

Chairman Mike Bost
House Committee on Veterans Affairs
364 Cannon House Office Building
Washington, DC. 20003

Veteran Support Challenges in US Territories

Esteemed Chairman Mr. Mike Bost, ranking members and distinguished members of the Joint Committee on Veterans Affairs,

My name is Jose Acevedo, proud to have served the US Navy for a decade. Today, I bring forward issues that many of us, especially those from Puerto Rico and similar U.S. territories like American Samoa and Guam, face with our VA healthcare system. My own experiences, coupled with those of my fellow veterans, highlight a critical need for action to ensure we all receive the care and respect we deserve.

While studying law in Puerto Rico, I encountered significant obstacles directly linked to the limitations of VA services on the island. The absence of adequate funding for our VA hospital, which notably lacks a TBI (Traumatic Brain Injury) clinic, forced me into a burdensome two-hour drive just to receive basic treatment. On top of that long drive to the hospital, I also had to pay tolls out of my own pocket because the VA wouldn't cover these travel costs. This is not just an inconvenience; it is a barrier to the health and wellbeing of many veterans who, like me, find themselves choosing between their education, health, and sometimes even their livelihood.

My personal experience with the VA healthcare system took a turn for the worse following a recent surgery. I was under the care of Surgeon Dr. Jimenez Lee, whose actions or rather, the lack thereof have compelled me to tell the story. Post-surgery, I was given a generic set of instructions that lacked the specialized guidance crucial for my recovery. Despite the presence of my family, Dr. Lee failed to provide the necessary post-operative instructions and later misrepresented these events in my medical records. This negligence not only endangered my health but also shook my trust in the system meant to support me. My complaint regarding Dr. Lee's malpractice seems to have vanished into

the void, with no acknowledgment or action taken by the San Juan VA hospital in Puerto Rico.

But this isn't just about me. It's about all my fellow veterans living in these territories. No one seems to be talking about the issues we face there, so it's my duty to speak up for my brothers and sisters. We've been left to deal with these challenges on our own, choosing between our health, our education, or our jobs because the support we need just isn't there.

These issues faced by the brother and sisters living in the territories, underscore a profound neglect and inadequacy within the VA system. These challenges go beyond isolated incidents of negligence, revealing entrenched problems that compromise the dignity of veterans living in these regions. Here are a few of the issues presented to me by veterans living in the US territories.

Accessibility and Data Challenges in American Samoa, Guam, and Puerto Rico:

Veterans in these territories face daunting barriers to accessing necessary healthcare and services. The absence of specialized facilities, such as TBI clinics and Epidural Injections in Puerto Rico, forces veterans to undertake burdensome travels, often to different islands or the mainland, for care they should rightfully access closer to home. This not only imposes physical and financial strains but also exacerbates feelings of isolation and neglect among our veteran communities in these territories.

For example: While operational hours were provided to address accessibility concerns for elderly veterans in Guam, a more nuanced approach is required. Time zone differences, technological barriers, and physical limitations can significantly hinder access to call center assistance. The VA must explore alternative channels, such as local support centers, mobile units, or language specific resources, to bridge this gap and ensure equitable access for all veterans, regardless of their location or circumstances.

Hence, I am compelled to shed light on a particularly disheartening experience that starkly contrasts the healthcare services provided across different VA facilities. While a patient at the VA Greater Los Angeles Hospital in California, I had access to epidural injections every 4 to 5 months to manage severe lower back pain. The process was

seamless, with no hurdles in scheduling appointments or seeing a pain management specialist. This level of care significantly improved my quality of life, allowing me to manage my pain effectively and maintain my daily activities without undue distress.

However, upon returning to Puerto Rico for law school, the situation drastically changed. The continuity of care I had come to rely on was no longer a given. I faced an overwhelming challenge when I sought to continue my epidural injections for lower back pain—a treatment that had been regularly administered in Los Angeles. Astonishingly, for over three years in Puerto Rico, I was unable to receive a single epidural injection due to the VA's lack of funding for such procedures.

