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**Testimony**

Before the Subcommittee on Oversight and Investigations  
Committee on Veterans' Affairs, House of Representatives

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**VETERANS' HEALTH  
CARE**

**Veterans' Perceptions of VA  
Services and Its Role in Health  
Care Reform**

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Mr. Chairman and Members of the Subcommittee:

We are pleased to be here today to discuss veterans' perceptions of the current veterans health care system and their opinions about the future role of the Department of Veterans' Affairs (VA) under health care reform. My testimony today will be based on the preliminary results of a series of focus group meetings with veterans we held at your request.

Before I discuss the results of the focus groups, let me tell you a little bit about how we conducted the focus groups and some of the limitations in how the results can be interpreted. Focus groups are basically small groups of people who get together to talk about a given topic--in this case, veterans' health care. A specially trained moderator conducts the meetings, posing broad discussion questions, but essentially allowing focus group participants to discuss the topics among themselves. Focus groups provide a range of views on a topic, but the results cannot be quantified and are not necessarily representative of the population as a whole.

Among the topics discussed in our focus groups were veterans' views on

- the reasons and extent to which they use VA health care services;
- their overall satisfaction with the care VA provides;
- the need to maintain a separate VA health care system;
- the question of whether the VA health care system should be expanded to cover dependents;
- the issue of whether VA should set up managed care plans to compete with private sector plans, and the potential competitiveness of VA plans;
- the factors they would consider in deciding whether to select a VA health plan; and
- the ways in which VA could be changed to make it a more competitive provider.

These topics were discussed with groups of veterans with service-connected disabilities, veterans with low incomes, veterans with higher incomes, veterans who are Medicare eligible, women veterans, and veterans who live more than 40 miles from the nearest VA health care facility. For each category of veteran, we met with both veterans who currently use VA--or have used VA within the last 3 years--and veterans who do not use VA facilities. A total of 127 veterans participated in the 14 focus group meetings we held in Baltimore, Charlotte, Denver, San Francisco, and Martinsburg, West Virginia.

I would like to depart from the usual manner of our testimony. Instead of paraphrasing the views of the veterans, we have prepared a tape of excerpts from the focus groups to allow the veterans themselves to present their views.

In summary, the views of the participants were as diverse as the veteran population itself. While the views expressed were varied and may not be representative of the veteran population in general, several themes seemed to emerge:

- Veterans, other than those without health insurance, seemed to use VA only for certain services, such as treatment of service-connected disabilities, rather than relying on VA for all of their care. This fact has important implications for health care reform because such veterans would be required under the proposed Health Security Act to choose either VA or another health plan to provide all of their comprehensive health care benefits. For example, veterans who currently use VA only for treatment of their service-connected disabilities may no longer be able to obtain such treatment from VA if they enroll in a non-VA health plan.
- Veterans' satisfaction with VA health care varied by location, but focused mainly on poor customer service. Not surprisingly, veterans in cities having veterans' facilities with good reputations for customer service also expressed more interest in enrolling in VA health plans. The reputation of individual facilities will likely be a significant factor in determining whether veterans stay with VA under health care reform.
- Focusing exclusively on customer service issues may ignore another set of concerns. Veterans perceive that the care offered by VA can be erratic, and some question care offered by facilities in other locations. These veterans may have direct experience with different facilities or may be relying on anecdotal information. Whether groundless or not, veterans' misgivings about the quality of care rendered will affect VA's ability to compete in a reformed system.
- Apprehension about change was a recurrent theme running through the focus groups. Veterans expressed concerns that changes could diminish or eliminate veterans' health benefits, that allowing dependents to use VA facilities could detract from care for veterans, that VA would lose its individuality and its focus on the special health care needs of veterans, and that veterans who are dependent on VA would be hurt emotionally. Such

veterans generally expressed a desire to maintain separate VA health care facilities under health reform, seeing it as a tangible symbol of the nation's commitment to its veterans.

