. I gave him all of Apache's background information. He called in a neuro-psychologist to examine Apache. Dr. S. called and told me Apache did not have the cognitive ability to make decisions for himself and advised he needed further treatment. He said he was not able to make the decision if he should drink or not drink. He was making recommendations for further help. He told me the VA had a contract with the Veterans Home in Truth or Consequences, and Apache would be eligible to go there. He said he talked with the folks at VA and was modifying his initial diagnosis. He said I could get a copy of his letter. As of this date, I have gotten nothing.

"I talked with (the social worker) in Gallup this morning. According to him, it now appears that Apache is totally capable of making his own decisions and the only follow up he will have when returning to Roswell is an appointment with the local social worker. (He) does not have the education and training to deal with Apache's problems of severe PTSD, brain damage and alcoholism. He said although Apache is capable of making his own decisions, he was going to report Apache to the Adult Protective Services here in Roswell. None of this makes any sense to me. In one week it looked like he was going to get the help he needs — now, nothing." Apache has a bag of pills only he knows how to take. Right!

Having managed both substance abuse centers and psychiatric hospitals myself, I know if there is no proper after care, the patient will, in many cases, relapse and be worse than before treatment. Apache may become the next VA fatality while we all are watching. God bless.

APACHE #3

APACHE#4

'None so deaf as those who will not hear'

JOHN TAYLOR

VETERANS ADVOCATE

Today's column is a continuation of my PTSD/substance impaired veteran's attempt to find help through the VA system. "Apache" has a frustrating history of PTSD attacks and alcohol abuse, common to PTSD impaired vets. He has been to the emergency room several times after passing out in his apartment, alone and contemplating suicide. The community hospital and its mental health unit does an excellent job stabilizing him and getting him transferred to the VA hospital more than three hours away. He is admitted to the VA inpatient program and does well, until he is discharged back to the community with no formal after care, other than an occasional visit with a local VA social worker, not a certified substance abuse counselor. Predictably, Apache returned to the only thing that gave him "escape" from his nightmares. He repeated the activities, was again sent to Albuquerque, was "observed" and counseled for a week and had an administrative review Monday and will probably be returned home with the doctors asking the same question, "What do you want us to do with him?"

What makes this whole thing crazy is the responses given Apache's wife, who will once again have to assuredly do all this over again and again. Psychiatrists doctors say "we have talked with Apache, and he says he has no alcohol problem and can take care of himself without help. Oh, and we weren't aware he has threatened suicide." (Even though the wife told everyone at the VA she talked to.) Oddly, there is no action or clinical response made after they are made aware this time either!

Naturally, alcoholics, hard drug addicts, potential suicide candidates and others usually don't admit to having those problems. Why would Apache admit to the only things giving him relief? VA solutions aren't doing the trick, obviously! A thief robs because he "needs" the money. Go to any jail and ask robbers if they're guilty. I won't insult your intelligence by giving you the obvious answer. If Apache's psych care givers ever become jailers or judges, we had all better go out and get triple locks for every door!

Now, here's an interesting thought. A few years ago, I did a series of articles on the Waco VA hospital, scheduled to be closed (said to be for cost cutting measures and redundancy issues) by the presidential CARES commission. After a ferocious battle with Texas politicians and local townspeople, the hospital was allowed to continue because of its exemplary system of mental health care (substance abuse and PTSD research) and outstanding record of treatment successes. Why can't Apache be sent there? Do you have to be from Texas to qualify? I also hear about Prescott VA having a great mental health program — probably with sufficient funds for proper after care, being next to the regional VA headquarters, and all. Same question, or do you have to be from Arizona?

It's easy for any crises intervention caregiver to say, "Oh, this guy's hopeless. We can't do a thing with him. Let's just send him back and tell everyone that he seems OK to us. He says he's OK and normal. Who are we to disagree?" You might be able to get by with that excuse the first four or five times he returns in crisis, but eventually you have to face facts and find workable alternatives to getting the problem solved.

