Oversight Field Hearing: "VA Healthcare: Maximizing Resources in Puerto Rico" of the U.S. House of Representatives

Committee on Veteran's Affairs, Subcommittee on Health

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## Statement of the Advocate for Veterans of the Government of Puerto Rico

Good morning, my name is Agustín Montañez-Allman, Advocate for Veterans of the Government of Puerto Rico, a Veteran of the Persian Gulf War, and recipient of a Bronze Star Medal.

On behalf of the Office of the Advocate for Veterans of the Government of Puerto Rico (known in Spanish as *Oficina del Procurador de Veteranos*, or OPV), we welcome you to the Island I also would like to thank Chairman Wenstrup and fellow members for the opportunity to open a dialogue about Veterans Health Care in Puerto Rico in hopes of enhancing our collaboration.

As an overview, I would like to explain our Agency's mission and core functions, and who is our constituency. Then, I will proceed describing what through our office we have come to observed to be part of their current situation with regards VA medical and mental healthcare programs; and the lessons learned in our operations and disaster relief efforts. Finally, I will explain the collaborations with community programs to address Veterans health issues; and end with recommendations for proactive improvements in the operations and disaster preparedness, as the next hurricane season approaches this coming June- November.

# OPV AND DEPARTMENT OF VETERANS AFFAIRS IN PUERTO RICO

OPV's mission is to enforce Federal and Puerto Rico's Laws and Regulations regarding U.S. veterans in Puerto Rico, particularly Puerto Rico Law Num. 203 of December 14, 2007, known as *Puerto Rico Veterans Bill of Rights for the Twenty-First Century;* while also providing and coordinating limited social services. The office offers technical assistance, advice, orientation and education programs to ensure the socio- economic well-being of veterans in Puerto Rico and their families. Because of its regulatory function as an "ombudsman", the office operates independently from other territorial agencies. We have an independent budget, mission and work force; and it is the main government agency addressing matters pertaining to U.S. veterans in Puerto Rico.

OPV is also responsible of overseeing the management of the Veterans State cementery (located in the municipality of Aguadilla), and overseeing the administration of the Veteran's Home (known in Spanish as *La Casa Del Veterano*), located in the municipality of Juana Diaz.

CDV is a two-story building of 157,333 square feet. It is the only state veterans home in the Caribbean, and cost 13 million to build. This 20-year old facility provides domiciliary/ assisted-living services for 25 veterans, and also provides nursing home/long-term care services for another 117 veterans for a total of 142 veterans served. Since I became Advocate for Veterans

of the Government of Puerto Rico, the CDV regained its VA certification and has met every annual inspection without a single jeopardy finding.

Our office collaborates with the U.S. Department of Veteran Affairs (VA), and we work closely with all three administrations under VA working on the Island (Health Services, National Cemetery and Veterans Benefits). Examples of our collaboration are the referral of homeless veterans to programs run by the San Juan Veterans Medical Center (SJVMC); facilitating VA relations with the community at-large; and serving as a liaison with local chapters of U.S. Veterans organizations in Puerto Rico that complement VA services.

Also, Puerto Rico's Veteran's Home or LCDV, has received emergency support from the San Juan Veterans Medical Center Two years ago, CDV's chiller of the AC system broke down and the medical center loaned several portable AC units. In preparation for Hurricane Maria and possible electrical service interruptions, the medical center received 5 veterans with spinal cord conditions that required continuous electrical-powered equipment.

## **VETERANS IN PUERTO RICO**

Our constituency is comprised of Puerto Ricans and residents of Puerto Rico, who were members of the five US Armed Forces in every war and conflict since WW I, as well as during peacetime. They served our Nation with honor and valor. Some are native Puerto Rican, others are mainland retirees and/or business owners, some are seasonal residents, and others are foreign-born US veterans from countries such as Dominican Republic, Columbia and Mexico.