- Other veterans did not see a need to maintain separate veterans' health care facilities, as long as veterans were given a viable alternative. These veterans suggested options such as VA becoming a payer rather than provider of services. The primary concern of this group was that veterans be given something of value equal to what they have now.
- Veterans frequently indicated that the health care needs of veterans with the most serious service-connected disabilities should be VA's highest priority. Veterans with post-traumatic stress disorder, spinal cord injuries, illnesses possibly related to exposure to Agent Orange, or illnesses possibly related to service during Operation Desert Storm were cited as deserving special attention.

At this point, I would like to present the veterans' views of the VA health care system and its potential role in health reform.

EXCERPTS OF VETERANS' COMMENTS  
MADE IN FOCUS GROUPS

GAO COMMENTATOR: WHY DO YOU CHOOSE TO GET HEALTH CARE FROM VA?

Well, I'll tell you, I don't have any insurance at all, nothing. That's the only hospital I've got to go to for anything.

I'm the same way.

I mean, whether it's service connected or if I get sick or hit by a car, that's the only place to go. I'm homeless, unemployed.

I use the VA as a safety net. If I am working and if I am covered with insurance, I will not use the VA; I will use my private insurance. But if I become unemployed, that is my safety net by going to the VA hospital.

The only thing I use the VA for is strictly on the things that were service connected. I don't use them for anything else. I have my own private doctor outside of the VA for all other medical purposes.

It's the VA's responsibility to take care of those injuries that you received in the war, not your insurance company's.

I'm not going to take my problem to somebody else when the military, VA, is responsible for it. You're going to see me today, or you're going to see me every day for the next 6 months, whatever it may take, because it's your responsibility.

GAO COMMENTATOR: HOW WOULD YOU DESCRIBE THE VETERANS' HEALTH CARE SYSTEM IN ONE OR TWO WORDS?

Caring and hopeful.

Big and slow.

Dedicated and helpful.

Time-consuming.

Good service.

It's expensive to the government.

Uncaring and case hardened.

Very slow and an old folk's home.

Administratively bogged.

Difficult and overcrowded.

Getting better.

A lot of government bureaucracy.

Underfunded.

Secretive.

GAO COMMENTATOR: ARE YOU SATISFIED WITH THE CARE YOU GET FROM VA?

The main thing is you have to wait. You have to wait. I used to get mad, but then it dawned on me, hey, this is free.

Seems to me like they do research on the veterans, and then the good from it goes somewhere else, and then they raise your insurance policy premiums.

One thing that I dislike about the Veterans' Administration--the whole system--is they reward you for not getting better...If I don't get better I've got free medical for the rest of my life. If I get worse, I get more money every month. Is that a real incentive to get better? Not at all.

What we need as older women are glasses, [a medical service that is] not service connected; dentures, not service connected; feet with corns and bunions and things like that, not service connected. So the things we need as older women are not available to us.

I'm happy and I am satisfied. I've been in the system --I'm 100 percent through the VA. I've used their system since 1978. You have to wait a long time...I'm just happy that I'm seen...I've just had a good experience.

I've been in the VA hospitals all over. I went up to Salisbury three times. I took my card and threw it on the desk and told them...I will never come back in that hospital again. I go to Columbia all the time. I was in the VA facility at Audie Murphy in San Antonio, Texas. I was in the VA facility in Dublin, Georgia, and I have never seen anything like that mess up there in that place. They need to close that hospital. Or go in and fire everybody in there and put somebody in there that will run that hospital and treat those veterans like they need to be treated.

The attitudes as far as being in a new facility. [refers to new facility in Baltimore] I put it to the people like this: whether it's a new facility or the old facility, you've got the same jackrabbits running through there. So what was down in Lock Raven [recently closed facility] is definitely up at the new hospital.

GAO COMMENTATOR: HOW WOULD YOU DESCRIBE THE CUSTOMER SERVICE AT VA?

Down in Washington, you pretty much have to wait on yourself, making your own beds and everything. Because I've been there--well, I've been there months at a time and pretty much had to take care of myself, make my own



beds. They bring the sheets and lay them there and if you didn't make it, it wouldn't get made.

They treat you like you're a charity patient...When I walk in there, I don't want to be ignored: I want to be treated like I'm a human being. They are there because I have to be there. If I don't have to be there, then they have no jobs.

They try to make it as difficult for you as possible. They have lost the attitude of service. You are just a number.