This newspaper printed an AP opinion piece many of you may have read a couple of weeks ago, about a veteran and his family back east who had spent several years trying to get his earned benefits from the VA. Sadly, the veteran died only a few weeks before his problems were finally solved. What if Apache is successful in committing suicide? I guess we'll have another national article in AP about another oh, so unfortunate, event. People, we have got to do better than that! I've listened to Apache talk of his nightmares as he lives them over and over. He is not faking and he needs help from competent caregivers. God bless the helpless among us.

Dowling: Looking good in front of the boss

JOHN TAYLOR

VETERANS ADVOCATE

For some reason, VA health care problems can't be seen by those in charge or are being ignored in hopes the constituency (us) aren't smart enough to figure it out or aren't able to mount opposition sufficient to force corrections.

Oct. 15, 2004, Secretary of Veterans' Affairs Anthony Principi met in Roswell with several veterans at the request of Rep. Steve Pearce. Present with the secretary's team was Albuquerque VA Hospital Director Mary Dowling and her assistant director.

More importantly, a local veteran, Herman "Jack" Borum, was there to give personal testimony of his experiences with a system gone terribly wrong. He discussed his problem with the secretary, who passed off to Mary Dowling, following intense eye contact with the director. (I was there witnessing the whole thing.)

Jack explained to Dowling he had been trying to get medical attention for more than a year, waiting for follow-up treatment in Albuquerque for serious eye problems, urinary tract problems, a colonoscopy and for prostate screening. Each (six-month) appointment kept being pushed forward, as Jack continued to get weaker and sicker.

Dowling told Jack to come to Albuquerque VAH next Monday (Oct. 16) and she would make sure he got the necessary help (giving Jack her card and also introducing Jack to her assistant). The "boss" (Secretary Principi) looked satisfied with Dowling's quick response, "looking good in front of the boss."

Unfortunately, all Jack received was another six-months appointment, which turned into an actual eight-months wait for VAH care. He finally got an appointment in mid-June to get eye surgery one day, a colonoscopy the next day and urinary tract/prostate follow-up the final day.

Unfortunately, a severe urinary tract infection forced postponement of all Albuquerque procedures. The UTI became worse forcing Jack into Roswell's ENMMC for four days and a catheter insertion. He finally was taken by Albuquerque VA July 19, where they determined Jack had every sign of cancer, ordering an immediate biopsy. "Immediate" was a Sept. 30 appointment (73 days), deemed unacceptable by the attending physician, who was able to get a Sept. 8 appointment (51 days) from scheduling.

"When they finally start chemo or radiation, I can drive up to Albuquerque but I won't feel like driving back home if I'm sick from treatments, and they won't keep me up there. I have no idea what I'm going to do," Jack said.

As a side issue, Jack's eye care has been postponed until November. Jack is a retired Artesia minister, chaplain for the Veterans' Honor Guard (before he became ill) and Purple Heart recipient. However, Mary Dowling is "still looking good in front of the boss." Would she wait almost two months for a biopsy if the doctors told her she likely had cancer? I don't think so.

You now have a personal example of VA health care in trouble. This isn't an isolated incident. If you think back to a previous "Veterans' Advisor" article, I mentioned the deficit in funding (my "adjusted for error" calculations of a $24.2 billion — not million — deficit carried forward every year) following the 1996 open enrollment law.

I recently found a 2003 report issued by the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans.

"Following the passage of the Veterans' Health Care Eligibility Reform Act of 1996, VA's mission moved from primarily treating veterans with service-connected disabilities and indigent veterans to offering a comprehensive health benefit to all enrolled veterans. The Veterans' Millennium Health Care and Benefits Act, enacted in 1999, further increased demand by expanding benefits.

"Funding provided through the current budget and appropriations process for VA health care delivery has not kept pace with demand. The federal government should provide full funding to ensure that enrolled veterans are provided comprehensive benefits, according to VA's established access standards."

Two members of the House Subcommittee on VA, Rep. Rob Simmons, R-Conn., and Rep. Steven Buyer, R-Ind., have indicated there has been a 49 percent rise in VA healthcare budgets since 1996, but a 70 percent rise in patients during the same period.

"Not all that growth is from the 1996 open enrollment."

