Albert R. Spears, State Adjutant/Quartermaster, Department of Georgia, Veterans of Foreign Wars of the U.S

Testimony of Albert R. Spears, State Adjutant/Quartermaster of the Department of Georgia Veterans of Foreign Wars of the U.S. before the Senate Committee on Veterans' Affairs Field Hearing in Jesup, Georgia on August 26, 2009

Good Afternoon, Senator Isakson and members of this Field Hearing of the Senate Veterans' Affairs Committee.

Thank you for inviting the Veterans of Foreign Wars of the United States to share its views with you on this important topic. As you will recall, I am Albert Spears, the State Adjutant/ Quartermaster of the Department of Georgia Veterans of Foreign Wars of the U.S.

The topic of Community Based Out Patient Clinics (CBOCs) as you recognize is both important and timely and I will address it directly – its strengths and its shortcomings. But the topic is not a stand-alone topic. There are significant issues that affect the CBOCs and the quality of care that they provide, the range of services that they offer, and the placement of those clinics.

The ideal is to place and staff with Department of Veterans Affairs employees, CBOCs in a reasonable proximity of the homes of the veterans to be served. The CBOCs and the system administering them not only must be located near the population to be served but also must provide the range of services required not just today, but tomorrow and in to the future.

I would like to sit here and tell you that everything is great with the CBOCs. I want to tell you that the quality of care is world class, that the range of services is direct and as it should be, and that a CBOC is currently located exactly where it should be. Alas, I cannot.

Currently in Georgia, our CBOCs are operated by VAMCs in South Carolina, Florida, Alabama, Tennessee, as well as Georgia. We need some sort of better coordination and may even need a "CBOC Command" in Georgia. The point will not be lost on you that these represent not only several different hospitals/medical centers but also several different Veterans Integrated Service Networks (VISN). Consistency of services is not a strong point.

The CBOCs must meet the needs not only of the many elderly veterans of World War II, Korea, and Vietnam; they must also meet increasingly the needs of the younger veteran of the current conflicts of the first Gulf War, Operation Enduring Freedom, and Operation Iraqi Freedom. Each must deal with the medical issues of age related diabetes (as an example) and those of traumatic brain injury and traumatic amputation from the battlefield.
We also must not ignore the needs of our female veterans. While each of us realizes the current make-up of the All Volunteer Military, we must acknowledge and understand that women are veterans too!

Women are veterans too is not just a slogan or campaign speech. Women have been a vital part of the Armed Forces since the days of Molly Pitcher keeping the field guns firing at the Battle of

Monmouth to today's females being awarded the Silver Star for gallantry in action. And to our enduring discredit, they have not always been treated with honor, respect, and dignity that they deserve. Yet, we have women veterans having their civilian medical insurance being charged by the VA when treated at the VA for established service connected disabilities.

Regardless of the value of the CBOCs throughout Georgia, a female veteran cannot obtain routine care that is required for her as expected by her age group and female veterans represent about 25 percent of the veteran population needing care in Georgia.

Our female veterans express that the medical healthcare providers within the VA System and contracted health care providers do not take them seriously. The providers do not seem as concerned about our female warriors' medical problems and the association of various conditions with combat and the combat environment.

The VA simply must deal with the issue of child-care. The Department of Defense is working toward providing child-care while warriors are receiving medical treatment; the VA has to consider this as well. We have so many patients that need treatment – not all of whom are female nor even young - that are single parents and have no place to leave a child when going to the VA for treatment. This certainly requires a review.

Pap smears, mammograms, pre/post menopausal care, sexual trauma care are practically non-existent in the system today. This does not even begin to consider other needs and other gynecological needs such as fertility counseling that may be necessary after we have made so many young women almost professional athletes by the various services' physical and strength training that many of our female warriors have not had normal menstrual cycles in years. There are several programs established for and targeting our female veterans but most require travel to centers and programs that simply cannot be considered reasonable especially for our younger female veterans that are frequently single parents.

