

Congresswoman Stacey E. Plaskett (VI-At-Large)

Testimony before the House Veterans Affairs Committee

Tuesday, September 10, 2019

10 am - until

I would like to thank Chairman Takano, Ranking Member Roe, and the Members of this Committee for the opportunity to speak on the issues affecting approximately 8,800 veterans in my district, the U.S. Virgin Islands.

I appreciate the continued support with the intention to host a Congressional Delegation to the U.S. Virgin Islands. Although members were unable to attend, Democratic Staff Director, Megan Bland visited the territory to assess the Veterans Affairs Administrations (VA) efforts in emergency preparedness, outreach strategies, the implementation of the Community Care Network and connecting civilians to much needed VA resources. As a result of this visit, staff was left with the impression that veterans of USVI have little to no access to VA healthcare. They identified the lack of access to immediate assistance following a disaster, understaffing and mismanagement of the local VA clinics, and the treatment of veterans under a contract that is now nullified.

The Virgin Islands currently houses two VA clinics, one on St. Thomas and one on St. Croix, with no VA hospital. Although the CHOICE program is available in the Virgin Islands, some doctors are hesitant to participate due to

delayed payments and being in a small market. This further exacerbates the issue of having only a small number of medical specialists capable of providing necessary service. In one case, a veteran required a heart specialist, but because only one was working in the territory, the veteran had to wait two months for an appointment. This is unacceptable.

Community providers that treat veterans in the Virgin Islands are still operating under Choice contracts and were subject to funding that expired June 6, 2019. As of July 21, 2019, the VA had performed no outreach to community providers within the US Virgin Islands regarding Community Care Networks under the MISSION Act. This means that providers are treating veterans under contracts that were nullified on June 6, 2019. It is unclear how VHA is both authorizing and reimbursing for this care as the funds used to pay for care under the now void Choice Program are no longer available. While Congress is willing to support these providers as they seek reimbursement in the future, it is discouraging that the Caribbean Healthcare System and the VA Central Office failed to inform, educate, and enroll these providers in the new Community Care Network created by the MISSION Act.

As a result of these limited resources, many veterans must communicate with and travel to the VA hospital in Puerto Rico, which leads to several major issues. First, veterans in some cases must pay up front for airfare and a hotel stay in

Puerto Rico due to appointment times and limited airline schedules. There is a hardship when they must bring a companion. Second, communication barriers often emerge because of significantly differing dialects and language barriers. Third, numerous veterans have mentioned that they feel disadvantaged and prejudiced when interacting with the VA hospital in Puerto Rico due to race and residency. Many Virgin Islands veterans have stories of abuse and mistreatment that are, in most cases, hard to prove and thus seldom recorded.

Virgin Islands veterans also complain that they must exert unnecessary effort to prove that their disabilities are service-related in order to receive the benefits they deserve. Vietnam-era veterans have expressed concerns about their burden of proof that post-traumatic stress disorder and exposure to Agent Orange are results of their military service. Despite the VA's recent efforts to revisit this issue, many veterans and their families believe that too little has changed and that these new efforts are inadequate for a population that placed their lives on the line for their country.

All American veterans deserve a commitment from their country and government that proper healthcare will be provided, regardless of geographic location. As the hospitals in the Virgin Islands are reconstructed following the destruction of Hurricanes Irma and Maria, I request that the Department of Veterans Affairs and the House and

Senate Veterans Affairs Committees consider funding a new component of the hospital system dedicated to veterans and capable of accommodating more severe healthcare needs than the clinics alone can provide, with an actual contingency plan, unlike the one planned for Hurricane Dorian.

The Virgin Islands Office of Veterans Affairs estimates that there are approximately 4,000 on St. Croix, 4,000 on St. Thomas and 800 on St. John. Because the US Department of Veterans Affairs reports enrolled veterans of the US Virgin Islands as part of the Caribbean Healthcare System which also includes Puerto Rico, it is difficult to easily attain the population of veterans enrolled in VHA that reside in the US Virgin Islands.

Because of the funding structure of VHA facilities, it is critical that enrollment into the VA reflect the overall population of veterans within the community. The lack of VHA care options on the various islands negates the incentive that stateside veterans may have to enroll in free or cost-reduced health care. As a result, VA and local leaders should better promote enrollment within the VHA for veterans in the USVI. There are a myriad of VSO posts, clinics, and outreach opportunities that the VA should better capitalize on as well.

I thank you for your consideration and encourage you to increase the federal commitment to the embattled veterans of the U.S. Virgin Islands.