The VA made a dramatic shift in care delivery, expanding from 170 VA hospitals into hundreds of local, more accessible clinics. Buyer blames the clogged VA healthcare system "on a mistake he and other committee members made in 1996, voting for open enrollment to keep the new clinics full. Rosy predictions by committee leaders and veterans groups that the move would be 'budget neutral' because of system efficiencies, enrollee co-payments and collections from employer health insurance plans for VA-provided care proved wrong." As I see it above, a standing deficit of around $24 billion worth of "wrong."

Next week, a personal example (local retired vet Larry Griffin) from the other problematic side of veteran care, DOD's TRICARE.

TIMELINE 1

Congress, not Dowling, to blame

JOHN TAYLOR

VETERAN'S AFFAIRS

The unanimous opinion of all VA-Albuquerque officials conducting the Artesia Town Hall meeting last Wednesday was that Mary Dowling was not to blame for the VA health care train wreck, but that local congressmen, senators and, to a certain extent, the president were to blame for the significant breakdown in veterans' health care over the last several years.

As one of Dowling's chief staff members said to me personally, "Ms. Dowling inherited a $23 million deficit from the previous Albuquerque VA Medical Center administrator. Obviously, a lot of things were being 'charged' without funds to cover the expenses. Ms. Dowling has reduced the deficit to around $6 million, and is working hard to bring things back under control." Now, in light of that staffer's comment, one can easily see why health care has taken a nose dive. But there's more.

Following a resounding period of applause for Dr. Farmer, Rhonda and all the staff of the Artesia VA Clinic (well deserved I might add), Leroy Garcia (chief, eligibility and benefits) explained his department's function and current issues, then entertained questions from attending veterans. An interesting question posed concerned promises combat veterans were given for lifetime health care when they entered military service. "The Supreme Court has ruled that the recruiters and different people who made those promises did not have the legal authority to make those promises."

Another question about obtaining speciality care from local providers on a fee pay basis was asked. Dowling personally responded, " Last year, Congressman Pearce was approached by several southeastern New Mexico veterans about (that issue), and Congressman Pearce and several veterans met with VA Secretary Principi who said Congress doesn't have any plans to 'chit out' speciality services, and the VA wouldn't have the funds to provide services in both Albuquerque and in local communities at the same time."

When asked why travel reimbursement from Southeastern New Mexico was still at 11 cents a mile (unchanged since 1979) while congressmen get 42 cents a mile, Regina (veterans' benefits officer at AVAMC) said, "Correct. Congress sets the rates for travel pay and takes into account fuel costs and everything."

Ferrell Udall (Santa Fe vet center team leader) commented that there is a historical convergence of veterans currently affecting the system. There are about 90 million WWII vets, 3 million Korean vets, 11 million Viet Nam vets and new soldiers from Iraq and Afghanistan all coming into the system at the same time. The problem is there's not enough money, per Mr. Udall, which is the problem Southeastern New Mexico is experiencing.

"But, the buck starts at the top. We accept that you're frustrated with the system, but don't blame Mary Dowling. She has to work with the budget she's given. So the buck starts with the president and your congressmen and senators. New Mexico consistently, consistently votes against veterans' spending bills. If you don't believe me, look it up on the Internet! If you need a vet center down here, you need to get with Congressman Pearce and the others and tell them you need a vet center here. That's the only way you will get it done."

One veteran in the audience commented that Sen. Domenici just carved out $20 million for roads in New Mexico. "So what gives?" he asked. "My computer says he votes down most veteran bills. What's the story?" (No comment). It's interesting to note that only Congressman Pearce was represented at the meeting.

Lou Helwig, director of field operations, New Mexico Department of Veterans' Affairs, went into depth about Congress' inadequate handling of VA funding. His assessment of VA funding being "discretionary" rather than "mandatory" was thought-provoking, to say the least (and I'll present this topic in a full article to come).

At a recent conference of state VA directors, Helwig revealed the central office for the DVA confirmed it could not guarantee veterans' health care next year.

