

ELLEN O. TAUSCHER  
10TH DISTRICT, CALIFORNIA

COMMITTEE ON  
TRANSPORTATION AND INFRASTRUCTURE  
SUBCOMMITTEE ON AVIATION  
SUBCOMMITTEE ON  
HIGHWAYS, TRANSIT AND PIPELINES

COMMITTEE ON ARMED SERVICES  
SUBCOMMITTEE ON PROJECTION FORCES  
SUBCOMMITTEE ON STRATEGIC FORCES  
SUBCOMMITTEE ON TOTAL FORCES

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-0510

1034 LONGWORTH HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
TELEPHONE (202) 225-1880  
FAX (202) 225-5914

2121 NORTH CALIFORNIA BOULEVARD  
SUITE 555  
WALNUT CREEK, CA 94596  
TELEPHONE (925) 932-8899  
FAX (925) 932-8159

2000 CADENASSO DRIVE  
SUITE A  
FAIRFIELD, CA 94533  
TELEPHONE (707) 428-7792  
FAX (707) 438-0523

420 WEST 3RD STREET  
ANTIOCH, CA 94509  
TELEPHONE (925) 757-7187  
FAX (925) 757-7056

Web Address: [www.house.gov/tauscher](http://www.house.gov/tauscher)

September 8, 2003

Mr. Richard J. Larson  
Executive Director  
CARES Commission  
810 Vermont Avenue, N.W.  
Washington, D.C. 20420

Dear Director Larson,

I write to inform you of my grave dissatisfaction with the CARES Commission's decision to hold its October 1 hearing in Palo Alto, California, when the facility proposed for closure is located forty miles away in Livermore.

I organized a town hall meeting at the Livermore facility on Saturday, September 6<sup>th</sup> as a way for the patients, employees, volunteers, and community members to come and ask questions and voice concerns about the proposed closing to the hospital's administrators. There were more than 250 people who attended and expressed outrage that they have had no input throughout this process. Not one single patient or Livermore employee has received a survey or questionnaire seeking their input, and now, the *one* Administration-sanctioned public hearing is being held over forty miles away.

Furthermore, for those veterans who are able to make the drive to Palo Alto, they will not even be allowed to make comments. They can only sit and listen as people from outside the Livermore area make decisions that will have a tremendous impact on their lives. This is unacceptable.

I respectfully request that the CARES Commission work to relocate this hearing from Palo Alto to the Livermore VA hospital facility. It should be made as convenient as possible for Livermore patients and their families to attend this hearing. It's the least the VA can do for them.

Please call my office and let me know how I can facilitate the process of making attendance at this hearing more accessible for everyone involved. My office phone number is 202-225-1880.

Sincerely,

Ellen Tauscher



Member of Congress

MADELEINE Z. BORDALLO  
GUAM

427 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-5301  
(202) 225-1198  
FAX: (202) 226-0341

DISTRICT OFFICE:  
120 FATHER DUENAS AVENUE  
SUITE 107  
HAGÁÑA, GUAM 90910  
(671) 477-4272  
FAX: (671) 477-2587

<http://www.house.gov/bordallo>



Congress of the United States  
House of Representatives  
Washington, DC 20515

ARMED SERVICES COMMITTEE  
SUBCOMMITTEE ON READINESS  
SUBCOMMITTEE ON TOTAL FORCE  
  
RESOURCES COMMITTEE  
SUBCOMMITTEE ON FISHERIES CONSERVATION,  
WILDLIFE, AND OCEANS  
SUBCOMMITTEE ON NATIONAL PARKS,  
RECREATION, AND PUBLIC LANDS  
  
SMALL BUSINESS COMMITTEE  
SUBCOMMITTEE ON WORKFORCE,  
EMPLOYMENT, AND GOVERNMENT PROGRAMS

October 1, 2003

Testimony before the Department of Veterans Affairs Capital Asset Realignment  
for Enhanced Services (CARES) Commission

Livermore, California

Thank you for allowing me to come before the Commission today to report on how the Draft National CARES Plan will affect the veterans of Guam. I felt it was especially important to come, because a national review of health care infrastructure should account for the needs of all veterans, no matter how isolated the community.

My message here today is that the Department of Veterans Affairs would be well served to view Guam as an opportunity: an opportunity to relieve the strain upon Hawaii's health care services, an opportunity to demonstrate the "one VA concept," and an opportunity to improve collaboration with the Department of Defense. The CARES Plan clearly shows a growing unmet need for health care facilities in the Pacific. For example the demand for specialty outpatient care is expected to rise by 210%. However, the need is even greater than the numbers imply, as those figures do not include Guam, American Samoa and the Philippines.