The stark disparity in care became painfully evident during an interaction with Dr. Hernandez, who, when approached about the possibility of receiving an epidural injection, laughed in my face, and stated, "We don't have funding for that." This response not only reflected a disregard for my suffering but also highlighted the resource inadequacies that prevent veterans from receiving necessary medical treatments. The contrast in care and access between VA facilities in Los Angeles and Puerto Rico is a glaring indictment of the inconsistent standards within the VA healthcare system.

There should be recorded data about these issues. The VA dependency on the Department of Defense for source data raises valid concerns about data reliability and accessibility, especially concerning pre-enlistment information and continuity of care. The VA must establish robust mechanisms to address gaps in data, cross-reference multiple sources, and ensure the accuracy and completeness of records. This is essential for providing seamless, well-informed care to our veterans, particularly those transitioning from active duty.

Logistical Nightmares in Care and Medication Delivery and Access:

The unique geographical and logistical complexities of American Samoa, Guam and Puerto Rico add layers of difficulty to the already challenging process of receiving timely medical care and medications. Veterans encounter delays and bureaucratic hurdles, with outdated policies further restricting the efficient delivery of essential

healthcare services and medications, leaving many in a precarious state of health management.

The inability to send medications to Veterans in Freely Associated States due to the Patriot Act is a glaring logistical and legal hurdle that compromises timely access to essential medications. While the workaround through family members is appreciated, it is a temporary and unreliable solution. The VA must work closely with relevant agencies and policymakers to address these legal barriers, streamline medication delivery processes, and explore alternative solutions, such as establishing local pharmacies or secure distribution channels, to ensure uninterrupted access to vital medications for all veterans, regardless of their location.

Lack of Accountability and Effective Response Mechanisms:

The VA's inability to properly address complaints and incidents of malpractice, especially in territories such as Puerto Rico, is deeply concerning. My own experiences with unresolved complaints about negligence and malpractice, highlight a systemic problem of indifference and a lack of accountability within the VA. Such neglect not only erodes the trust veterans place in this institution but also reflects a troubling lack of concern for our health and welfare.

This pattern of unaddressed grievances points to a need for an overhaul of the VA's response mechanisms. Ensuring that veterans' complaints are taken seriously and acted upon promptly is crucial for maintaining the integrity of the VA system and upholding its commitment to the well-being of all who have served.

Dependents' Healthcare:

The recognition of the gaps in healthcare services for veterans' dependents underscores a critical area of improvement within the Veterans Affairs (VA) healthcare system. It is imperative to understand that the sacrifices made by our veterans are often shared by their families, who also endure the challenges and repercussions of military service. Therefore, ensuring that veterans' dependents have reach to comprehensive healthcare services is not just a matter of policy but a fundamental expression of our nation's gratitude and support for the entire veteran family unit.

How to fix it:

Expanding VA Healthcare Eligibility: The VA must take concrete steps to extend healthcare coverage to include veterans' dependents. This expansion should encompass a wide range of assistance from preventive care to specialized treatments, ensuring that dependents receive the same level of care and attention as veterans themselves.

Resource Allocation: Adequate resources must be allocated to support the inclusion of dependents in the VA healthcare system. This involves not only financial investment but also the expansion of medical facilities and staff to accommodate the increased demand for services. Ensuring that these resources are equitably distributed across all regions, including outlying territories, is crucial for universal access.

Partnerships with Civilian Healthcare Providers: To bridge gaps in service coverage, the VA should explore partnerships with civilian healthcare providers. These collaborations can offer dependents access to medical services that may not be available within the VA system, particularly in specialized areas of care.

Information and Outreach Programs: Developing targeted information and outreach programs can help educate veterans and their families about the healthcare benefits available to dependents. These programs should aim to demystify the process of accessing care, addressing common questions and concerns, and providing guidance on navigating the healthcare system.