"In the early spring of this year," Helwig reported, "Secretary of VA Jim Nicholson said there would be enough money to continue to operate for the year. Then, oops! Ninety days later he said we are going to be $1 billion short to continue funding the VA health care system. Congress, in its infinite wisdom, borrowed money from next year's budget and put it in this year's budget. Now, going back in line and begging for money is not my idea of what you guys paid the price for as veterans!"

"This is only one of the issues. You have to talk to you legislators; they're employed by you. You have to tell them you want mandatory health care funding."

Since there was much more covered at the Oct. 4 Artesia Town Hall Meeting and since my space is limited, I'll have to divide this report into several columns. There are more staff commentaries to be covered and about 13 pages of notes I need to condense (much of it "noteworthy") with important defense rebuttals to be made.

By the end of this series, I think you will have a tremendous in-depth insight into veterans' health care problems in our state and beyond! God bless you all.

TIMELINE 2

Blame game at Artesia Town Hall

JOHN TAYLOR

VETERAN'S AFFAIRS

To recap my last article, Sen. Jeff Bingaman, Sen. Pete Domenici and Rep. Stevan Pearce are to blame for not voting (on several veteran bills) to fund New Mexico veterans' health care, according to the Albuquerque VA Hospital managers reporting to Administrator Mary Dowling and a manager of the New Mexico Department of Veterans Affairs.

When asked several questions about lack of services or requesting improvement of services, Dowling said several times that she didn't have the budget to supply certain services that veterans were entitled to and didn't have the authority to approve funding of other services that would obviously improve grossly lacking VA health care. She pointed out the secretary of veterans affairs' unwillingness to change national policy regarding payment for speciality care (locally) and repeated she had no authority to do otherwise.

Now, one extremely important comment has to be made here. Dowling inherited a $23 million deficit when she came to Albuquerque VA Hospital (staff confirmation). She reduced that deficit (with applause from her superiors, I'm sure) to $6 million this year.

To Patricia McKlem, Dowling's boss in Mesa, Ariz. (VISN Region 18), and to VA Secretary Jim Nicholson, she has worked miracles and has probably received acclaim throughout the galaxy. But reality is, veterans have experienced the loss of $17 million worth of vital, life-sustaining health care! Staff has been terminated by one method or another. Doctors have been reduced. Employees have left and not been replaced. Services have been eliminated. Waiting lists have been increased to the point veterans are dying while waiting for health care.

When VA officials argue that this is not true, that proves how out of touch or, heaven forbid, insensitive they really are. There is something horribly and shamefully wrong when it is perfectly acceptable not to sufficiently fund veterans' health care and to think it wonderful and worthy of "air medals" to hack health care services to balance a budget!

Per Ferrell Udall (Team Leader, Sante Fe Vet Center), "If you need a vet center down here, you need to get with Congressman Pearce and tell him you need a vet center here in this part of the country. That's the only way it's going to happen."

OK, now I have a couple of observations. Pearce was the only local lawmaker represented, even though both Sens. Bingaman and Domenici were notified. Rep. Pearce has been actively involved in these issues, while the other two are AWOL.

Most importantly, and please pay particular attention to this, there are three vet centers in New Mexico, one in Albuquerque (at the hospital), one in Farmington and one in Santa Fe. All three are north of Interstate 40 and all three figuratively within walking distance of each other. Past funding stays predominantly "up there"!

Why would we, even in our most ridiculous and silliest dreams, ever think any future money sent to New Mexico by the VA would get past the good old boys in Sante Fe and Albuquerque? When I questioned a state official from "up there" about the centers' distribution, he said, "Well, the recent growth around Albuquerque and in the north has been significant."

My response: Given the current distribution of Vet Centers in New Mexico, nobody lives in Chaves, Eddy, Lincoln, Lea, Otero, Roosevelt or DeBaca Counties anymore, right? There are three veterans centers "up there" and zip "down here"!

His response: "Well, uh." Seriously, the response was, "Well, uh"! Why not "so what" or "gee, really"? What can I say?

Lou Helwig (director of field operations, New Mexico Department of Veterans Affairs) voiced his complete dissatisfaction with the lack of congressional funding. "Veterans understand, perhaps all too well, the connection between service and promise of earned benefits. Folks, you've got to stop preaching to the choir about your problems. You've got to talk to your toastmasters, your churches, everyone, because it takes America to get stuff going!"

