Statement by Raul Eduardo Rosas, Executive Director for LIFT A VET, a 501(c)(3) Nonprofit Organization (Maryland & Puerto Rico)
Submission for the record of the House Committee on Veterans Affairs and Subcommittee on Health visiting Puerto Rico on
March 12, 2018

Mr. Chairman and Members of the Subcommittee on Health:

Thank you for the opportunity to share our recommendations to the Subcommittee. I am Raul Eduardo Rosas, I was born and raised in Bayamon, Puerto Rico. I am the Executive Director for LIFT A VET, a non-profit organization based in Maryland with operations in Puerto Rico. I am a United States Navy Retiree; a Service-Disabled Veteran and Iraq War veteran (combat).

When on duty, I serve as a Member for the Advisory Committee on Minority Veterans appointed by VA Secretary and as Commissioner with the Maryland Veterans Commission appointed by the Maryland Governor; however, the statements and opinions submitted to the Subcommittee by me today are strictly based on my experience as a private citizen and Executive Director for LIFT A VET while operating in Puerto Rico and should not be taken as the official policy or opinion coming from or on behalf of the Secretary or the Veterans Affairs; the Maryland Governor or the Maryland Veterans Commission. I have not been authorized to represent, act or provide testimony in any way on their behalf. LIFT A VET's principal goal is to assist veterans and their families through the challenges they may be facing in life, linked to their military service. Lift A Vet has been providing limited assistance to veterans in Puerto Rico and Vieques December of 2015 thanks to public donations.

We feel that our recommendations to the Subcommittee can have direct positive impact on the Veterans Administration Caribbean Healthcare System (VACHS) and the disproportionate number of veterans living in remote, mountainous rural areas of Puerto Rico, the Islands Municipalities of Vieques and Culebra and the U.S. Virgin Islands. While many veterans in the metropolitan are receiving great care from the VA in San Juan, reports from other parts of the island do not accurately reflect the scope of the problem outside the city. Monitoring of veterans with low mobility or who are otherwise disabled living in areas is difficult under ideal conditions, and was exacerbated by the recent natural disasters. VACHS San Juan has probably provided more care at national standard levels than other facilities around the island, but was heavily dependent on incoming supplies and workers from the mainland. In addition, an accurate record of beneficiaries is crucial to providing care during and in the immediate aftermath of such disasters. Currently, the chief complaint I hear from many veterans is service – too slow or, in some cases, low priority.

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BACKGROUND:

The American citizens of Puerto Rico have a unique relationship with the U.S. Military, one that is mostly unknown to the public on the mainland. Lately, Puerto Rico has been in the spotlight due to a financial crisis, economic, health and humanitarian crises, and now, in the aftermath of Hurricanes Irma and Maria these challenges have been magnified many fold. This has influenced different groups and subgroups in the Commonwealth, yet, the role service members and veterans from the island, who have been instrumental in the socio-economic development of Puerto Rico since the 1940's, has been completely ignored – until now. Puerto Rican veterans are the only Hispanic group over-represented in the U.S. military, but over two-thirds of the island's veterans chose to reside stateside.

After Hurricanes Irma and Maria, the American citizens of Puerto Rico, including veterans had to wait for five and 10 hours in lines for the basic necessities, hospitals were without power, homes without roof, and communications was severely degraded and limited to satellite phones and the U.S. Of the 69 hospitals in Puerto Rico, only one was fully operational (not counting the VA). Nearly one in three veterans live in rural areas that have been underserved due to a lack of access to health care; cause by greater travel barriers and other factors.