Currently, VA accounts for a population of over 93,000 veterans on the Island, although our office has experienced the population to be higher in number. There are numerous Veterans on the Island that are not receiving VA services or benefits, because they do not want to be identified as a veteran for various reasons, some because of politics or socio-economic discrimination. Also, there are veterans that are not registered with VA, because they do not know they have veteran status, and others do not qualify for VA benefits due to high income and good health, while there are some that are not interested in a relation with VA, or any social program to receive benefits or services.

# CURRENT SITUATION OF VA MEDICAL AND MENTAL HEALTHCARE IN PUERTO RICO

Services are offered to US veterans residing in Puerto Rico by VA Caribbean Heathcare system. These services are for the most part of high quality; in many cases, they exceed services offered by the private sector. But there is not enough capacity to serve all eligible veterans. Also, there is a shortage of type of services provided, as well as a shortage of specialized health facilities, a shortage of medical professionals in certain areas that affects also the private sector. Access to services still proves to be a challenge due to information and transportation issues. Furthermore, healthcare providers, particularly those contracted from the private sector, need additional training to manage effectively veterans cases.

For example, we have a medical center in San Juan with only 285 beds for medical patients, and 30 beds for mental health patients that is expected to meet the medical and mental health

needs of over the 93,000 veterans residing on the Island. To address this situation, VA has created two multi-specialty outpatient clinics in Ponce and Mayaguez, three community-base outpatient clinics (CBOCs) in Ceiba, Guayama, and Arecibo, and three rural clinics in Comerio, Utuado, and Vieques.

These clinics do not provide all of the services available to veterans. To resolve this, VA has contracted private providers, but even in the private industry and the VA main medical center there is a shortage of medical professionals in certain areas such as ENT's, radiologist, urologists, neurosurgeons, oncologists, psychiatrists, allergists, hand-surgeons, and dermatologists, etc.; and none of the clinics or medical center has a VA trauma center or mental health residential facility. VA has also contracted out these services, but there is also not enough capacity.

Another issue is that the VA CHAMP Program and its sub program Champ In-house Treatment Initiative (CITI) are having problems maintaining a sufficient inventory of health service providers principally outside of the metropolitan San Juan area. Not enough providers are joining the program, and with some of the VA Care in the Community programs, several contracted outside providers complain that VA takes too long to make the payments.

Veterans also have difficulties reaching services. VA provides transportation from the clinics on the Island to the main VA medical center in the metropolitan area of San Juan, but some veterans in rural areas have a difficulty reaching the outpatient centers and the contracted out State, non-profits and private sector providers.

Funding has been provided for the construction of a Fisher House for families and caregivers of those hospitalized in the San Juan Veterans Medical Center. Unfortunately, the project has not advanced.

Also, veterans that receive medical and mental health services complain about the lack of a holistic integrated approach to healing and rehabilitation, like the one being implemented in the mainland through non-profits organizations.

The current situation of veterans in Puerto Rico is similar to the situation of veterans residing in other states, for example: Alaska, Montana, and Arizona, where veterans live in remote and rural areas; with difficult access to VA medical and mental healthcare services. Where the situation of those Veterans differs from those residing in Puerto Rico is that they have Federal legislative representation with the power to vote, and Puerto Rico's Federal legislative representative cannot vote in Congress.

This has contributed to disparities in rights and services, such as healthcare services, between veterans residing on the mainland and those residing in Puerto Rico. As a result, this has led VA and our office to create partnerships between community groups, state agencies, private health service providers and others to mitigate issues. For example, to conduct MRIs on veteran bariatric patients, VA partnered with the State Medical Center. Unfortunately, although these

partnerships have improved veterans' situation in Puerto Rico, they do not fully resolve the wide array of issues that arise.

Finally, the CBOC in Arecibo, and the rural clinic in Vieques, both underwent extensive damage due to Hurricane Maria and are providing services from mobile medical units and shelter tents; which are not long-term solutions. To replace Arecibo's flooded CBOC, VA intends to construct a new facility in a different area. Unfortunately, one of the locations being considered is within a Tsunami-risk coastal area.