GAO COMMENTATOR: HOW CONVENIENT IS IT TO OBTAIN CARE FROM VA?

If you go down there without an appointment, you can wait all day. You might have to wait until some time at night just to see a doctor.

Out at VA you go to one place and sit there for 20 minutes reading the newspaper. You move down to another spot for 20 minutes reading the newspaper. Pretty soon you almost miss lunch, and you feel like leaving. I don't know. I don't understand why it has to be that way.

There's no parking, period. You park 20 miles away. Walk over and then get your appointment made.

That's why everybody is there early. A lot of people are there early just so they can park...

I see it all the time. People have to drop them off, then go park the car and come back, and sometimes, almost an hour, there's this poor guy sitting in a wheel chair.

GAO COMMENTATOR: DO VETERANS NEED A SEPARATE VA SYSTEM?

There are things that happen in a war that don't happen any place else. And if you don't have a VA facility to take care of those veterans, you send them into a

general public hospital. They won't have any idea of what to do.

I really think they could better serve the veteran if they would abolish all the hospitals, tear them down, get rid of all the overhead. You can't imagine how much money they spend all over the country every year to operate the VA. Just take that money and put the guys in a regular private hospital.

What we are saying is that the VA would become an insurance. Instead of giving service, it will provide the payment for the service...They would administer the insurance portion of it. They wouldn't be the care givers.

If you eliminate all the VA hospitals, you have to give veterans that have to use them a viable alternative.

My belief is that they could give them better care, because they would have more money.

And certainly the guy would have a more cheerful atmosphere in a private hospital than you would in a VA hospital.

I see nothing wrong with being incorporated into one big deal, as long as I got the same value as I get now.

If we take the VA away, what else is next? They are trying to lump us all in with everybody now that have never went to war, never got hurt. I feel like you keep the veterans' benefits separate. If they don't, we're going to lose them.

GAO COMMENTATOR: SHOULD VA OFFER CARE FOR VETERANS' DEPENDENTS?

If you are saying, well, you're going to have to make one decision, are you saying we make that one decision just for our personal needs? Or are we making them for our family's needs? Because for family's needs, if it's our family needs, "bye-bye VA," because I've got to take care of my family.

I have no problem with the VA taking care of families but I don't want to see it at the expense of veterans who earned it, either.

They're going to be offering well-baby clinics. Is that going to detract from someone getting in for a neurological problem? I'm uncomfortable with that.

I can't see my wife going to the VA hospital, period. And I can't see the kids going.

There's a lot of things in the VA hospital I wouldn't bring my kids in to see. I mean it would totally--you know, we'd walk in the door and then all of a sudden you've got about three or four people screaming at the top of their lungs or talking to themselves.

It's like going into a bad Greyhound station.

The VA was created to take care of the individuals who bore the brunt of the battle, not for my wife and not for my kids.

GAO COMMENTATOR: UNDER ONE HEALTH REFORM PROPOSAL, ALL CITIZENS WILL BE ABLE TO CHOOSE A HEALTH PLAN IN THEIR AREA. VETERANS WILL HAVE ONE ADDITIONAL OPTION IN THAT THEY WILL BE ABLE TO SELECT VA AS THEIR HEALTH PLAN. VETERANS, LIKE OTHER CITIZENS, MAY BE RESTRICTED TO USING ONE HEALTH PLAN EXCLUSIVELY. AS A RESULT, VETERANS MAY NO LONGER BE ABLE TO PICK AND CHOOSE AMONG THEIR DIFFERENT INSURANCE PLANS.

GAO COMMENTATOR: SHOULD VA SET UP MANAGED CARE PLANS TO COMPETE WITH THE PRIVATE SECTOR?

I would not go to the VA if it became like an ordinary place...a one-size-fits-all institution.

VA's going to be in the same business, with an advertising budget and marketers and the whole bit. Is that where we want VA to go? They were

not set up to compete with a private HMO [health maintenance organization] company. If they start doing that, does that dilute what they were chartered to do when they were established, which was take care of disabled veterans? I don't know that they should be competing.

I don't know that the veterans wouldn't get lost in the shuffle or the bottom line.