Website Usability and Accessibility:

Some veterans have had trouble in signing up on the VA.gov website which point to significant usability and accessibility issues that extend beyond broadband reach. The VA must prioritize an overhaul of its website, focusing on user-friendly design, intuitive navigation, and accessibility features to accommodate veterans with diverse requirements and technological proficiencies. Regular user testing and feedback should be incorporated to continuously improve the online experience for our veterans.

Ethical and Legal Understanding:

In American Samoa, Guam, and Puerto Rico, there is a pressing need for extensive training programs and resources focused on ethical and legal standards. This is crucial for committee members and VA staff alike, ensuring they are well-versed in the principles that govern their actions and decisions, thereby promoting ethical compliance and maintaining the integrity that veterans and their families deserve.

To achieve this, a multifaceted approach to education is necessary. It should encompass regular, extensive training sessions, detailed case studies that explore real-world scenarios, and easy access to experts in ethical and legal matters. Such resources will equip VA personnel with the knowledge and skills needed to navigate complex ethical dilemmas and legal challenges effectively.

Additionally, making these educational resources available in both the native languages of these territories and English is essential. This bilingual approach will ensure that all staff, regardless of their primary language, can fully grasp and apply these critical guidelines. By fostering a culture of ethical decision-making and accountability, the VA can better serve our veterans, upholding the trust they place in us and ensuring their rights and dignity are always protected.

Foreign Medical Program (FMP) Limitations:

The Foreign Medical Program (FMP)'s current constraints in service coverage, coupled with the significant hurdles veterans encounter when traveling for medical care, underscore deep-rooted issues in delivering complete healthcare services to those living outside the continental United States. These obstacles, which range from accessing basic treatments like epidural injections for pain management to specialized treatment for traumatic brain injuries (TBI), point to a critical need for innovative solutions.

To mitigate these issues, the VA must actively pursue collaborations with local healthcare providers. Establishing such partnerships can offer veterans more immediate availability to both routine and specialized medical services within their communities, reducing the need for burdensome travel. Additionally, the VA should harness the potential of telemedicine. By expanding telehealth options, veterans could consult with

healthcare professionals and receive certain types of care remotely, further easing the travel burden.

Veterans Health Administration (VHA) Services:

The VA must continually evaluate and adapt its approaches, leveraging technological advancements, such as telemedicine and mobile clinics, to overcome geographical and logistical barriers. Regular assessments and feedback from veterans in these areas should inform the development of targeted solutions tailored to their unique needs. There are also difficulties in the healthcare workforce retention, the VA needs to find ways to invest in employees and possibly work together through interagency collaboration to expand the training and retention of healthcare workers, maybe adding incentives and programs to keep the healthcare workforce from leaving.

In Puerto Rico, Healthcare workers working for the VA are taxed by the Fiscal Oversight Management Board according to what they earn. They must pay Federal and State Taxes, if they work at a state hospital, they only pay state taxes. We need a statutory legislation to provide tax relief to healthcare workers working for the VA to keep them from moving to a different location due to extreme taxation.

Also in Puerto Rico, there is one hospital and two clinics for over 80,000 veterans. We need Initiatives to build a new hospital and clinics to facilities and cater to the specific necessities of the veteran population in each territory. VA can also expand the telehealth services to provide remote care for veterans in outlying areas, reducing the need for travel. In my case is two hours trip to the hospital in San Juan. This expansion of telehealth should include a range of aid from routine check-ups to mental health support and consultations with specialists.

Compensation Service Challenges:

In American Samos, Guam and Puerto Rico, the operational challenges in claims processing and appointment cancellations can significantly delay or hinder veterans' access to rightful benefits. The VA must prioritize streamlining processes, investing in personnel training, and exploring digital solutions to improve efficiency and responsiveness. Regular audits and feedback loops should be implemented to identify

bottlenecks and implement targeted improvements continuously. For example: When a veteran must travel to another city or island for a C & P exam, but their plane gets cancelled or weather conditions cause them to miss the appointment, this shows as a no show and claims are being cancelled and affecting the veteran negatively due to the no show, when is out of their control to make it to the appointment.