This brings me to the lessons learned when providing Veterans healthcare services in the aftermath of the two recent natural disasters, Hurricane Irma and Hurricane Maria.

# LESSONS LEARNED IN THE AFTERMATH OF HURRICANES IRMA AND MARIA Coordination between VHA and State Agencies

VHA was among the few hospitals that were able to keep operations running during the hurricanes and during the Island-wide blackout as a result of the hurricanes. A VHA representative was constantly present at the Center of Emergency Operations of the Government of Puerto Rico and was able to coordinate efforts with Federal, State and municipal agencies. As part of those efforts, our office was allowed to participate in VHA's daily briefings and was given a daily report of operations and services provided. Unfortunately, due to a total breakdown of the communications systems, VHA was not able to communicate with our office; which delayed coordination between us.

VHA did well in facilitating equipment and ITC lines to enable our office to set up a temporary service-area, where 3 OPV staff members assisted veterans filling out documents to submit over 900 FEMA claims.

# **Eligible beneficiairies**

In Puerto Rico, some veterans classified as Category 8 have no access to medical services in the Veterans Medical Center, because they do not have a service-connected medical condition and due to their high income they are expected to have their own health care coverage. In the aftermath of the hurricanes, many private health providers were not operating at full-capacity or were not operating at all, and these veterans were not able to receive appropriate medical services, or services at all.

# **Medical Equipment**

Many Veterans have been given CPAP equipment and nebulizers to treat conditions such as sleep apnea and asthma. Unfortunately, no one could foresee the extent of damage to the electrical system, and as a consequence, VHA had only a few back-up power-supply systems available for the veterans in most critical conditions.

About 700 veterans notified our office that they needed back-up power-supply systems for their medical equipment. Our office coordinated with various entities, such as Rotary Clubs, pharmaceuticals, and other organizations to procure portable power generators for veterans.

There were veterans that could not use some of the fuel-powered generators because of fumes aggravating their respiratory medical conditions. Therefore, the American Red Cross procured solar-powered back up power-supply systems, and collaborated with our office to distribute them to over 700 veterans in Puerto Rico.

#### RECOMMENDATIONS

# **Medical and Mental Health Services Operations**

- Facilitate that State and Municipal agencies, and non-profit organizations can submit proposals for Federal and private foundation grants for healthcare-related services, such as rehabilitation, and transportation to healthcare providers.
- Implement an integrated holistic approach to healthcare, like in the mainland.
- Expand Veteran Health Administration system orientation for private healthcare providers, especially for the CHOICE and VA CHAMP programs.
- Provide additional Veteran sensitivity training for civilian medical professionals, particularly during C&P examinations.
- Allocate small space within healthcare outpatient clinics to set up a service-area for OPV, and other VSOs to increase access and expedite services, along the lines of the service-area already set up in the clinic in Ponce and those proposed for the clinics in Mayaguez and Arecibo.
- Support Puerto Rico's Department of Health plans to expand the State Trauma Center to designate an area that services Veterans-and military personnel only; and that at a later time will serve as a back-up trauma center to the one that can be created at the San Juan VA medical center.
- Begin feaseability studies to build a trauma center at the San Juan medical center

#### **Disaster-Relief Efforts**

As we gear up to the upcoming 2018 hurricane season, it seems prudent to:

- Set up a reliable communication back-up system with satellite phones between VHA,
   State agencies, key medical and mental health service providers, and first-responders to ensure communication and facilitate coordination efforts.
- Implement as policy that VHA facilitates equipment and ITC lines to enable OPV and VSOs to set up a temporary service-areas to give orientation about services and fill out claims.
- Provide medical and mental health services to all category 8 veterans not-eligible under normal operations.
- Coordinate with non-profits or other entities to procure or subsidize back-up powersupply systems to every Veteran receiving electrical-operating medical equipment and devices.

On behalf of the Veterans in residing in Puerto Rico, thank you for this opportunity to share our office's insight and for your efforts to improve the medical and mental health services provided to veterans on the Island. We look forward to collaborate on this goal.