People made sacrifices, commitments, and did things based on a certain level of understanding, and if you're going to change it, okay. That's certainly the Congress' right to change it, but they shouldn't change the deal they already cut with people in the room.

[For VA to compete]...that would be a couple more billion dollars thrown in the trash can...But it's a big black hole. It's a lot of money thrown down the drain. I'm sure that they could--I wonder what the studies say, but I'll bet that if they just paid the insurance premium on each veteran that went to the VA hospitals, they would have a cost savings--a measurable cost savings.

And now we're turning them into just another doctor schlep outfit. They're out there schlepping for more patients so that they can dilute what some of these guys need.

I also say that I don't want to give away what I have. I would like to see the VA stay the way it is.

I don't even think it should become an option. It's an entitlement. You should have an option of going to the regular insurance plan everybody else has, and you should also have the entitlement of going to the VA if you so choose.

GAO COMMENTATOR: COULD VA EFFECTIVELY COMPETE WITH PRIVATE SECTOR PLANS?

I think that would be a lost cause.

If Lee Iaccoca can take the Chrysler name that was in the toilet and bring it back up, then they can do the same thing with the VA.

I think it is logical to conclude that the Veterans' Administration doesn't really have a reason to exist in terms of cost benefit...I would have to think seriously about is whether or not eliminating the Veterans' Administration health care also eliminates the symbol of responsibility to veterans who had service-connected problems. In balance, I don't know which way I would go. I know which way is logical, but the country is run on politics. Eliminating the symbol possibly is dangerous, so I don't know.

I still think that there are a lot of veterans that are probably inefficiently warehoused in veterans' hospitals--that are there permanently. Where are they going to go?

I think emotionally it would hurt one group--a group of veterans that have been dependent on that [the VA]. That's their security, and I think it would be devastating to those people that have been using VA all along.

GAO COMMENTATOR: WHAT FACTORS WOULD YOU CONSIDER IN SELECTING VA FOR YOUR HEALTH CARE?

A lot of people are going to look into reputation. A lot of people who have already been to the VA, to the bad ones in particular, are going to take into consideration how they were treated at the VA before. They're going to think about this. They're going to say, do I want to go back to that same damn system again? No. They're going to say no.

The VA hospitals are in sympathy with our particular needs. If we went to outside providers, we would have to start from scratch to explain to them what our particular problems are...I think we need to--to maintain the veterans' hospitals.

I really think that you guys need to look at the connection between politics and what happens with Congress and the VA hospital...When they say, "cut the budget," what ends up happening? The question really is related to disconnecting veterans' care from the whims of politicians.

GAO COMMENTATOR: IF YOU WERE SECRETARY OF VA, HOW WOULD YOU CHANGE VA TO COMPETE IN HEALTH CARE REFORM?

He's got to sell the idea, he's got to market the whole thing. He's got to attract good doctors, and then tell the people that are out there we got great doctors, and then bring in the people. Anything a business would do. What would Kaiser do? He should ask himself every day, what would Kaiser do, what would Cigna do, what would anybody else do that's in the business.

To streamline the outpatient system. I think that that's where they're really overloaded is outpatient clinics.

For the VA to get into contention as a runner in this business of providing health care to the people out there, it's going to have to improve its image.

I'd like to see every one of those people fired.

I would certainly allow autonomy. For example, if in Prescott, Arizona, their VA had all rural people far away, I would develop some kind of service that could get out to those people. If I'm in downtown San Francisco, or someplace where, you know, I think in Seattle, they have one downtown. Maybe there is a different kind of

service I would provide, but I would try to make sure that my local administration had some kind of autonomy to service their populations, whatever they have to deal with.