Transition Assistance Program (TAP):

While the TAP is an essential service, its effectiveness in reaching and engaging veterans in outlying areas or those needing language support remains a concern. The VA must enhance outreach strategies, leverage community partnerships, and explore multilingual resources to ensure that all veterans, regardless of their location or language proficiency, receive the necessary support during their transition to civilian life.

For example, when I was the LPO (Leading Petty Officer) of the TPU (Temporary processing unit), some of the personnel who were going to be discharged for Other Than Honorable or Dishonorable Discharge causes didn't have the opportunity to attend the Tap classes. Leaving these veterans without the knowledge about their benefits and resources available after service.

Territory-Specific Systemic Issues:

In the US Territories of American Samoa, Guam, and Puerto Rico, retired veterans, including those who are medically retired, encounter significant hurdles in accessing the comprehensive healthcare coverage offered by Tricare Prime. This predicament places them in a position where they must resort to Tricare Select a plan that, while valuable, may not fully align with their healthcare needs or financial circumstances. Such constraints not only diminish the quality of healthcare these veterans receive but also place undue strain on their financial well-being.

Veteran Preference Points Misuse:

In the US territories of American Samoa, Guam, and Puerto Rico, the implementation of veteran preference points in federal employment processes has inadvertently evolved into a contentious issue. Rather than serving as an intended

advantage to honor the service and sacrifice of veterans by facilitating their transition into civilian employment, these preference points are often perceived and utilized in ways that inhibit veterans' access to job opportunities. This misapplication not only undermines the foundational goal of these points to assist veterans in securing meaningful employment post-service but also sends a disheartening message regarding the value placed on their military service.

How to fix it:

Awareness and Training for Hiring Authorities: A thorough educational initiative aimed at federal hiring managers and human resources personnel is crucial. Such programs should emphasize the intent behind veteran preference points, elucidate the benefits of hiring veterans, including their unique skills and perspectives, and dismantle misconceptions that may lead to the points' misuse.

Monitoring and Accountability Measures: The establishment of oversight mechanisms to monitor the application of veteran preference points in hiring processes within these territories is essential. Regular audits and reviews can help ensure that these points are being used to facilitate, not hinder, veterans' employment. Institutions found misapplying preference points should be held accountable, with corrective actions taken to realign their practices with the program's objectives.

Enhanced Support and Advocacy for Veteran Applicants: To empower veterans navigating the federal employment landscape, the creation of support networks and advocacy groups is necessary. These entities can provide veterans with guidance on the application process, offer resources for addressing difficulties encountered due to the misuse of preference points, and advocate for policy changes to improve the system.

Promoting the Value of Veterans in the Workforce: A broader cultural shift within federal agencies and across the employment sector to recognize and celebrate the invaluable assets veterans bring to the workforce is needed. Highlighting success stories, offering workshops on leveraging military skills in civilian roles, and fostering a veteran-inclusive culture can all contribute to more positive employment outcomes for veterans.

Non-Automatic BAH Increases:

The housing support that veterans receive in these territories, known as the Basic Allowance for Housing (BAH), doesn't change on its own to match the actual cost of living as it goes up. This leaves veterans having to deal with a complicated system that often doesn't respond when they try to get their housing allowance adjusted, making their financial situation even more uncertain. On top of this, the housing allowance hasn't seen an increase since 2016. With the cost of living rising sharply because of inflation, this lack of updates makes it really hard for veterans to pay for their homes.