Transportation:

Veterans living in Puerto Rico are isolated by distance even within the Commonwealth with a disproportional amount of resources spent closest to San Juan. The veteran population in Puerto Rico is aging, with a majority now being Medicare eligible. By improving efficiency in enrolling and determining eligibility for VA services to the total veteran population that is eligible for benefits, improved access to and overall healthcare costs may also be reduced. The Veterans Transportation Program (VTP) has proven to significantly increase savings in Special Mode Transport (SMT). For example; the Veterans Transportation Service Savings during FY-15 (between Beneficiary Travel Mileage offset savings and Special Mode Contract Avoidance savings) was over $12 million. These were Medical Service Funds in the Medical Centers budget that gave facilities the flexibility to use those savings for clinical care/clinician salaries. The American veteran living on the islands are 100% minority veterans and should be among the priorities of the Veterans Administration and the U.S. Congress.

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Nearly one in three veterans live in rural areas, and rural veterans are disproportionately underserved due to a lack of access to health care facilities, specialty care, and basic health services. Among barriers to care, geographic isolation, language barriers, and transportation stand out, especially for Korean and Vietnam Veterans, whose quality of life is negatively affected and may contribute to poorer health outcomes. The permanent reauthorization of the Veterans Transportation Service (VTS) program, through the Rural Veterans Travel Enhancement Act of 2015, would address this issue, and would provide veterans with reliable transportation to health care. Congress has not acted on this and should move to make this permanent action item.

The Veterans Transportation Service (VTS) has historically been a voluntary participation program for VA Medical Centers. The VTS Program is currently operating at 99 VA Medical Centers across the nation. Participation has been less than 100% largely due to the uncertainty of continuation of the program based upon the current year to year reauthorization. Granting of permanent authority to operate provides reassurance of continued program and funding support which cannot be assured under the current annual reauthorization status. Additionally, permanent authorization also lends support to the possible decision to convert VTS from a voluntary participation program to a mandatory participation program, thus assuring that the current 53 VA Medical Centers, of which approximately 20 would be considered rural VA Medical Centers, would receive VTS resources which would improve access to care for both rural and urban Veterans. VTS can transport any Veteran; however, disabled, aged, frail and critically ill Veterans face the largest transportation challenges in accessing care. VTS specializes in transporting Veterans with these challenges and could mean the difference between life and death for this small but important subgroup of American military veterans and their beneficiaries. Currently the VTS Program in Puerto Rico has two large vehicles, which they seem to be using as shuttle vehicles, it seems there may be a great need for individually scheduled transports for disabled Veterans who need Special Mode Transports (wheelchair and stretcher transports). During the first two quarters of FY-18, VTS in Puerto Rico have transported 966 veterans, 28 of those were wheelchair patients which supports my statement that these vehicles are potentially being used as shuttle vehicles and not to address the needs of disabled veterans.

RECOMMENDATION: Amend title 38, United States Code, to make permanent the authority of the Secretary of Veterans Affairs to transport individuals to and from facilities of the Department of Veterans Affairs in connection with rehabilitation, counseling, examination, treatment, and care, and for other purposes. This was previously attempted under S. 603 – 114th Congress (2015-2016) and introduced in the Senate (02/26/2015).

NOTE: In 2016, VACHS spent over $1.2 million on air travel for transporting patients from the U.S. Virgin Islands to San Juan. Those figures were obtained via FOIA

request. LIFT A VET approached VA leadership in San Juan with a proposal to save the facility over $400,000 a year transporting unique passengers by air to San Juan. 80% of those flights were from St. Croix and St. Thomas to San Juan. Approximately $85,000 of those savings came from booking fees VA had to pay.

We proposed using local pilots who were willing to provide the same level of service and the VA would technically own the aircraft for the day and use the empty space (also known as empty leg) to transport VA staff on official business to and from those destinations. This also would have saved a significant amount of taxpayer dollars because it almost eliminated the need for VA to pay for lodging and per diem cost for the Veteran and authorized companion. We never heard back from the VA.

