

**Statement**

**VIETNAM VETERANS OF AMERICA**

**Presented By**

**Rick Weidman  
Director of Government Relations**

**Before the**

**Subcommittee on Health**

**Of the**

**House Committee on Veteran's Affairs**

**Regarding**

**The Department of Veterans Affairs providing certain veterans with  
prescription-only health care benefits**

**March 30, 2004**

Good morning, Chairman Simmons, Ranking Member Rodriguez, and other distinguished members of the House Subcommittee on Health of the Committee on Veterans Affairs. On behalf of National President Thomas H. Corey, we thank you for the opportunity for Vietnam Veterans of America (VVA) to appear here today to share our views on the issue of “Transitional Pharmacy Benefits” at the Veterans Health Administration facilities of the U.S. Department of Veterans Affairs (VA). I ask that you enter our full statement in the record, and I will briefly summarize the most important points of our statement.

The “Transitional Pharmacy Benefit” would never have been necessary if the veterans health care system were fully and properly funded to take care of the veterans who are statutorily eligible to use the VHA system. If there were anything approaching adequate funding, there would have been no need to promulgate the regulation issued to accomplish the filling of prescriptions written by non-VA physicians as there would never have been waiting periods of longer than thirty days. This would have rendered the premise of VHA Directive 2003-047 (issued August 14, 2003, and affecting veterans enrolled in VA health care by July 25, 2003) and other various legislative proposals moot. This is but one more good reason why we need mandatory funding for health care for America’s veterans.

When VVA received notice of this hearing late last week, we sent out messages soliciting thoughts and data from our Service Representatives and from the VVA National and State leadership who are geographically dispersed across the nation. The reports were that it was not utilized because there was no waiting list longer than 30 days at the local VA Medical Center, or that the “Transitional Pharmacy Benefit” was working well, and in the manner intended by the Secretary of Veterans Affairs. The reports are consistently favorable. The VA pharmacy service is doing a very good to excellent job with this program, and that veterans and veteran’s advocates at the local level are pleased with this benefit, if not the reasons that made it necessary.

It is worth noting that the pharmacy operation has so improved in the last two decades that it is now one of the best-run VA programs. It is generally effective, efficient, and is constantly improving based on clinician and veteran reactions and suggestions. Of all the VA operations, it is the one that appears to be truly operating on the “Demming” method, devised by the late W. Edwards Demming, of constant improvements, with many of these modifications being small but some large, that result in an increasingly more effective operation at the least possible cost. It is indeed ironic that the pharmacy operation should apparently be one of the areas targeted for eventual outsourcing by the Office of Management & Budget (OMB). One could say that this is yet another case of “if it’s working, let’s break it” by the OMB bureaucracy.

There has been discussion of making the concept of VA filling prescriptions written by non-VA physicians a more far-reaching and permanent program. VVA in the past has not favored such efforts, for a variety of reasons, and not just cost to the medical operations fund at the current inadequate level under discretionary spending.

The most important function of the VA medical system is “to care for he who hath borne the battle” In other words, it should deal with the “veteran-ness” of an eligible person by properly testing and diagnosing all of the maladies, injuries, and illnesses that a veteran may have that are in some way related to his military service. Currently the VA largely has no idea of “who hath borne the battle” among the users of the VA system, even if they are service-connected disabled veterans. For example, VA can only tell at a glance if an individual is a Vietnam-era veteran, and not whether or not they served in the Vietnam theater of operations.

In the five years since the announcement of the “Veterans Health Initiative,” the VA has yet to implement a training program for all employees, or even just the new employees and clinicians that defines these special people whom we serve, and what makes veterans different from the general population that one might see in a general hospital. The taking of a complete military history (what branch, when, what duty stations, what military job – M.O.S., and what actually happened to them) and utilizing this vital information in the diagnosis and treatment process, is central to the raison-detre of the VA, i.e., that it be a Veterans Health Care System, and not just general health care that happens to be for veterans.

While we are assured that the new Information Technology is being designed to find out complete military histories, and correlate this information with diseases, exposures, and the like which may have affected the veteran, this architecture is not due for realization until FY 2008 at the earliest. VVA commends Undersecretary Robert Roswell for including this in the “20/20 Vision Statement” for the VHA. VVA believes that much more can be done today even without all processes being automated. VVA also commends Secretary Principi for including the taking and using of military history for each veteran in the above-described manner, for the very first time in the “2003-2008 Strategic Plan for VA.”

If the VA were taking a complete military history and using it in the diagnosis and treatment processes, then it would become doubly important for those who potentially served at a time and place where they were exposed to toxic substances or diseases that should be evaluated by VA physicians who (at some time in the future) would be trained to spot and to test as appropriate for these potential service related conditions. Attached please find a copy of the web site for the “Pocket Card” that is supposed to be used to train interns, residents, and other new VA professionals. These cards are also supposed to be available to, and used by, all VA clinicians, although that is rarely the case.