Inconsistent Free Access to Federal Parks:

Veterans in American Samoa, Guam, and Puerto Rico encounter a troubling variability in their access to federal parks, despite presenting their ID cards for entry. Instead of universally free access, which is a small yet significant recognition of their service, veterans face an unpredictable patchwork of entrance policies. This inconsistency not only introduces an avoidable financial burden but also sends a disheartening message, seemingly overlooking the sacrifices veterans have made. Such a gesture of appreciation should not fluctuate based on location but should be a consistent honor offered to all who have served.

How to Fix it:

Standardizing Access Policies Across Territories: There needs to be a concerted effort to standardize park access policies for veterans across all U.S. territories. Implementing a clear, uniform policy that guarantees free access to federal parks for veterans displaying their ID cards will remove current ambiguities and ensure all veterans are equally recognized for their service.

Public Awareness and Education: Raising awareness among park staff and the general public about the policy of free access for veterans is essential. Training programs for park employees on the importance of this policy and how to implement it can help ensure that veterans receive the respect and recognition they deserve when visiting federal parks.

Enhanced Communication with Veterans: Improving communication channels with veterans about the benefits and privileges available to them, including free access to federal parks, is crucial. This could involve updating official VA and park service websites, distributing informational brochures, and conducting outreach programs in veteran communities within these territories.

Education Benefits:

Veterans residing in American Samoa, Guam and Puerto Rico, face significant obstacles in accessing their education benefits, primarily due to language barriers. The provision of information and services in both the native languages of these territories and English is essential to ensure that all veterans can fully understand and utilize the benefits available to them.

One major gap in support is the absence of Veteran Success Coordinators on campus. This lack of on-the-ground assistance means many veterans are left without guidance on how to effectively use their education benefits. This oversight complicates their ability to pursue higher education and leverage the opportunities the GI Bill and other programs are supposed to provide.

Over medication of Veterans:

The concern over the over-medication of veterans, particularly with SSRIs (Selective Serotonin Reuptake Inhibitors), for symptoms of PTSD and depression, underscores a critical issue within veteran healthcare. Often, upon seeking help for mental health issues, veterans are quickly prescribed SSRIs, based on the assumption that increasing serotonin levels can combat depression. However, emerging research questions the direct link between low serotonin levels and depression, suggesting that the practice of prescribing these medications might not be as grounded in science as once believed. This approach raises significant concerns about informed consent, especially given the potential for severe side effects, such as permanent erectile dysfunction, a side effect that, if fully understood, might lead many veterans to reconsider their treatment options. The possibility of such irreversible outcomes could indeed exacerbate depression rather than alleviate it, highlighting a pressing need to reform the

informed consent process. By ensuring veterans are fully aware of the potential risks and benefits, they can make truly informed decisions about their mental health treatment, paving the way for more personalized and effective care strategies.

The cumulative impact of these institutional issues calls for immediate and comprehensive changes. The VA and relevant federal agencies must prioritize the unique obstacles faced by veterans in U.S. Territories, implementing policy changes, improving logistical support, and ensuring transparency and accountability are critical steps toward fostering a VA system that truly honors, respects, and serves the demands of all veterans, irrespective of their geographical location.

The truth is, we need big changes. We need the VA to do better for us, to make sure veterans in Puerto Rico and other US territories get the same level of care as those in the mainland U.S. We've served our country with honor, and now it's time for our country to honor its promise to us.

I urge the Committee to consider these experiences as a call to action, to recognize and address the inconsistencies that prevent veterans from accessing consistent and equitable support, regardless of where they reside. Let us work together to build a VA healthcare system that upholds the principles of justice, compassion, and unwavering dedication to those who have sacrificed for our nation.

Thank you for your time and attention to these critical issues. I stand ready to provide any further information or participate in discussions to improve the VA system for all veterans, ensuring that our sacrifices are met with the respect, dignity, and attention we rightfully deserve.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jose D. Acevedo', with a long, wavy horizontal line extending to the right.

Jose D. Acevedo

US Navy Veteran / Juris Doctor

