

MAJ Ladda Tammy Duckworth, Director, Illinois Department of Veterans' Affairs

Testimony for the Senate Committee on Veterans' Affairs

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Mr. Chairman, members of the committee. It is a pleasure to be asked to testify before you today on behalf of Illinois Governor Rod Blagojevich and the Illinois Department of Veterans Affairs. This Committee is to be commended for drawing attention to the very important issue of quality of care for our returning Veterans and service members.

I want to thank my Senator, Senator Durbin, for his aggressive action which led to the examination we are now seeing at the Marion VA Medical Center. Sen. Durbin has long been an advocate for Veterans and their care.

The Illinois Department of Veterans Affairs assists Illinois' Veterans in obtaining their State of Illinois Veterans' benefits as well as their federal Veterans' benefits. We have 74 Veterans Service Officers on staff who are certified by the US Dept. of Veterans' Affairs (USDVA) to process, represent and make appeals on behalf of the Veteran in their claims for compensation from the USDVA. State of Illinois benefits for Veterans are in addition to federal benefits and range from generous educational, mortgage loan, and other financial assistance to our four Veterans' Homes where Illinois' Veterans may live out their remaining days with the dignity and care they deserve. As the Director of this agency, I want to be clear that we do not have any jurisdiction over the USDVA's operations, to include the various USDVA Veterans' clinics, hospitals and Vet Centers.

While we may not have the responsibility of licensing and overseeing the actual hiring of doctors for the federal facilities in Illinois, we do work closely with all our Veterans and try to find the most reasonable and highest quality health care accommodations available.

As the Director of IDVA, I see every day the struggles of families as they prepare to drive long distances to a health care facility. These struggles impact spouses, parents, and children. And when in a rural area, these drives and travels take a further toll on our service members and Veterans. We cannot afford to have doctors who are not suited for license practicing medicine in any of our facilities. And we cannot have disparities in the quality of care that is provided at our rural and urban facilities.

Statistics vary on the actual number of U.S. military recruits from rural communities, but they all indicate that a disproportionate percentage of our all-volunteer military are from rural areas, and thus a disproportionate share of deaths and injuries are occurring within our rural recruit population. In Illinois, over 50% of our military recruits entered the service from a county outside the City of Chicago's Cook and collar counties. As such, maintaining facilities such as Marion, yet improving the quality of care provided, is essential to DoD's and the VA's ability to care of our Soldiers once they return home from their service to our nation.

In Illinois we have a significant rural population who live a long distance away from the nearest metropolitan area where the USDVA typically locates its Veterans service centers, clinics and hospitals. This poses a significant access issue for our Veterans. Accordingly, the IDVA has

responded by opening 51 offices throughout the state to provide Veterans with a location to obtain assistance in applying for their USDVA benefits. Once approved, however, Veterans still often have to travel a long distance in order to obtain care, often involving multiple overnights away from home as they wait for the various once-a-day shuttle bus services. It is normal for a Veteran in central Illinois to have to travel four days away from home roundtrip, for a single doctor's visit, sometimes for a procedure as simple as an x-ray.

More personally, as an injured Veteran I've seen first hand what it is like to receive care in our VA system. In particular, I want to highlight the stresses of traveling to get care as well as the impacts that these stresses have on the families of Veterans. I can attest to the hardship on my family and employer. I live in suburban Chicago. To access my VA hospital basically takes an entire day off from work because of the long drive times as well as the common experience of long waiting times to see medical professionals, obtain pharmacy services, etc. Now, I'm the Director of a state Veteran's agency. I would not be surprised if I routinely receive more conscientious service than most. If I find some of these things challenging or difficult, imagine how a 20-year-old Soldier who has never interacted with the system feels. Not to mention, how does a 70-year-old Veteran who can no longer drive obtain the services that he earned and now needs?

The VA system faces new challenges as a result of the wars in Iraq and Afghanistan. The patient profile in the VA is changing. More wounded Soldiers are surviving very serious injuries. We face new types of injuries, such as traumatic brain injury and an increase in poly-trauma cases as well as service members facing post traumatic stress disorder. With the all-volunteer military, we are now seeing a much larger patient load that is geographically disbursed around our country.

With these new demands, the VA hospitals will be under increased pressure to find more doctors to deliver quality care. I repeat, QUALITY care. The VA must ensure that its hiring procedures do not allow anyone to cut corners and compromise excellence as hiring is ramped up. That pressure is likely to be most acute in hospitals located in rural and underserved areas. The VA must put procedures in place to ensure that only qualified doctors are hired and that these medical professionals are given the cultural training that comes with the unique culture of the military. At the end of his life my father could be a difficult patient. However, if a doctor called him by his military rank and told him there were lower ranking Vets who were ill and needed to have priority over him, my dad would have gladly slept in the hallway to make sure that the lower ranking Soldier was cared for.

Our VA medical system must meet the challenge our young Veterans' have as they return with new needs and at the same time it must expand its services to meet the demand of the boom in Vietnam Veterans re-entering the VA system. Many of these Vietnam Vets have not used VA services previously, but are now entering their mid-60s with all the associated diseases and illnesses that comes with their age. We are also dealing with injuries that have taken over 30-years to develop, such as cancers, diabetes and other conditions that result from exposure to Agent Orange. According to the State of Aging and Health in America 2007 Report, the cost of providing health care for an older American is three to five times greater than the cost for someone younger than 65.