If the VHA were working as a true Veterans Health Care system, and when it is again adequately funded to properly care for all veterans who are statutorily eligible, VVA would not favor any program that moves case management outside of the VA.

Since we are where we are with funding and overcrowding today, VVA again congratulates Secretary Anthony J. Principi for moving ahead with this program to provide a short-term fix for those who needed medications but had to endure long waits to secure these already privately prescribed medicines, and to reduce the backlog of veterans waiting to be seen at many facilities, especially in VISN 8 and other areas where particularly long waiting times had become a really sever problem.

Mr. Chairman, that concludes our brief remarks on this issue. I would be pleased to answer any questions you or your distinguished colleagues may have.

Again, thank you for allowing VVA the opportunity to offer our views here today.

**VIETNAM VETERANS OF AMERICA  
Funding Statement**

**March 30, 2004**

A national organization, Vietnam Veterans of America (VVA) is a non-profit veterans membership organization registered as a 501(c)(19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true for the previous two fiscal years.

For further information, contact:

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**RICHARD WEIDMAN**

Richard F. “Rick” Weidman serves as Director of Government Relations on the National Staff of Vietnam Veterans of America. As such, he is the primary spokesperson for VVA in Washington. He served as a 1-A-O Army Medical Corpsman during the Vietnam war, including service with Company C, 23<sup>rd</sup> Med, AMERICAL Division, located in I Corps of Vietnam in 1969.

Mr. Weidman was part of the staff of VVA from 1979 to 1987, serving variously as Membership Service Director, Agency Liaison, and Director of Government Relations. He left VVA to serve in the Administration of Governor Mario M. Cuomo (NY) as statewide director of veterans employment & training (State Veterans Programs Administrator) for the New York State Department of Labor.

He has served as Consultant on Legislative Affairs to the National Coalition for Homeless Veterans (NCHV), and served at various times on the VA Readadjustment Advisory Committee, the Secretary of Labor’s Advisory Committee on Veterans Employment & Training, the President’s Committee on Employment of Persons with Disabilities - Subcommittee on Disabled Veterans, Advisory Committee on veterans’ entrepreneurship at the Small Business Administration, and numerous other advocacy posts in veteran affairs.

Mr. Weidman was an instructor and administrator at Johnson State College (Vermont) in the 1970s, where he was also active in community and veterans affairs. He attended Colgate University (B.A., (1967), and did graduate study at the University of Vermont.

He is married and has four children.



## What is the VA Trainee Pocket Card?

Department of Veterans Affairs

Answers to these questions will provide information helpful in understanding patients' medical problems and complaints, and will help you establish rapport and working partnerships with your veteran patients.

For additional resources, including selected articles, abstracts, and bibliographies, refer to the Office of Academic Affiliations' web site.

Intranet <http://www.va.gov/oaa/>  
Internet <http://www.va.gov/oaa/>

### MILITARY SERVICE HISTORY

- Tell me about your military experience.
- What did you do?
- When and where did you serve?
- How has it affected you?

*If your patient answers "Yes" to any of the following questions, ask:  
"Can you tell me more about that?"*

- Were you a prisoner of war?
- Did you see combat, enemy fire, or casualties?
- Were you wounded or hospitalized?
- Did you participate in any experimental projects?
- Do you have a claim pending or do you have a service-connected condition?

The VA Trainee Pocket card is a pocket-sized resource to provide all VA health professions trainees a guide to understanding health issues that are unique to veterans.

VA's students and trainees generally are **young** while **our veteran patients are older** and have had experiences in a different time and place. This card is intended to **bridge that gap**. Moreover, the card is a gateway to selected literature references on a specially developed Internet web site. The card suggests questions to **invite** the veteran to tell his/her own story while the web site provides information that will offer greater **insight** into the veteran's story.

This initiative is rooted in the premise that it is important to make the patient aware that his/her unique experiences as a veteran are of **concern to VA clinicians**.

## Who should receive the VA Trainee Pocket Card?

All health professions trainees should receive the VA Trainee Pocket Card during orientation to the VA.

## How is the Trainee Card Website used?

When the VA Trainee Card Web Site is accessed, a replica of the card is found. The Web site contains topic **summaries of veterans' health issues** as well as relevant **articles** and **abstracts**. In addition, **links** to other web sites are provided. If VA was unable to obtain the complete reference for Internet access, they are available in local VA Medical Center libraries.

<http://vaww.va.gov/oaa/> or <http://www.va.gov/oaa/>

## How can you use the VA Trainee Pocket Card to improve veterans' care?

### Orientation:

- Summarize the issues presented on the card.
- Demonstrate the web site and how it can be accessed.
- Encourage trainees to become familiar with the resources on the card and web site.



**The Card can be used to capitalize on many learning opportunities:**

- Give trainees better understanding of the veteran's perspective.
- Encourage trainees and staff to take more careful, veteran-centered histories.
- Stimulate case discussions augmented by information found on the web site.
- Consider discussing issues presented on the card during daily work rounds or informal case-based conferences.