After Congressman Pearce's representative offered a rebuttal to several of Helwig's comments, Helwig responded, "The rhetoric — you know — the issue folks, where I come from the rhetoric is one thing, but if you don't put your money on the table, it's all B.S. Bring your money when you talk!"

Mary Dowling mentioned physician coverage has been a significant problem in the past for the Artesia Clinic.

"We hope soon to have a full-time physician on board to work along side of doctor Farmer. I want to acknowledge this as some of the difficulties you are experiencing."

Sources tell me the current contract physician is leaving and no new physician appears on the horizon. Here we go again!

Dowling was happy to get a list of "issues" from her Artesia staff during her visit "that we (Albuquerque) need to look into." Question: Why didn't she know there were issues before she "came down"?

Next week, I'll have a big question that begs an answer: Can it get any better? God bless you all.

TIMELINE 3

A question that begs an answer

JOHN TAYLOR

VETERAN'S AFFAIRS

Over the past two weeks, we have seen how we veterans blame the "VA" (primarily administrators and management) for veterans not receiving timely health care from a reasonably close hospital system.

We have seen how the New Mexico VA hospital administrator and managers blame the Veterans Affairs secretary, Congress and the president for not providing enough money to function properly.

We constantly see how each side of the Congressional "aisle" (in both the House and Senate) blames each other for not proposing solid veterans' health care improvement legislation, which the other side would rather die first than to vote for.

Now think about that one for a minute! One side blames the other side for legislation the other side has not proposed, which they will not vote for when it is. Folks, the political system has gone from gridlock to total titanium encasement when it comes to improving veterans' health care.

However, let's bring the focus back to southeastern New Mexico for the question that begs an answer. New Mexico veterans have to wait six months to two years for health care. Urgent care (care requiring more than routine primary care) is six hours (round trip) away!

I personally have had to make the trip twice in the last two weeks and a Marine buddy of mine, Rich, will have to make the trip every week for the next six or eight weeks (provided he doesn't lose his other foot in the meantime).

Now, I've talked with 15 snowbird/multi-residency veterans during the year to get a perspective on New Mexico's situation. The snowbirds returning to Roswell had interesting experiences out-of-state.

Russ M. reported the eye physician's visit he couldn't get from Albuquerque for six months (so he could get his civilian prescription filled through the VA) he got in one week (and the prescription filled on the same visit) in Minnesota. The drive was 20 minutes.

Identical stories were reported by Marvin H. about Michigan, Phil R. about Iowa, Norm O. about Illinois, and several veterans about Texas, Oklahoma, Arizona (headquarters of Region 18 Veterans Integrated Service Network), Colorado and Arkansas. That's every state that surrounds New Mexico and several that don't!

Therefore, the question that begs an answer: Why is New Mexico the only state out of the nine in or around the immediate area with two-year waiting periods to get urgent or speciality care; with 40 percent of the state having to drive around six hours to get that care; with no known system to pay a fee-for-service for local care when critical care is necessary; or (to top the list) with the southeastern outpatient clinic (designed to provide 80 percent to 90 percent of those veterans' care) staffed with 1.2 physicians per 3,000-plus patients, when states studied by an independent survey showed 496 to 587 patients per physician?

Is New Mexico the only state out of the nine that got financially short-changed? Now, here's the big "que paso" as we say out here in the Southwest!

Veterans' health care lost significant funding in 1996 when Public Law 104-262 was enacted. The per-patient cost then was $5,759 per patient for the 2.9 million patients served.

The new law increased patients being served to 7.4 million patients. Even at the 1996 per patient cost, which is a totally ridiculous understatement, current funding should be at $42.6 billion (solely for health care), not the $23 billion to $29 billion being allocated each year since 1996.

In New Mexico, the Albuquerque VA administrator at that time provided the same level of quality health care required to meet their veterans' needs prior to the 1996 catastrophe for four years after the law was passed, resulting in an annual $23 million deficit budget. When a new administrator was brought in to address the situation, the mission was to cut veterans' health care services (by at least $27 million), rather than to get additional funding for something as "discretionary" as health care for veterans.