Choice Program and Lack of Access to Primary Medical Care to Veterans Living in The Central Region in Puerto Rico:

LIFT A VET out of Maryland; NEW VISION LLC and SALCARE HEALTH SERVICES out of New York City have been collaborating with several Puerto Rico-based nonprofit organizations; before, during and after Hurricanes Irma and Maria, and out of the 20 Federally Qualified Health Centers (FQHC) in Puerto Rico, ***SALUD INTEGRAL EN LA MONTAÑA, INC. (SIM)***, a community non-for-profit organization incorporated 43 years ago under the Puerto Rico Laws to provide preventive healthcare services in the central region of Puerto Rico has been helping some veterans in need at no-cost. SIM answered the call when we needed them to reach out to veterans who were completely disconnected from VA San Juan. The experience with barriers to access to primary care for Veterans in Puerto Rico immediately after Irma and Maria increased and worsened with the lack of electric power, landslides, higher out of pocket expenses due to the cost of operating gas-powered generators coupled with the lack of water, food and unemployment.

Many veterans who are suffering from physical and mental disabilities due to service-connected injuries living in Puerto Rico have conveyed to me that they have a difficult time getting appointments with the VA at local clinics. Some of these Veterans who suffer from Post-Traumatic Stress Disorder (PTSD), anxiety, chronic depression, chronic headaches, multiple Traumatic Brain Injuries (TBI's), light sensitivity and other injuries who have attempted to use Choice Program have been told by operators to just go to the nearest local emergency room (ER) and "go from there". Many are elder and cannot drive; there are many medical facilities (clinics) that they can be easily seen at nearby their homes but the Choice restrictions do not allow for this to happen.

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Currently, there are veterans in the central mountain region of Puerto Rico that must drive almost an hour (depending on traffic) to be served in San Juan for primary care services (although distance is less than 40 miles and waiting time less than 30 days). The Veteran Health Administration (VHA) defines the need and authorize health centers to serve veterans. "The Office of Community Care directs the Choice Program and other contracts and programs that allow Veterans to receive care outside of VA walls. They are responsible for the Community Healthcare network and the contractors that build them, and committed to assuring partnership with FQHCs across the nation."

Because there is no direct method for Veterans to authorize their own care – VA must authorize that care for payment to be applied. They are very different from other payors in that way. However, Veterans can certainly be directed to their preferred provider in the CHC's network. Under the Choice program, *the 40 miles or 30 days wait time eligibility is* ***defined by legislation***, so there is not a great deal of flexibility there. However, there is also the additional eligibility that opens the program when there is an *undue burden including travel and other environmental concerns*. The local facility should certainly take that into account when making decisions regarding referrals. Organizations like SIM should be considered for contracting by the VA as they've proven to be a tremendous asset to care for Veterans during a major natural event crisis.

CURRENT LAW: Public Law 113-146, the Veterans Access, Choice, and Accountability Act of 2014 (Choice Act), as amended, establishes the Veterans Choice Program (VCP); however, the law did not change the eligibility requirements for enrollment in the VA health care system and did not modify VA's existing authorities to furnish Community Care.

RECOMMENDATION #1 CHOICE: Congress should modify Public Law 113-146 or instruct the VA Secretary (under Public Law 114-19) which amended the Choice Act to give the Secretary flexibility to determine eligibility for the Choice Program when a Veteran faces an unusual or excessive burden in traveling to a VA medical facility based on factors set out in the law. The Secretary should waive this requirement.

RECOMMENDATION #2 CHOICE: Congress should modify Public Law 114-41, the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015. Title IV, the VA Budget and Choice Improvement Act, makes several changes to the Choice Act that affect Veteran eligibility, including expanding eligibility for VCP to all enrolled Veterans who meet eligibility criteria based on their residence and wait-times.

JUSTIFICATION: Currently, Veterans residing in Vieques do not have a full-service clinic. This subgroup of Veterans must travel to San Juan using a ferry system that is often out of commission and unreliable; their only other alternative is air-travel which can be extremely expensive to Veterans who may not qualify for reimbursement from

VA but eligible for other services. This is also true for Veterans living in Culebra and the U.S. Virgin Islands. Waiving the Choice requirements for Puerto Rico can change the game in the way health care service can be delivered to veterans living under these conditions and in deep rural areas with little to no access to mass transportation. This would also allow for the FQHC's like SIM to apply and qualify as VCP providers and can save millions by allowing veterans in the subgroup to obtain services when VA can't meet the demand.

