



Uploaded to the VFC Website

▶▶▶ 2016 ◀◀◀

This Document has been provided to you courtesy of Veterans-For-Change!

Feel free to pass to any veteran who might be able to use this information!

For thousands more files like this and hundreds of links to useful information, and hundreds of "Frequently Asked Questions, please go to:

[Veterans-For-Change](#)

If Veterans don't help Veterans, who will?

Note:

VFC is not liable for source information in this document, it is merely provided as a courtesy to our members & subscribers.



Joint VSO Letter to the Commission on Care

Posted on April 1, 2016
Ms. Nancy Schlichting, Chairperson
Commission on Care
1575 I Street, NW, Suite 240
Washington, DC 20005

Dear Chairperson Schlichting:

On behalf of our combined 5 million members, the vast majority of whom use the VA health care system, we write to express our grave concerns with the “proposed strawman document” that was discussed and disseminated during your March meetings in Washington, DC. We appreciate opportunities we have had to discuss our concerns with the Commission and its staff, and hope to have similar ones in the future, but given the limited time remaining before your final report is due, we feel it necessary to present our objections to any proposal that would limit the Department of Veterans Affairs’ (VA) ability to provide timely access to high-quality, comprehensive, and veteran-centric health care by reducing the role of the VA health care system from a provider of direct care to merely a payer of health care for veterans.

We are greatly alarmed by the content of the “proposed strawman document” that was developed and drafted outside the open Commission process by seven of the Commission’s fifteen members – without the input or even knowledge of the other Commissioners. This document – which became the centerpiece of the Commission’s discussions this past week – proposes to privatize veterans’ health care and completely eliminate all VA health care treatment facilities within the next twenty years.

The Commission’s Interim Report submitted to Congress last December stated that the “Guiding Principles” would require that “Deliberations and final recommendations...be data driven and decided by consensus” and “focus on ensuring eligible veterans receive health care that offers optimal quality, access, and choice.” We certainly agree with these principles. We completely disagree, however, with the essence of the “proposed strawman document” that would completely transition veteran care to the community without properly evaluating how such change would impact the quality, access, and choice of health care for veterans.

The summary section of the “proposed strawman document” includes the following: *“VA facilities that are under-utilized will be dispensed with...No new facility construction or major renovations will occur... A BRAC-like process will begin to close the other facilities. All enrolled veterans should now be given the option of community care... A deliberate plan should be developed to transition the others to community care over the next two decades...”*
– “Strawman Document”, pages 19-20

In other words, all enrolled veterans would immediately be given the “choice” to switch to private health care paid for by VA; over the next two decades all VA hospitals and clinics would be closed; and the option to use VA health care would be phased out over the next two decades for all veterans, even those who are 100% service disabled and rely on VA for all of their complex health care needs as well as those who rely on specialized VA services that do not currently exist in the private sector, such as the Spinal Cord Injury and Disorder System of Care and the Polytrauma System of Care. In short, the VA health care system – the nation’s largest integrated health care system – would be abolished if these proposed recommendations were adopted and implemented.

What is most unsettling about the “proposed strawman document” is the utter lack of consideration that veterans would want to improve and expand the VA health care system. There is also no discussion of how this proposal would affect the coordination of care, the quality of medical services and the health outcomes for veterans. While there are numerous references to “bold transformational change” and letting “the money follow the veteran,” there is no discussion about strengthening the VA health care system for veterans who would choose to receive care at VA medical facilities rather than seek care from disparate community providers. Instead, the proposed “Summary” section of the document simply asserts that, “...the current VA health care system is seriously broken, and... there is no efficient path to repair it.” In addition, this provocative statement, repeated in different forms several times throughout the 34-page document, is not backed up by any evidence or data to sustain such a broad and unequivocal condemnation.

It is distressing that the authors of the “proposed strawman document” have ignored ample authoritative evidence and data presented to them that clearly contradicts these unsubstantiated allegations. For example, the Independent Assessment mandated by Congress concluded that: *“VA performed significantly better, on average, on almost all 16 outpatient measures when compared with commercial, Medicare, and Medicaid HMOs” In fact, the Independent Assessment’s conclusion is consistent with dozens of independent peer reviewed studies conducted over the past two decades, which is documented in Assessment B (Health Care Capabilities).*

As RAND recently said in a press release summarizing their findings, “...the quality of care provided by the VA health system generally was as good as or better than other health systems on most quality measures.” (www.rand.org/news/press/2016/02/08/index1.html)

Last December, a number of our organizations were provided an opportunity to present to the Commission our visions for the future of VA health care, based on feedback from our members – users of the system. We laid out a number of comprehensive reforms for the VA health care system, which were centered on veterans’ health care needs and preferences. We proposed a number of transformative changes, including the development of local Veteran-Centered Integrated Health Care Networks to seamlessly integrate community care into the VA system to provide a full continuum of care for veterans. We called for VA to eliminate arbitrary federal access standards – such as the current 40-mile and 30-day standards – and allow decisions about when and where veterans can receive medical treatment to be clinical decisions made between a veteran and his or her doctor; not by legislators, regulators or bureaucrats. We recommended expanded public-

private partnerships, a new Quadrennial Veterans Review strategic planning process and audits of VA's spending and a number of other serious reforms to evolve the VA system of care.

We believe that our recommendations, if adopted, would restore and sustain a veterans' health care system worthy of the men and women who served this nation with integrity and honor. We are also supportive of VA's plan, with some recommended changes, and believe it too would put the VA health care system on a path to meeting veterans' needs in the future. However, we are convinced that the "end state" envisioned by the "proposed strawman document" would decrease access to high quality, comprehensive and truly veteran-centric care for millions of veterans, particularly those who were injured or made ill through their service. That is why we would strongly denounce the Commission's final report if the Commission recommends privatizing the VA health care system or making VA simply a payer of health care for veterans.

As you know, the law authorizing the Commission requires you to make recommendations about how, "...to improve access to health care through the Veterans Health Administration." Unfortunately, the "proposed strawman document" does not include options to strengthen VA health care; instead it calls for transitional changes towards eliminating the VA health system altogether within 20 years.

By contrast, we note that the Commission's work groups developed and reported last week on a number of ideas to improve and strengthen the VA health care system, some of which are similar to elements in our framework. While we do not agree with all of the work groups' findings or recommendations, we welcome a discussion with the Commission about how to find common ground among our recommendations and improve health care for America's veterans. We are confident that any objective, unbiased analysis of all the relevant data and evidence about the VA health care system compared to private sector health care will demonstrate the benefits of maintaining and strengthening a dedicated veterans' health care system. We look forward to continued discussions on these vital matters and working with you to develop and implement real reforms designed to fulfill the promise to America's veterans, especially those who have been injured or made ill as a result of their service.

Respectfully,

Garry Augustine	Executive Director Washington Headquarters	DAV (Disabled American Veterans)
Robert E. Wallace	Executive Director	Veterans of Foreign Wars of the United States
Verna L. Jones	Executive Director	The American Legion
Sherman Gillums, Jr.	Executive Director	Paralyzed Veterans of America
Ernesto P. Hernandez III	National Adjutant	Military Order of the Purple Heart
James B. King	Legislative Director	AMVETS
Rick Weidman	Executive Director for Policy and Government Affairs	Vietnam Veterans of America

Paul Rieckhoff

Founder and Executive Director

Iraq and Afghanistan Veterans of
America