That may explain why other states, like the ones mentioned above, don't have the disgraceful problems we have in Southeastern New Mexico.

They obviously have administrators, regional directors and other government representatives who favor maintaining adequate veterans' health care across the entire state, not just in certain politically advantageous areas (example: three veterans centers in northern New Mexico and zero in southern New Mexico).

Our officials can deny these presumptions, but they can't (or refuse to) explain why some of our veterans can go out of state and get immediate attention, while the rest who have to remain in southeastern New Mexico are forced to wait as much as two and a half years for care, then drive six hours to get it.

I'm extremely curious to see if anyone reading this column can recommend a solution to this reprehensible problem. If so, please e-mail me at jhtay@cableone.net or send regular mail to JTVA, P.O. Box 273, Roswell, N.M. 88202-0273. Let me know if I can use it with your name in a future column. God bless you and our USA.

Note: The annual NMMI Veteran's Breakfast is Friday, No. 11 at Bates Hall from 9 a.m. to 11 a.m. It's very important you RSVP to 624-8262, extension 8262, by Nov. 4. Thanks to NMMI for making Veteran's Day special!

Duke City or 'Duck' City?

JOHN TAYLOR

VETERANS ADVOCATE

The Duke City, as most of us know and love, is Albuquerque. The "Duck" refers to suspected action taken on funding intended for veterans' health care in Southeastern New Mexico. Apologies for the "fowl" reference, but your attention is desperately needed.

The time honored saying, "nothing exists South of I- 40" (referencing Government action) appears to be the accepted belief of those controlling NM veterans' health care funds allocation.

When several of us met with outgoing VA Secretary Anthony Princippi a few months ago, we were told increased funding was given to New Mexico over the past few years and progress was being made.

Now, my question, — where did it go? Did the VA Regional Office on Gold Avenue (serious about the address) in Albuquerque get all the funding mentioned? If so, what portion was allocated to Southeastern New Mexico? I know this question was asked in my very first column, but when you see the following developments and new cases, you may see the critical need for answers and solutions.

First, veteran "R" sought and quickly received treatment for his medical problem at the Big Spring, Texas VA, instead of waiting the standard six months for Albuquerque VA Hospital (AVAMC) treatment.

Second, veteran "J", who had already waited 16 months on his two year wait for necessary dental care, sought and received timely care (within two weeks) from Lubbock VA Clinic. When a prominent VA dentist in Texas was asked about why AVAMC was having such a hard time getting dentists (AVAMC's reason for long treatment delays), he said they (AVAMC) are laying dentists off. It has nothing to do with "getting" dentists.

Third, veteran "R.W.", a double amputee, requested transportation in April from Roswell to AVAMC (veterans' van supplied by the Disabled Americans), and was told money ran out half way through the month, so the van wasn't running. Last month, "R.W." was told there was a driver problem, so no service again.

Fourth, veteran "R.M." finally went to a civilian eye doctor for surgery after waiting several months for VA care, received the surgery (at his expense), and was given a post-op prescription which costs $800 per month. When he attempted to utilize his VA supplied medication benefit, he was told he needed to go to AVAMC and see an eye specialist, who would write his prescription, but there would be a 6 month wait for an appointment. "R.W." (one of our beloved "snow birds") recently returned to Minnesota, where he was able to get his prescription at a VA clinic within a week. Again, why not New Mexico?

Fifth, veteran "P.S.", another amputee, went to a Denver VA for orthopedic service he couldn't get in Albuquerque for 6 to 12 months.

Sixth, when "W.L." went to Albuquerque, he was given a medical order for an orthopedic device, and was told he had to contact a civilian (contract physician) for authorization. The contract physician stated the VA physicians don't know what they're doing, which is why he is asked to authorize the orders.

Seventh, Chaplin "J.B." has a set of stories that would make your blood boil. The list goes on, but I think you get the point!