Veterans Leaving the Island:

Mr. Edgardo Rivera is a United States Navy Retired Chief Petty Officer and resident of the State of Florida; he is an American Legion 5th District Service Officer; American Legion Post 373 Service Officer and Life Member Auxiliary Vietnam Veterans of America. Mr. Rivera wants me to share with the Subcommittee his personal experience with Veterans from Puerto Rico and their VA claims. According to Mr. Rivera, it seems that every year he must entertain more and more VA claims for veterans who have relocated to the State of Florida from the island. Most of these veterans complain about the lack of knowledge that VACHS Representatives have back on the island and most of the claims that Mr. Rivera has assisted with have been for WWII, Korean War and Vietnam Veterans. In 2016, Mr. Rivera alone assisted 105 veterans from the island; and in 2017 a total of 138 – most of those claims have been associated with disability compensation claims for service-connected disabilities. A high-percentage of these claims have been assigned a rating decision in favor of these veterans. The other issues with VA on the island that Mr. Rivera reported on behalf of the veterans he has assisted is long waiting periods for care; and when the veterans contacted the VACHS, it was the lack of time with the VA physicians. Because of this, those veterans will not return to Puerto Rico as they feel that they are now receiving the proper amount of care in their new home in comparison with the substandard care they have reported back on the island.

RECOMMENDATION: **Hire a well-qualified "Veteran" is hired as the Director of the VACHS and selected from outside the VA's SES chain. A good example is the Director of VA in Baltimore; a retired Navy Admiral from the Medical Corps; former Navy Surgeon General with previous experience managing a National Military Medical Facility – that is what Puerto Rico needs, someone who understand the Veteran. In addition, VACHS must improve its general hiring practices and avoid perceived wide-spread nepotism; the hiring of personnel without the required experience, and in some cases, the hiring individuals with criminal background. Losing veterans due to lack of adequate services or benefits seems to be attributed (based on feedback from veterans) is unacceptable and must be addressed.**

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Post Irma/Maria and Water during Emergencies

During one of LIFT A VET relief trips to the island, I met Mr. Moses West via a phone conversation; we discussed bringing fresh potable water to Guaynabo and possibly Vieques. VA needs and should work with this guy!

Water is the most basic yet critical resource that was in limited supply, or completely nonexistent during this natural disaster. Veterans and the public suffered needlessly in many situations as there is a technology that was deployed by Captain Moses A. West U.S. Army Retired, and CEO of AWG Contracting LLC, to produce clean potable water. On the 22 January, Mr. West deployed this water producing technology to the hospital in Vieques and began supplying clean drinking water that is pure enough for dialysis treatment. The unit is being utilized by FEMA, the National Guard, the hospital and the local population. The technology will soon be powered by the Tesla solar array and battery backup producing between 10,000 and 14,000 gallons of water every week completely on renewable energy. This technology is now a critical part of the emergency response system and regular daily water supply for the Veterans and residents of Vieques.

RECOMMENDATION: VA should follow up with Mr. West and consider his solution as part of a contingency plan for this and future natural disasters to ensure continued services such as clean water for medical application.

