

Statement of
Mr. Randall Fairchild
Tippecanoe County
Veterans Service Officer
Before the
Committee of Veterans' Affairs
Subcommittee on Oversight and Investigations
U.S. House of Representatives
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Mr. Chairman and Members of the Subcommittee:

My name is Randy Fairchild. I retired from the United States Army in 1995 after serving 22 years. For the last six years I have served as the Tippecanoe County Veterans Service Officer. Tippecanoe County is the home of Purdue University. We have approximately 12,000 veterans. We have the largest American Legion Post in the State; the 50th largest VFW Post in the Nation and our Tippecanoe Veterans Council currently has 17 military service organizations in our membership. Tippecanoe County is also the home of the Indiana Veterans Home that is superbly managed by Col (Ret.) Robert Hawkins.

The Tippecanoe County Veterans Service Office is manned by Jackie Helvie (my assistant) and myself. We assist veterans and their families like many other Veterans

Service Offices across the nation. We assist with VA Compensation and Pension claims, home loan certificates, educational benefits, burial benefits and state veterans benefits, etc. Our office coordinates transportation for veterans to both the Danville IL VAMC and the Indianapolis Roudebush VAMC by using the Disabled American Veterans Van. Four years ago I was able to convince the Lafayette Journal & Courier to allow me to publish a bi-weekly article informing veterans of their VA benefits. This information reaches approximately 28,000 veterans in a 7-county area. This article is a great tool in providing our veterans with information concerning their VA benefits.

I have been asked to appear today provide you with information concerning the quality of care and management issues at the Roudebush VAMC and on the management and delivery of benefits by the VA Regional Office. Working at the grassroots of the VA system, Jackie and I are probably the first ones that a veteran complains to (besides the van driver) concerning any VA problem be it medical healthcare or VA claims processing. My testimony will not be in the style of “he said, she said” but in trying to help you understand how the 80-year old WWII veteran to the youngest veteran sees the VA. I would like to begin with VA medical care:

- 10-10EZ Form: With no disrespect to our veterans, this form is not EZ enough, from the colored chart on the front page; to the financial disclosure on the back this form is insurmountable for many of our older veterans. This form is in many cases the first contact a veteran may have had with the VA in years.
- Veterans Universal Access Identification Card: Veterans in northwest Indiana are confused by the need to re-enroll with the VA if or when they decide to transfer from receiving medical care at Roudebush VAMC to the West Lafayette Community Out-Based Clinic (CBOC). Their comments range from “the VA already has this information” to “the card says Universal”. When the VA is constantly requesting financial information from our veterans this fosters a feeling of mistrust among them. The Universal ID card needs to become a better tool for the VA to assist veterans. Mr. Gober presented the Danville VA Medical Center with this card in February 1996 and very little improvement has been made since that time.
- Appointments: The vast majority of veterans are extremely frustrated by the length of time it takes to get an appointment in specialty clinics. For example, my Nurse Practitioner at the West Lafayette CBOC referred me to Orthopedics at the Danville VAMC in April 5th, 2001 and my appointment was scheduled for August 24th 2001. Why is it so difficult for the VA to fill these positions? Could there be a time limit set, so if the veteran cannot be seen in a timely manner they could be seen locally so that they can receive the care that is needed? The VA drastically reduced the number of veterans who could use a Fee Basis card because of the opening of the CBOCs; in light of the current staffing problems maybe the Fee Basis card program should be increased not reduced. The Danville VAMC currently has over 900 veterans who are scheduled for their initial evaluations into their CBOCs. Over 650 applications received have not been scheduled as of yet. The wait for a new veteran to be seen in some of these CBOCs is over 6 months. The West Lafayette CBOC is

currently not accepting new patients at this time. Another concern in this area is the constant rescheduling of appointments. Our office normally has 3 or 4 veterans a week come in and ask us to call the appropriate VA Medical Center to see when their next appointment is scheduled. Many veterans receive a card or letter showing the change, and at other times will get a call from the Medical Center, after a few of these the veteran becomes confused on when exactly they are scheduled to go.