Why do other states render timely VA health care, and not ours? Why isn't transportation for veterans in need readily available to the Albuquerque VAMC? Why isn't clinic treatment in Roswell provided (even though ENMMC and the Roswell UNM Residency program are ready to provide care)? Hopefully, in subsequent articles, this writer can report answers or solutions to our problems.

Monday, we remembered our dead soldiers, as was befitting this great nation. If only they were still alive to see how much we care. But, there are still a number of soldiers from those same wars who have taken a little longer to die from their wounds. You cannot imagine how much these soldiers, still alive, would appreciate receiving proper health care from a grateful nation during their remaining years.

In response to those asking how to contact me, please e-mail jhtay@netscape.net, or send a note to JTVA, PO Box 273, Roswell, NM 88202-0273.

God bless the USA!

TIMELINE 5

The VA's 'perfect storm' is coming!

JOHN TAYLOR

VETERANS ADVOCATE

For the last three years, I've raised the alarm our VA may be swamped beyond recovery in the not too distant future. Signs are becoming all too frequent that the "perfect storm" — one not really detected or recognized until it's too late, and then total disaster to the point of non-recovery — is near. I hear stories of men and women returning from the Gulf War not receiving attention for critical transition, benefits or medical needs. Then I hear stories of vets from previous wars being pushed back or pushed aside to clear up the lines of returning vets trying to get service. Things are getting worse and the real rush hasn't even begun yet.

What rush? The current President plans to withdraw around 100,000 of the 142,000 U.S. troops in Iraq by August 2010. The VA has treated 400,000 Iraq and Afghanistan veterans since 2001, but it's often underestimated how many of those former troops would need its help. The Government Accountability Office has been going nuts (in my assessment) over the last three to four years with, in their officially reported words "challenges in budget formulation," "closer monitoring is an absolute imperative," "challenges remain to gain management competence," "better VA oversight can help," "coordination is weak," and so on. And, in house, the VA's Office of Inspector General has their hands full trying to sort out incompetence, bad management, stupidity and criminal activity — not my words!

One of the very first signs of the dam bursting is in the number of new claims to the VA for veteran benefits. The VA inspector general reports show that veterans can wait a month or more to see doctors. Meanwhile, the agency takes six to 15 months to process disability claims and it has a backlog of more than 700,000 claims.

Now, with that kind of load on the system, you can usually find acts of desperation from the understaffed, overworked employees who are pushed by an overstaffed supervisory group trying to keep the balloon from exploding. Those acts have been uncovered and reported to Congress, who shows no sign of reacting as yet.

Last year, claims documents being processed by the VA were found shredded before being processed. In a statement before Congress, Belinda J. Finn, assistant inspector general for auditing at the VA OIG, made the following comments: "During our ongoing audit of VBA claim-related mail processing, the Office of Inspector General discovered 132 claim-related documents needed to support and facilitate the processing of claims that personnel inappropriately discarded in 37 shred bins located at VA regional offices in Detroit; Waco, Texas; St. Louis, Mo.; and St. Petersburg, Fla. After we briefed Veterans Affairs and Veterans Benefits Administration senior officials regarding this discovery, VBA searched shred bins in all of its regional offices and the St. Louis Records Management Center and found 474 additional claim-related documents in 41 of the 58 locations. VBA reported to the OIG that their inventories of VARO shred bins nationwide located 474 documents affecting benefit entitlements and eight documents that were required to have been returned to claimants at 41 locations nationwide. Of the 57 VAROs, 40 reported that shred bins included documents affecting benefit entitlements."

The VA OIG continued, "We cannot determine how long this problem may have been occurring or how many documents were potentially shredded. The bins our auditors reviewed contained 14 or fewer days of material. Further, we cannot project loss from our findings. We consider any loss of claims to be unacceptable. These actions result in an inaccurate or incomplete record of activities needed to process a veteran's claim, delay claims processing and potentially result in denial, under, or overpayment of benefits.