LIFT A VET's Experience with Veterans in Puerto Rico

LIFT A VETs first case in Puerto Rico was during the spring of 2016. The Veteran name was Donald German who used to live in Vieques. We I first came into contact with Donald, he was severely malnourished; wheelchair-bound; lived alone; showered only once a week and had a caregiver he had to pay out of pocket with the little he received from Social Security. I immediately contacted the VA in San Juan and literally demanded that they take care of this Veteran. Donald needed more than just food; he needed immediate medical attention as it was exhibiting serious signs of respiratory issues. Initially the VA resisted but with continued pressure we succeeded at having a social worker from the Ceiba VA clinic to follow up on his case. We did 90% of coordination on behalf of Donald all the way from Maryland. VA has no transportation in Vieques so we coordinated with the director of emergency services on the island who provided Donald with "free" ambulance service for the Veteran to make his appointments. We fought to get Donald a brand new motorized wheelchair but it took a full year before one was finally delivered. A simple order of adult diapers took over six months to get delivered by the local supplier. We continued to fight for Donald and VA eventually assigned a nurse to visit Donald four times per week; we also managed to get him a new bed and meals on wheels from the local government – it was all about

"quality of life" for this veteran. Eventually we lost contact with Donald shortly after Hurricane Irma and then Hurricane Maria. We flew to Puerto Rico to immediately provide relief assistance and I personally assisted and coordinated the evacuation of two military families at the request of the U.S. Navy. A group of firefighters from New York where getting ready to fly to Vieques to do a "house call" and check to elderly residents in need. I gave them a description of Donald and where he lived and continued with relief efforts on the island. Two weeks after my departure from Puerto Rico I received a call that Donald was found by those firefighters and the U.S. Military and was immediately evacuated by helicopter to the VA Hospital in San Juan where he died within a week of his admission.

In summary, our experience with Donald exposed what we believe to be major discrepancies with the system; even though we succeeded in getting the VA to respond, it wasn't easy and it wasn't pretty. At times we found ourselves threatening to contact the VA in Washington, D.C. to get their attention. Even though Donald is no longer with us, the VA should conduct a case study to identify these major flaws with the delivery of services to disabled Veterans like Donald – we know there are others like him in Puerto Rico needing similar attention. A year to deliver a motorized wheelchair is simply unacceptable. Donald was also eligible for a pension which he never received because he had no one to really help him with his paperwork that also took close to two years to be given the attention it warranted.

Another case of a 25-year-old male Purple Heart recipient that needed a prosthesis due to injuries received from an IED while serving in Afghanistan. According to records, the device cost was approximately $5,000 and VA San Juan told the Veteran that it was too much money. In addition, the Veteran reported that the process took close to a year for the VA to say No. This time I contacted VA in DC and coordinated for the veteran to travel to California to get the prosthesis he needed; however, before we could make travel arrangements, the Veteran traveled to Tampa, Florida where he received the device he needed in less than two weeks.

The VACHS San Juan is one of the most heavily utilized hospitals in the VA system with an approximate annual influx of over 10,000 inpatient admissions and about 500,000 outpatient visits. Since 2009, nearly $300 million has been spent in a multi-phase renovation and expansion of the VA hospital and according to the VA, was to be completed by 2015. Another $6.3 million was invested in a community-based clinic in Mayaguez and several satellite clinics. Yet, even with all the modernization, Veterans are forced to travel to the Continental United States (CONUS) for improved care by VA and that is unacceptable.

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In conclusion, we need to work harder for our Veterans, to better engage Veterans Service Organizations and individual Veterans, the VA Hospital and local partners like SIM in health care, active duty focus groups, and more aggressive oversight of treatment of Veterans living in Vieques, Culebra and the U.S. Virgin Islands. By improving VA services to the population that is eligible for benefits, overall health care costs may also be reduced. Veterans in Puerto Rico are anxious and capable of contributing to Puerto Rico's recovery and the VA could improve access to training and educational opportunities for local Veterans. We strongly urge Congress to review this opportunity or evaluate some or all our recommendations for priority action. Our desire is to assist in the transformation of the VA and make the department a model for other agencies to follow. Our veterans expect and deserve nothing less. LIFT A VET remains committed to the Subcommittee and VACHS to support all efforts in any way the Subcommittee deem appropriate.

Very respectfully,

Raul Eduardo Rosas
IT1(SW/PJ), U.S. Navy (Retired)
Executive Director, LIFT A VET