- Medicare Subvention/Co-Managed Healthcare: By far the greatest challenge facing County Veterans Service Officers and others who assist our veterans is educating them about why they have to pay the VA in the first place. Many say I served and that should be the end of the story. The current system has veterans receiving healthcare from both their private doctor(s) (subsidized by Medicare) and the VA doctor (paid by the government) so that they can receive their prescriptions at a reduced rate. The veterans cannot understand why the VA will not honor their private doctor's prescription. So in essence, veterans are having Medicare deducted monthly from their Social Security and then if they are found to be over the VA income threshold, they're charged a \$50.80 co-pay to be seen again for the same injury or illness that their private doctor just saw them for. With the VA depending on this co-pay and collections from third party payees (insurance companies) many veterans feel that they are having appointments made just for the VA to fatten their coiffures. Many veterans are told by their private doctor that they don't need to be seen for a year, while the VA doctor wants to see him in 6 months or earlier. In the Co-Managed healthcare program, veterans are quickly wedged between their private doctors and the VA doctors of who is right or wrong. The veterans want to continue to see the doctor that they have seen for years, while at the same time be able to continue to receive their medicines through the VA. With Category 7 veterans not being assured of VA Healthcare from one year to the next this puts them in a tight spot. I have found that whenever this discussion comes up with VA Healthcare providers that they are quick to say, "We're not a pharmacy, we are healthcare providers". I feel that our veterans have been made scapegoats on this issue. The VA has offered them a carrot on a string with the offer of cheaper prescriptions as long as they play according to VA rules. Congressman Buyer and Congresswoman Carson, I ask your help in changing the federal law that prohibits the VA from billing Medicare for treatment of our veterans. I feel that if Congress picks up steam on their proposal of offering senior citizens prescription coverage and with the proposed increase from 2.00 dollars a month per prescription to 7.00 dollars a month that the VA will lose a tremendous amount of the Category 7 veterans currently enrolled. Most veterans who contact our office or our local CBOC, their first question is "Is this where I can sign up for my medicines?" In many circumstances our veterans are asking for only a portion of their healthcare benefit, and that is prescriptions. I feel that the VA and Congress need to determine if it's a priority to spend the money that will be needed to provide Category 7 veterans with care. I realize that the VA can ill-afford to provide

prescriptions at 2.00 dollars a month when it cost approximately 8.00 dollar a month to furnish.

I would like for us to turn our attention to the Indianapolis VA Regional Office (VARO). During my 6 years as serving as the Tippecanoe County Veterans Service Officer, our office has had almost daily contact with the Indianapolis VARO. Jeff Alger, and his predecessor Dr. Dennis Wyant and their staff have continually provided our office and our veterans superb support. We have hosted 4 Veterans' Expos (an event that brings veterans services to the local area) in Tippecanoe County and the Indianapolis VARO has supported these events in an outstanding manner. The Indianapolis VARO has also established events across the state to assist helping Ex-POWs in getting their VA benefits. As stated earlier I am at the grassroots of the VA claim processing system, so I don't have the most recent numbers on staffing, budgeting, the amount of claims adjudicated, etc. However, I am in a position to know that probably more than anywhere else, the VAROs have been asked to do much more with less. It is encouraging to know that Mr. Alger is now in a position where he has been able to hire additional personnel. With the VA re-considering claims due to the ruling on Well-Founded claims and the recent decision by the VA on Vietnam veterans who have been diagnosed with Diabetes Type II I have not seen an increase on the length of time it takes to get a decision on a claim. I would like to take a moment to address of few areas that could possibly improve the VA's ability to provide service to our veterans.

- Education: It's imperative that both the staff at VAROs and County Veteran Service Officers (CVSOs) is aware of each other's role in assisting veterans. Being a CVSO at times you're not sure where you fit in with the VA. At times, the VA rep is quite willing to assist you with information concerning a claim for a veteran and at other times the reply is that we can only talk to the veteran. A recent change on the VA Form 21-22 has even made it more difficult for the VA rep to see that you have permission from the veteran to make the inquiry. I would like to ask for your assistance in developing a more consistent policy on this issue.
- Forms: As I mentioned earlier about the 1010-EZ forms, the forms currently being used by the VA (particularly VA Form 526) is certainly not consumer-friendly. Counting the instructional pages this form is now 22 pages. Only a few veterans have visited our office to pick up the forms necessary to submit a claim that have not returned for assistance.
- Claims Process: In a perfect VA and CVSO world, the veteran would arrive at our office with a copy of his DD Form 214, copy of his service medical records (showing the veteran's disability) and current medical records (showing that the veteran still has the disability) and all marriage licenses, birth certificates, etc. The claim is submitted and a couple days later it's adjudicated. However, when reviewing our current active files, the most obvious reasons I see for claims not being adjudicated in a timely manner is that the veterans are not returning with the documents needed, have moved

without notifying the VA or in some cases the claim may have been denied numerous times and the veterans continue to re-file. It is important that the initial claim be submitted properly and with all of the evidence needed. In dealing with claims that seem to hit a roadblock, I have found the Indianapolis VARO to be only a phone call or an e-mail away to resolve problems.

In closing, I would like to state that there are many veterans' advocates throughout the State of Indiana and I would be remiss not to mention the staff of the Danville IL VAMC that are very pro-active in assisting our veterans with both their medical care and their other VA benefits. Hopefully, by continuing to work together we can continue to strive to assist our veterans even better.

It is an honor to serve our Indiana veterans. Thank you for your time.