

Mr. Joseph Petrosky, Director, Veterans Affairs and Rehabilitation Office, American Legion

STATEMENT OF
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THE AMERICAN LEGION DEPARTMENT OF ILLINOIS
BEFORE THE
SENATE COMMITTEE ON VETERANS AFFAIRS
ON THE
PREPAREDNESS OF VA HEALTH CARE FOR OUR MILITARY
PERSONNEL RETURNING OPERATION IRAQI FREEDOM AND OPERATION
ENDURING FREEDOM

July 6, 2005

Mr. Chairman, The Honorable Senator Barack Obama:

The American Legion and The American Legion Department of Illinois wants to thank the Committee for allowing us to comment on the preparedness of VA health care for our returning Operation Iraqi Freedom and Operation Enduring Freedom military personnel. Many of these personnel coming home are expecting to be discharged at the end of their tours. Many of our returnees are not active duty, but are members of the Reserve and National Guard. They are U.S. veterans by virtue of their Federal service.

Do these Illinois homecoming veterans use the Department of Veterans Affairs Medical Centers? The Department of Veterans Affairs (VA) stated that they are manned and prepared. Some of these facts may show they are not prepared for our returning heroes. We need to also remember that we have seen news reports of many of our troops who have been coming home and asking for health care.

These homecoming veterans have already reported to Veterans Service organizations that they have tried to enroll in VA health care. The Directors of these medical facilities advised that they welcome these veterans with open arms. Many of the medical facilities employees used VA's Priority Categories Enrollment System to screen these veterans for their eligibility. The VA's new enrollment veterans who fall under Priority 8 veterans were turned away. What happened to the two-year free health care period that was implemented by the VA? These veterans are frustrated because they were told that they would be allowed to use VA health care for two years after returning from service.

There are several factors that were working against these homecoming veterans before they went to war. VA has had several studies to determine how to properly utilize their facilities. These studies started with General Accounting Office in the early 1990 to the last Capital Asset Realignment for Enhanced Services (CARES) Options Study conducted by Booz-Allen & Hamilton which completed in June 19, 2001.

The Booz-Allen & Hamilton Executive Summary states:

The result of these study areas yielded many details for consideration. For the purposes of this summary however, there are three important points. They include:

The enrollment demand projections show a peak in about 2004 and then a decline of about 7 percent from today's level (2000-2001) (220,000 enrolled in 2000 vs. 203,000 enrolled in 2010)

- An 18 percent decline in Categories 1-6 (from 158,173 enrollees to 130,314 enrollees from 2010).
- An 18 percent increase in Category 7 (from 61,877 enrollees to 72,595 enrollees in 2010)
- Categories 1-6 have highest utilization, composing approximately 95 percent of inpatient population.
- VISN-wide approximately 18.5 percent of veterans are enrolled.
- Because many of VISN 12's facilities are old, they do not meet today's design standards for privacy, accessibility, and usability.
- VISN 12 is segmented into three markets based upon population concentration, distance to VA facilities, and other characteristics.

This characteristics study were:

West Side (now Jesse Brown VAMC) is renovated and services as the single inpatient facility for Chicago (177 beds)

Lakeside inpatient services are discontinued. The property is sold or used in an enhanced use arrangement.

- Hines is renovated, new Blinded Rehab building, SCI renovated, maintains mission
 - North Chicago is renovated, DOD sharing or a joint VA-DOD facility
 - All four sites continue providing an extensive array of multi-specialty ambulatory care services
- We need to consider the health care for our returning troops now. Lakeside is an outpatient clinic for now and operating with just few floors of the building. Westside (Jesse Brown VAMC) was approved and planned for a bed tower with 177 beds. Ground clearing has been completed but construction has not started as yet.

Hines' new Blinded Rehabilitation and Spinal Cord building is now open and ready for homecoming personnel. North Chicago now has a joint venture between DOD and VA.

We must also remember the promises made to our living veterans from all of our other wars and conflicts. Modern medicine is keeping us alive longer and we are not dying out fast enough to suit Congress. Many older veterans of World War II and Korean War were not sick when they returned from service, were successful in life and now are not entitled to get health care due to the lengthy process of qualifying VA Compensation and Pension benefits.

The American Legion will stay ever vigilant, as we are involved in the other CARES decisions for the other VA facilities that veterans are expecting to access.

The American Legion supports mandatory funding legislation for VA health care in the 109th Congress. The American Legion will be closely monitoring the progress of H.R. 515 in the House of Representatives and S. 331 in the Senate.

The Veterans Benefits Administration budget is mandatory; why isn't the Veterans Health

Administration treated the same? Both of these budgets support the same heroes who have gone off to war for this nation. Remember, after the parades and victory speeches are over you still have ill and injured veterans trying to continue treatment and rehabilitation to re-enter society. Mr. Chairman, it is disturbing that the homecoming heroes must wait for treatment when the nation did not wait to send them into harms way.

The American Legion thanks you for the opportunity to comment on this matter.