For the veterans of Guam, being left out of the analysis of the Draft National CARES Plan is a mixed blessing. Guam is slated to receive an expanded Community Based Outpatient Clinic (CBOC) when the Navy constructs its new hospital in 2008. The Draft National Plan describes the CBOC as providing "accessible, high quality primary, specialty, and hospital care for veterans in Guam and the Commonwealth of the Northern Mariana Islands." That is a goal we all share. However, many veterans groups on Guam have informed me that they want the CBOC to be separate from the Naval Hospital. Most veterans would like the CBOC to be relocated to a more accessible facility, preferably one centrally located in our capital city of Hagåtña.

I am also concerned that like other facilities dependent on the Department of Defense, construction in Guam will be delayed, causing the 2008 time frame to slip. While I am deeply grateful that this project is designated as a "High Priority" under the Draft National Plan, I am not aware of how the VA can hold the Navy firm to the 2008 timeline. The Guam Naval Hospital is at the end of the Navy's Future Years Development Plan (FYDP), and funding for such projects is dependent on budgetary decisions several years down the road. I would therefore like to suggest that the Commission include in its Final Report a plan for addressing the needs of facilities that require DoD collaboration, in the event that such projects, which are dependent on DoD decisions, are delayed or cancelled.

For Guam, I recommend that the Department of Veterans Affairs address concerns relating to access and adequate space for the current CBOC now. There is no reason to delay making these improvements while awaiting DoD's funding of a new hospital.

There are other issues that the Department of Veterans Affairs could address to improve services to veterans. Veterans on Guam have requested a streamlined process for issuing identification by printing veterans' ID cards on Guam instead of the present process of printing the ID cards in Hawaii and mailing them to Guam. The VA can help us address veterans' concerns of access to the CBOC on the Naval Base by meeting with Navy officials to determine appropriate solutions that would meet both Navy security concerns as well as veterans' access concerns. Improving DoD collaboration now in these areas would have a dramatic effect on the services that veterans on Guam receive.

I would also like to briefly raise two other areas of concern.

### **Special Disabilities**

The Draft Plan makes no mention of initiatives to address the need for Post Traumatic Stress Disorder (PTSD) or substance abuse treatment facilities. Given the limited availability of such services, the treatment of PTSD and substance abuse should be reviewed as soon as possible. I look forward to a review of Vet Centers as a mechanism to increase participation by veterans in these services.

Such a review must include Guam. At every town hall meeting I organize, Veterans raise the issue of inadequate PTSD and substance abuse treatment programs as one of their most pressing concerns. Treatment facilities for these special disabilities should be expanded in the Pacific Island Market.

### **Collaboration Opportunities**

The Draft National Plan states that "there are no potential VBA opportunities with the VHA that were found in this VISN for review." This is an oversight which should be corrected by the Commission to realize the "one VA concept." I think that the expanded CBOC in Guam provides an excellent opportunity for co-location with the VBA. Veterans in Guam are made to wait for paperwork from the Hawaii processing center, which is overworked and not responsive enough because it is difficult to access

information. There is a lack of feedback on casework made work by the long delays in sending mail. The Final National CARES Plan should recognize the construction of an expanded CBOC in Guam as an opportunity to co-locate VBA staff with the authority to assess a veteran's disability level, issue veterans' identification cards in Guam and process benefits paperwork on island. This would improve the level of services veterans receive, reduce the demand on the Hawaii processing center and fully maximize the use of the expanded CBOC in Guam.

### **Conclusion**

I believe that the concerns I have raised have not been addressed in the report because of the process whereby the Draft National Plan arrived at its decisions. Looking over the Draft National Plan with reference to Guam, I am reminded of the Commission's charter, "to review the data and analysis in support of the Draft National Plan." The CARES National Program Office did not provide workload projections for Guam. I have been told that VA Pacific Islands HCS and VISN 21 were not asked to address any service gaps or develop any market area initiatives related to Guam. Consequently, widespread input from residents in Guam regarding CARES was not actively sought.

Providing services to veterans on Guam presents unique challenges, but our veterans served our country and they are entitled to the same benefits as their fellow citizens. Long-range plans based upon statistics that do not include Guam cannot be justified. Access to health care must be structured to recognize the special circumstances of small veterans' populations and large distances. Ignoring the difficulty of providing health care in remote locations will not make the problem go away.

I hope my testimony will stimulate a discussion by the Commission on facilities in Guam, both with the other panelists here this morning, and in your final report.

