

**NATIONAL ASSOCIATION OF STATE DIRECTORS  
OF VETERANS AFFAIRS**



**Senate Veterans Affairs Committee**

**The State of VA Healthcare**

**Hearing**

*May 15, 2014*

*Presented by*

*Rear Admiral W. Clyde Marsh, USN, Retired*

*President, National Association State Directors of*

*Veterans Affairs*

*Commissioner, Alabama Department of Veterans Affairs*

## **INTRODUCTION**

Chairman Sanders and distinguished members of the Senate Veterans Affairs Committee, my name is Clyde Marsh, President of the National Association of State Directors of Veterans Affairs (NASDVA) and Director of the Alabama Department of Veterans Affairs. I am honored to present the collective views of the State Directors of Veterans Affairs for all 50 states, the District of Columbia, and five U.S. Territories.

As state governmental agencies, our Governors, State Boards and/or Commissions task their respective State Departments of Veterans Affairs (SDVA) with the responsibility of addressing the needs of our veterans and their families particularly in our role as advocates. We are charged with a plethora of duties that include processing veterans' claims for disability compensation and pensions, burial services in state veterans cemeteries, survivor benefits, coordinate access to "healthcare," and provide over half of all VA authorized long term care in state veterans nursing homes.

## **THE STATE OF VA HEALTHCARE**

From a NASDVA prospective, the state of VA Healthcare in our nation is strong. The VA has Medical Centers located in the

majority of major cities in America. They have expanded their Community-Based Outpatient Clinics (CBOCs) over the past several years to many of the smaller cities and rural areas in our states. VHA has moved “out of the box” taking advantage of technology to provide Tele-health and Tele-medicine consults in rural areas. They have also taken steps to provide transportation for those veterans in extremely rural areas in order to make CBOC appointments.

VA customer satisfaction has been trending higher. VA does not do everything perfectly nor do they have everything they need. However, on a national level, VA has and still is one of the leading health care providers in the country in providing top quality health care. Those of us involved in the delivery of VA benefits and services strive to get it right and constantly work toward making conditions better. In our experience, VHA, VBA and NCA are on the same page. Overall, VA provides good quality care and services to our nation’s veterans and their families.

NASDVA, does not endorse, nor do we agree with those calling for Secretary Shinseki’s resignation along with his top VA officials, Under Secretary for Health Honorable Robert Petzel and Under Secretary for Benefits Honorable Allison Hickey. These leaders are crucial not only for the continuing transformation of the nation’s second largest federal agency. They will need to lead the

follow-on actions to swiftly address or correct any health care or process issues that may be identified. It is premature to point fingers, rush to judgment and is certainly not in the best interest of the majority of veterans before the IG investigations are concluded.

Under Secretary Shinseki's leadership, the U.S. Department of Veterans Affairs in transforming from a pre-WWII antiquated VA claims process into a paperless claims system that has reduced the compensation and pension claims backlog by 44 percent; has reduced veterans homelessness by 24 percent; and has enrolled more than 2 million veterans in the health care system since 2009 receiving some of the highest quality of care ratings in decades.

## **ITEMS CRITICAL TO SUCCESS OF VA HEALTHCARE**

NASDVA and its individual states appreciate and are committed to supporting the VHA in caring for the over 8 million veterans enrolled in the healthcare system. The States are also actively engaged in referring veterans to the VAMCs and CBOCs and we daily assist veterans in completing applications for medical care. At the local level, State Directors are in constant coordination with the VISN and VAMC Directors concerning the delivery of healthcare. Issues that arrive are handled personally with the leaders. We also conduct outreach events such as health-fares and

“stand downs” to inform veterans about VA medical benefits and help them in obtaining them. To assist VA, we ask that the Senate give attention to confirming those individuals that have been nominated to fill key leadership positions.

I would like to emphasize again that it is imperative that VA, and specifically VHA, receive the necessary support that is required to adequately care not only for the veterans enrolled today but also the anticipated million more veterans in the next year or two that will also require medical assistance. The bottom line is VA may require an increase in budget for more doctors, nurses, therapist, technicians and possibly facility expansion.

Some outsourcing may be possible and or encouraged; however, we should not bank on sending veterans to outside doctors and facilities as the magic answer or cure. If overdone, we will be sending veterans out of a compassionate veteran centric environment and placing them in the “for profit” corporate medical system. Any outside provider would come with its own set of problems with not guarantees of significant appointment time reduction or better quality of care.

As the IG inspection results are made available and VA recommends or implements corrective measures of improved procedures in the VA Health Care system, NASDVA looks forward to participating as co-partners or facilitators. We can help veterans

become more informed about their benefits as well as how to be enrolled and receive the care they have earned and need.

## **CONCLUSION**

Mr. Chairman and distinguished members of the VA committee the State Directors of Veterans Affairs remain dedicated to doing our part. Thank you for including NASDVA in this very important hearing.