One point that I pray is not missed and does not fall of deaf ears – a female veteran that files a claim for service connection as a victim of sexual trauma while in the service whether or not it was last week or 60 years ago should be considered "presumptive" when she is suffering the mental effects of that trauma. She should not be further traumatized and re-victimized by having to prove service connection that every cog in the system told her she should just "…take it and forget it happened…" when it happened. Remember that the movie The General's Daughter was in essence a true story of rape in the military and it was what we call the modern military. We all remember the scandals over the various years of the drill sergeants and their trainees and the scandals of the rapes and institutional cover-ups at the various service academies. Presumption of service connection is a must do; it cannot wait and must be done now, by legislation if necessary.

Again, I realize that the CBOC cannot do everything but we are not serving any of our real Post Traumatic Stress victims properly at the CBOC nor are we doing a very good job at the Veterans Administration Medical Centers (VAMC). The staff of each is trying hard to accommodate the need but it is not being met. The suicide rate simply demonstrates that fact. Our female warriors should be placed in PTSD group counseling sessions with other female veterans. This can be as

simple as mental health visiting and establishing a "group" in the Women's Clinic once each month.

For the topic at hand, the Brunswick CBOC – I found no one that discussed treatment specifically at that clinic either good or bad. As I alluded to earlier in my testimony, the VFW prefers that all clinics be staffed with professionals employed by the Department of Veterans Affairs. We realize that may not always be possible and some may have to be staffed by contract. The difficulty with contracting is that regardless of the requirements that are or should be built into the contract as performance standards, the perception is that contract personnel are less receptive to the needs of veterans especially elderly ones. It seems to get lost to the contractor that the old man who is moving so slowly on the walker, has hearing aids in both ears, wears coke bottle thick glasses, and talks too loud in the waiting room was the same young man who charged a machine gun nest 65 years ago on an island in the Pacific saving the lives of countless Marines.

With the noted exceptions regarding female veterans, the CBOCs are providing outstanding services and an adequate range of services. At many clinics the appointment waiting times (and procedures) are excessive.

We must also remember that with the reduction of medical staffs in rural America, much of the previous access to medical care that may have been available in an area has been diminished drastically. I have noticed as I have driven the State of Georgia, numerous offices of healthcare providers that have closed as well as clinics and county hospitals. There may be an opportunity to lease or purchase some of these facilities for CBOCs in needed areas. Such efforts might also be beneficial to attracting medical related businesses to the area as well such as pharmacies and drug stores.

Prime irritants regarding the CBOCs but also apply to the entire VA Health Care System are:
a. Telephone Numbers – there never seems to be a published direct telephone number to a clinic or a number at which a patient can talk to a human being. I can (and do) pick up the telephone and call your office, the Chief of Staff of the Army's Office, the Secretary of Veterans Affairs Office, but I cannot call the Office of the Director of VAMC-Atlanta's Office or even the direct line to the Stockbridge CBOC.
b. Appointment Wait Times – While some CBOCs have a very short wait time, others have significant wait times even when the appointment is needed solely for a referral for a serious condition.
c. Endless "round robin" telephone systems – No one truly minds telephone menu systems that sort and a route to ultimate solutions. Too many of those in the VA Health Care System result in having to leave a message to await a call back at some date in the future. Too frequently that call never comes. Appointments, prescription refills, specialty referral requests, and even calls to the patient advocate are too frequently on such systems.

In closing, I must return to treatment of our female veterans. Our women warriors served this nation in the true spirit of Pallas Athena and they needed to receive the healthcare treatment they are entitled. Only one clinic at the VAMC-Atlanta treats these great warriors. The purchase of the Southwest Atlanta Medical Center in Atlanta is available now. Purchase of that facility and conversion to a VA Medical Center could facilitate the expansion of healthcare services so

desperately required now by freeing space at Decatur or making it available at Southwest Atlanta Medical.

Thank you for inviting me here today.