Thank you for your consideration.

STATEMENT OF THE HONORABLE ENI F.H. FALEOMAVAEGA  
BEFORE THE CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES  
(CARES) COMMISSION REGARDING VA CARE IN AMERICAN SAMOA

OCTOBER 1, 2003

TELECONFERENCED FROM HOUSE RECORDING STUDIO TO LIVERMORE, CALIFORNIA

Dear Mr. Chairman and CARES Commissioners:

Thank you for holding this hearing and giving members of Congress and other interested stakeholders an opportunity to testify regarding the draft National CARES Plan.

I represent the U.S. Territory of American Samoa and, while I commend the Commissioners for the challenging work you have undertaken, I am also deeply disappointed that the needs of American Samoa's veterans have not been seriously considered or addressed by this process. As you know, medical care for veterans residing in American Samoa comes under the jurisdiction of the VA Medical and Regional Office Center (VAMROC) in Honolulu, Hawaii and Veterans Integrated Service Network (VISN) 21 is responsible for the Honolulu VAMROC.

VISN 21 includes Northern California, parts of Western Nevada, Hawaii, Guam, and American Samoa. With the exception of American Samoa, the VA has established facilities, including hospitals and community-based outpatient clinics (CBOCS), to provide healthcare services for veterans living in these markets. However, the VA has done little to provide for American Samoa's veterans. I repeat, the VA has not provided American Samoa with one doctor, one nurse, one hospital, or one CBOC to care for our veterans locally and quite frankly I believe it is shameful that anyone could know of this problem and do nothing about it.

American Samoa's veterans live 2,300 miles away from Honolulu and 2,300 miles away from the nearest VA facility. It takes approximately 5 hours to travel from American Samoa to Honolulu and another 5 to travel back. Hawaiian Air is the only airline that services the Territory and flights in and out are only offered twice a week, on Monday and Friday evenings. Round trip tickets cost on average \$800.

The per capita income in American Samoa is less than \$4,500 per year. More than 56% of the population lives below the poverty level. American Samoa has the largest percentage of high school graduates who join the military and, according to a survey conducted by the U.S. Army Reserve during a four month period in 2001, American Samoa now has 5,251 veterans although only 1,000 are registered with the Veterans' Administration due to lack of information about the registration process. American Samoa also has 19,806 military dependents.

American Samoa's total population is at 60,000. About 20,000 of these residents are foreign and, out of a native population of 40,000, approximately 15,000 are under the age of 18. This means that roughly 25,000 U.S. Nationals and citizens over the age of 18 live in American Samoa and of this number 5,000 are veterans. In other words, more than 20% of American Samoa's baseline population has served in the U.S. military and may qualify for VA services.

Nevertheless, the VA has not provided our veterans with the local medical services they deserve. The only provider of medical care in American Samoa is the LBJ Tropical Medical Center which is operated by the American Samoa Government (ASG). Although LBJ provides routine medical services for many of our veterans, including exams and referrals, these services are at the expense of the American Samoa Government (ASG) and the VA does not reimburse ASG for said expenses.

I would also like to point out the LBJ was constructed in 1967 and patient and surgical wards have not been renovated since this time. Patient wards have open, screened bed areas with vaulted ceilings and no air conditioning. Many of these wards do not meet fire safety codes and LBJ does not have the funds it needs to upgrade its wards to meet Life Safety Code and ADA standards.

In order to meet code, LBJ must upgrade and/or install restrooms, medical air, medical vacuums, piped oxygen, proper lighting, a nurse call system, a fire sprinkler system, and sufficient electrical outlets for medical equipment. LBJ is also in dire need of upgrading its dispensaries which serve those living in the rural and outlying villages of American Samoa. Our nurses and medical officers are also in need of advanced training. Please note that I used the term medical officers since LBJ also has very few medical doctors on staff.

Now that I have described some of our problems, I would also like to take a moment to share with you how VISN 21 has operated in the Territory. On a periodic basis, the Honolulu VAMROC sends a doctor to American Samoa to see our veterans. When a VA doctor travels to American Samoa, he/she is dependent on the facilities and equipment of the LBJ Tropical Medical Center which are inadequate at best. Honolulu VAMROC also flies our veterans to the Tripler Army Medical Center in Honolulu, if necessary, for exams and treatments. If services cannot be provided by Tripler, the VA flies our veterans to the mainland, a trip that takes up to ten hours one way.