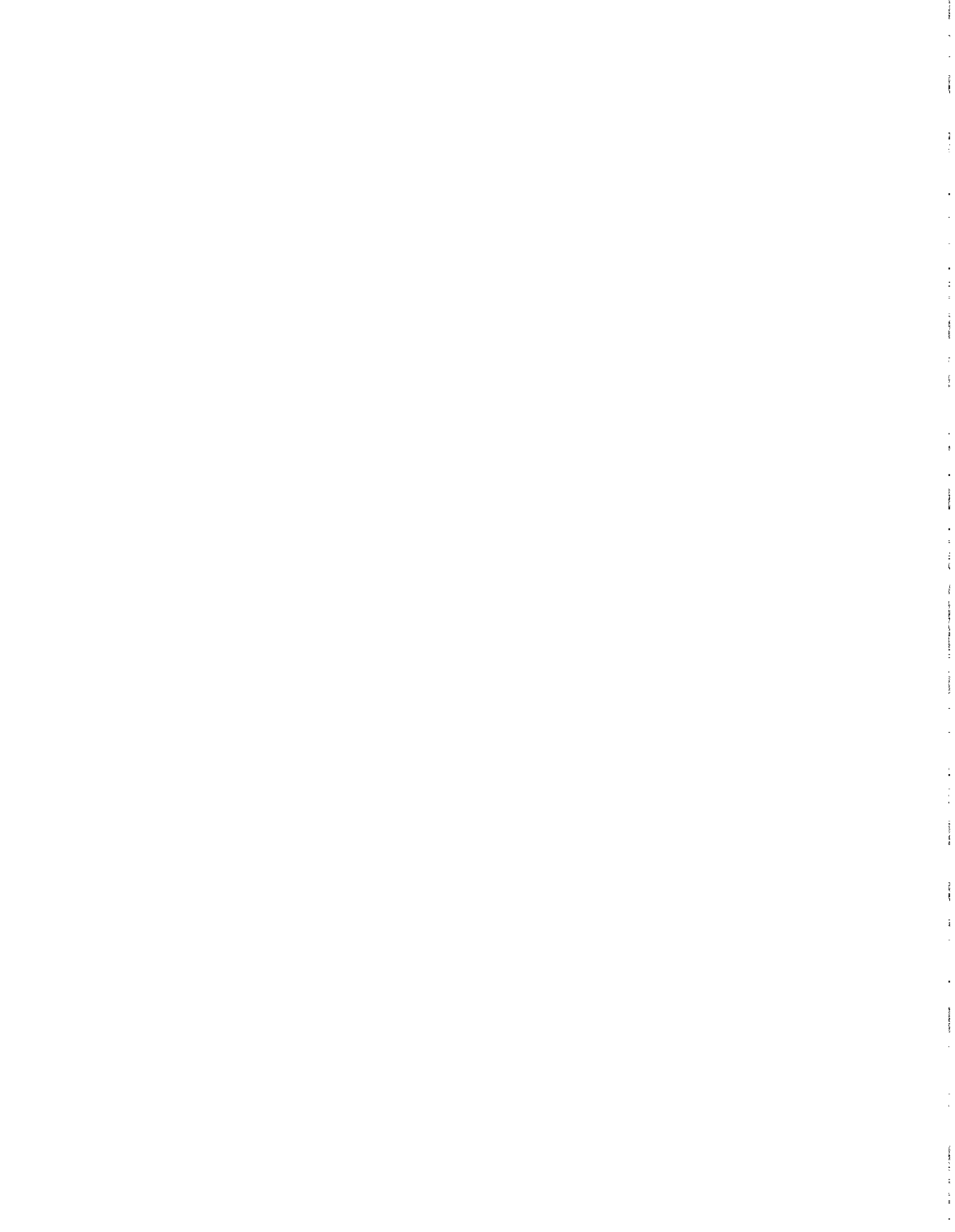
The VA hospital here has a good reputation. Other VA hospitals don't have such a good reputations, yet they're all in the same plan. Somebody really should get around and look at them all and say, you know, this is "good," "what you've got stinks and get rid of it," and "mimic this better and do more like this."

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In summary, veterans expressed a wide range of views about the most appropriate role for VA under health reform and about the care provided by VA facilities. While their views may not be representative of the nation's 27 million veterans, many of the concerns expressed--such as excessive waiting times and poor customer service--have been the focus of prior GAO reports and hearings by this and other congressional committees. VA should consider such improvements as a necessary ingredient for competing successfully in a reformed health care system.

Mr. Chairman, this concludes my prepared remarks. I would be happy to answer any questions that you or the Subcommittee may have.

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