The impending "perfect storm"? The OIG recently made this statement before the VA and Congress: "Large inventories of pending claims for compensation and pension benefits have presented VBA with its most difficult challenge. Making headway has proven difficult because VA faces an increasing disability claims workload from returning OIF/OEF veterans, reopened claims from veterans with chronic progressive conditions and additional claims from an aging veteran population. The complexity of benefits laws, court decisions interpreting those laws, technology issues, workload, and staffing issues contribute to VA's benefits processing challenges." Just wait until "Johnny comes marching home" next summer!

God bless.

TIMELINE 6

Sept 9 2009

More about VA promises not kept

JOHN TAYLOR

VETERANS ADVOCATE

Southeast New Mexico veterans were told in an Artesia town hall meeting Sept. 16, 2008, the new AVAMC administration would work to establish contracts for local services with local hospitals and physicians, thus helping to eliminate our six-hour plus round trip drive to Albuquerque for medical, dental, lab, therapy and specialty care services.

Specifically, George Marnell, director of the Albuquerque VA hospital opened the meeting with, "We are the most challenged area, geographically, in the United States. Because of that, we ought to be the laboratory where we do learn how to project quality care across vast geographic distances. As you know, and as we who shared the ride from Albuquerque today well know, there are massive distances in this area we need to conquer." Marnell further noted, "A 'Rural Access Plan' has been and continues to be developed to resolve this critical issue down here. We see this as an endless battle we need to continue fighting."

A specific question was directed at Marnell by local retired Marine Col. Ron McKay. "Why is the VA not contracting with local hospitals for services? What about contracting with (Eastern New Mexico Medical Center) for services? Negotiations have always fallen through over the last several years through no fault of the hospital, and have always been followed by statements like 'It's not going to happen, end of discussion!'"

Marnell and Dr. Meghan Gerity, Chief of Staff at the Albuquerque VAMC, stated they were not aware of past problems, but that they are very interested in working with local hospitals and providers. Gerity responded, "I completely sympathize with you about this, and have actually been doing a fair amount of soul searching myself to try and figure out what is the right thing to do with people. Bbut there are certain caveats that exist. We expect the same high standards of quality care we expect of ourselves, which is the highest standard in the nation for all services. One of our main issues with obtaining care locally is how to make sure the local services receive the same scrutiny we apply to ourselves. In the past, some local providers have been reluctant to let us into their business, or scrutinize their care or take a look at their records. That's something we insist on." Marnell and Dr. Gerity stated they were not aware of past problems, but that they are very interested in working with local hospitals and providers along the lines Dr. Gerity mentioned.

McKay said providers have been ready, willing and able to partner with AVAMC for years now. "We have been lied to or, at the very least, grossly misled by past VA Secretaries and AVAMC executives. I hope things improve on your watch." The town hall hosts from the AVAMC made a heartfelt plea to their beneficiaries — a number of us are new to your NM VA health system, and we aren't aware of what has gone on in the past concerning local issues. However, we ask that you give us a chance and we will make every effort to do the things we have committed to accomplish for you and, hopefully, several other things we are working on but aren't comfortable as yet to promise. "All we ask is that you give us a chance." That was over a year ago. Time's up!

According to a contact of mine in nurse management at ENMMC, Marnel and Garity met with ENMMC officers last year to discuss contract services, and never followed up. The VA visitors gave the impression Albuquerque's services were far superior to community providers, and it would be difficult (if not impossible) for "outliers" to meet VA standards (not the first time I have heard this opinion from local providers). When previous AVAMC administration members such as Mary Dowling met with ENMMC ex-administrator Rich Robinson during his tenure, a similar encounter was reported. No follow up by Albuquerque VA. Same old, same old!

Rod Schumacher, administrator of Roswell Regional Medical Center, has not heard anything from the VA, period! Several physicians in the local IPA report none of their member physicians have been contacted, to their knowledge. In short, another promise made is another promise broken. Did I mention same old, same old?

To add insult to injury, a comment reportedly made by Albuquerque VA visitors last year was, "there are only a handful of vets locally who are complaining, so all this is not a critical problem." That's a bit different from comments made to vets in the town hall meeting! Also, if we're only talking a handful of vets, then the cost is negligible, and the local contracts should have been put in place years ago! Needless to say, local vets are tired and very angry. God bless.