Until recently, our veterans were primarily flown to Honolulu via military aircraft. In 1998, Hawaii's Senator Daniel Inouye and I authored legislation to provide for the transportation of American Samoa veterans on Department of Defense (DOD) aircraft for certain medical care in Hawaii. In every other part of the world, veterans who do not qualify to receive retired or retainer pay are not eligible for this travel. However, given that our veterans have no access to local VA care, Congress agreed that every veteran living in American Samoa should qualify for DOD travel provided that the Honolulu VAMROC authorized the travel based on medical need.

While this legislation continues to be helpful, DOD flights to and from American Samoa, and the availability of seats on these flights, have always been limited. In a three month period, for example, only 27 of our veterans were able to take a DOD flight to Honolulu. Thankfully, in cases of emergencies, Honolulu VAMROC provided free travel via commercial flight to our veterans when no DOD flights or seats were available. However, when our veterans arrived in Hawaii, they often sat in hotels for 2 and 3 weeks at a time waiting for appointments at the Tripler Army Medical Center. Hotel costs were at the expense of VISN 21 as were per diems and, in total, this approach to providing services for American Samoa's veterans cost VISN 21 about \$1.5 million per year.

Today, the Honolulu VAMROC has moved away from DOD flights but continues to provide free commercial travel for qualifying veterans to seek treatment at Tripler. Although per diem and hotel accommodations in Hawaii have now been rightfully limited to a maximum of seven days, it is my understanding that this program continues to cost VISN 21 about \$1 million per year.

Commissioners, I believe this \$1 million could and should be put to better use. Quite frankly, I believe many of American Samoa's veterans continue to be underserved, despite the efforts of the Honolulu VAMROC. This is why I have been working for more than two years to establish a community-based outpatient clinic in American Samoa. As I stated earlier, American Samoa is the only market in VISN 21 that has no established medical services and I do not believe I am asking for the moon when I ask you to move our priority rating for a clinic from 3 to 1 and to staff our clinic with one doctor and one nurse.

For more than two years, VISN 21 and the Honolulu VAMROC have promised that they would establish a CBOC in American Samoa but this has not happened and I am now appealing to you to intercede. I am appealing to you to intercede because I have lost confidence in the promises of VISN 21. In January 2001, I met with the Honolulu VAMROC and was informed that it intended to submit a proposal through VISN 21 to VA Central Office by March 2001 requesting the establishment of a CBOC in American Samoa.

March came and went and I was then informed by VISN 21 that the application would be submitted in June. Based on this information, I enlisted the support of Chris Smith and Lane Evans, Chairman and Ranking Member of the House Committee on Veterans' Affairs. Hawaii Senators Daniel Inouye and Daniel Akaka also supported my efforts and on May 16, 2001 both joined me in signing a letter (attached) to Secretary Principi urging his favorable and timely consideration of the application that was to be submitted in June.

In June, I learned that the Secretary was reviewing the procedures for forwarding and/or submitting new applications to Congress and that a moratorium had been placed on new applications. Nevertheless, VA Central Office informed me that it was possible that some applications would be submitted to Congress in July 2001. To make sure that the application for American Samoa would be forwarded in July, Chairman Smith and

Congressman Evans joined with me in sending another letter to Secretary Principi dated June 20, 2001 urging the submission of the application to Congress. At this time, I would like to ask that these letters and responses be included as part of the record.

Despite my good-faith efforts, despite VISN 21's promises, and despite Congressional support, VISN 21 did not bother to submit our application to VA Central Office. Because of VISN 21's delay, the application for American Samoa was swept up in the CARES process. Nevertheless, VISN 21 assured me that in this process it would advocate for American Samoa's needs. Regretfully, VISN 21 has not lived up to its commitment and, as a result, American Samoa's veterans may continue to be denied the care they deserve unless this Commission intervenes.

Although VISN 21 informed me last week that the establishment of a VA clinic in American Samoa is one of its top three priorities, not a word was mentioned about American Samoa in the VISN 21 CARES Market Plans. In fact, American Samoa is not even on the map, literally, and I would like copies of the VISN CARES Market map and plans to be included as part of the record.

I would also like to note that American Samoa was not mentioned in the draft National CARES plan VISN 21 summary. However, the National Draft does include a recommendation (attached) for the construction of a CBOC in American Samoa but regrettably it has also been assigned a priority 3 rating, the lowest of all possible ratings. Given that one of the primary objectives of this process is to make sure that underserved populations have access to the care they deserve, I believe a priority 3 rating for American Samoa is indefensible.