So the USDVA is now faced with our young service members returning home and entering the VA medical system at the exact same time that the medical needs of our Vietnam Veterans will be increasing. The amount of money this is going to cost the nation and each individual state is tremendous. In addition, we don't have enough room at our facilities, state or federal, to take care of both eras at once. The dedicated staff at the USDVA medical hospitals is already overworked and understaffed. Let me give you an example: The USDVA estimates that there are 8,122,000 Vietnam era Veterans in this country. I estimate, based on percentage of Veterans in Illinois that we are home to 389,856 Vietnam Veterans. The Illinois Department of Veterans' Affairs operates four state Veteran homes, which are long-term care facilities. Our 1,000 beds are almost at full capacity and already house 100 Vietnam Veterans. The number of Vietnam Veterans seeking to enter our Veterans' homes will only increase as will the number on the waitlist. In response, we are in the planning stages to build another new Veterans' home. The fact is that right now most VA systems, at the state or the federal level, are not ready to handle both eras Veterans entering the VA system at the same time. Illinois is working to be ready, with the first of the expansions to our Veterans Homes opening next summer and by investing over \$50 million in new programs aimed at young Veterans in just 2007 alone.

What the USDVA needs is to either open more VA clinics and Vet Centers or to certify private practitioners to provide medical services and give the Veteran this option. While there is already a system in place within the USDVA for Veterans to use private medical care facilities, this system is uneven across the nation. In central Illinois, the Danville VA facility is so unyielding that it actually forces its Veterans to endure overnight travel to get a simple x-ray performed instead of using a local clinic minutes away from their home. By identifying major civilian medical facilities, such as University teaching hospitals or other large networks, the USDVA could ensure that our Veterans receive the needed quality care that they deserve. I must caution however, that any privatization of VA care be conducted with extreme supervision to insure that there is no lowering of standards and quality of care for our Veterans.

An additional way that the USDVA is not ready to handle our Veterans' needs is in technology. The USDVA has superior expertise in many areas and can meet Veterans' needs if the Veteran can afford to travel to the appropriate VA facility. However, in other areas, the VA is far behind current developments and will be unlikely to catch up and adequately meet Veterans needs at the same time. For example, in the case of prosthetics, the VA is not ready and our Veterans cannot afford to wait for them to play catch-up. My VA hospital, Hines, is superior in blind and spinal cord rehabilitation, but the prosthetics department, while eager to meet my needs, is many decades behind in prosthetics technology. I now receive care at Hines for my primary medical care, but also continue to return to Walter Reed for prosthetics, paying for my own travel costs. I also travel to a specialist in Florida for state-of-the-art care. Recently, Hines sent a prosthetist with me to Florida to learn about the high-tech artificial legs that I obtain from the private practitioner there. He was overwhelmed by the technology and the civilian practitioner was appalled at the lack of current knowledge shown by the Hines representative. The USDVA is absolutely not ready to treat amputee patients at the high tech levels set at the DoD medical facilities. Much of the technology is expensive and most of the VA personnel are not trained on equipment that has been on the market for several years, let alone the state-of-the-art innovations that occur almost monthly in this field. I recommend that the VA expand its existing program that allows patients to access private prosthetic practitioners. There is simply not enough time

for USDVA to catch up in the field in time to adequately serve the new amputees from OIF/OEF during these critical first two years following amputation. Perhaps after the end of the current wars in Iraq and Afghanistan, the VA will have time to advance its prosthetics program.

I've appeared before both the U.S. Senate Committee on Veterans' Affairs and the House Subcommittee on Veterans' Affairs to testify on the seamless transition from DOD to VA healthcare and have presented several recommendations to improve the health care services for our nation's Veterans. For instance, I recommended that any seamless transition program must also include comprehensive screening for Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD) and vision loss by both the DOD and the USDVA Health Care systems.

I want to highlight how Illinois is addressing TBI and PTSD. Over the past summer, Illinois announced the nation's first-of-its-kind program to screen every Illinois National Guard member for traumatic brain injury while offering free TBI screening to all other Illinois Veterans. As part of this program, Illinois is also establishing a 24-hour, toll-free hotline to provide psychological assistance to Veterans suffering from post traumatic stress disorder. When a Veteran calls this hotline, a clinician performs an initial over-the-phone screening and determines the next steps to take. All staff will be trained in the area of combat-related PTSD and other mental issues faced by Veterans, and there is at least one psychiatrist on call at all times. The hotline format is important as our Veterans often do not have the option or willingness to drive 100 miles for PTSD treatment. When one wakes up from a nightmare at 2am on a Friday night, one needs help immediately, not at 8 am on the following Monday, which is the current case with the USDVA. I know that efforts are underway to strengthen these assessments by both the DOD and the USDVA. However, there is no standard procedure in place to insure that all returning service members are screened nation-wide.

I commend this panel for its oversight of the U.S. Veterans Administration and the facilities that it operates. We should all demand that our Veterans have access to care that is commensurate to their dedication to our country.

I would be happy to take any questions.