More than 95% of veterans living in my district are American Samoans, an underserved minority group classified by the census as Pacific Islanders. Few know much about American Samoans but the truth is American Samoans have a long and proud history of supporting the United States. Tutuila's harbor is the deepest in the South Pacific and the port village of Pago Pago was used as a coaling station for U.S. naval ships in the early part of the century and as a support base for U.S. soldiers during WWII. To this day, American Samoa serves as a refueling point for U.S. naval ships and military aircraft.

American Samoa also has a per capita enlistment rate in the U.S. military which is as high as any State or U.S. Territory. Our sons and daughters have served in record numbers in every U.S. military engagement from WWII to present operations in our war against terrorists. We have stood by the United States in good times and bad and certainly we can agree that American Samoa's veterans deserve access to VA care like any other American who has "borne the battle."

As a Vietnam veteran, I am painfully aware of the sacrifices that American Samoa's veterans have made in defense of this nation. Only last month, one of American Samoa's young sons was killed in Iraq and I accompanied his body home to American Samoa. Like others before him, like more to come, he gave his life so that you and I may

live in freedom and I will not rest until the VA recognizes our sacrifices and does right by American Samoa's veterans.

As I have explained, the VA is not caring for American Samoa's veterans. In fact, the VA is denying our veterans the care they deserve and the assistance to which they are entitled. While I know this is a bold claim to make, let me share with you some additional information that I believe makes my case.

I have already stated that VISN 21 was to submit an application to VA Central Office in March and June of 2001 and did not on either occasion. In the ensuing months, VISN 21 also informed me that it did not have any money to construct a VA clinic in American Samoa. However, I later learned that in the same time period VISN 21 allocated \$7 million for construction upgrades in Nevada and California. While I did not challenge VISN 21's decision on how it should best spend its funds, I did meet with the Honolulu VAMROC and VISN 21 to discuss ways in which costs could be minimized so that a clinic could be established in American Samoa.

After months of discussion in 2002, I requested only one doctor and one nurse to staff a clinic. I also requested a one time investment of \$500,000 for equipment. In turn, I met with the Commanding General of the U.S. Army Reserve's 9<sup>th</sup> Regional Support Command and requested his assistance in building a VA facility at no cost to the VA and at no cost to the American Samoa Government. The Honolulu VAMROC assured me that if the military constructed the building, it would provide the equipment, one doctor, and one nurse as requested, despite the CARES process.

Arrangements were made, a site was secured next to the LBJ hospital so that medical equipment could be shared, the American Samoa Government drew up a nominal-fee land-lease agreement, and Tripler agreed to provide a minimum of \$100,000 in funding. But when signing time came, the Honolulu VAMROC pulled out using CARES as an excuse not to move forward and promising to advocate for American Samoa's needs in the process.

Having reviewed the draft VISN 21 CARES plan and noticing that it provides for Guam, Western Nevada, California and Hawaii but excludes American Samoa, I am not convinced that VISN 21 advocated on our behalf. This is why I have chosen to appeal directly to you. As I stated earlier, the draft National Plan lists a new clinic for American Samoa with a priority 3 rating and I am asking that you recommend to the Secretary that this rating be changed to priority 1.

In asking this, I want you to know that in August of this year I met with the new Commanding General of the 9<sup>th</sup> Regional Support Command and requested his assistance in allocating space for a VA clinic at the U.S. Army Reserve Center in American Samoa. The U.S. Army Reserve is constructing a new Center in American Samoa which will be completed in November of next year and I requested space in what will soon be the former Reserve Center.

Last week, General John Ma informed me that the U.S. Army Reserve will agree to allow the Veterans' Administration to occupy a newly constructed butler building adjacent to the Reserve Center. The U.S. Army Reserve will also agree to reconfigure the building to VA needs and transfer its operations. The butler building is 3,600 sq. ft, equipped with telehealth lines, and there are separate entrances and parking lots which can be further segregated if necessary.

I have made the Honolulu VAMROC aware of this offer and Honolulu VAMROC has agreed that this building will serve its purposes and has assured me that it is fully committed to acquiring the building and establishing a CBOC in American Samoa. This is why I am appealing to you to move American Samoa's CBOC rating from 3 to 1. Again, I want to emphasize that in no way am I asking you to support the construction of a multi-million dollar facility in American Samoa. Instead, I am saying to you that we have a free building and are only asking that a portion of the \$1 million allocated for travel back and forth between American Samoa and Honolulu be re-allocated so that our clinic can be staffed with one doctor and one nurse.

According to the Honolulu VAMROC, 1 primary care physician and 1 RN would cost about \$250,000 per year. I would also like to say to that there are a number of Samoan nurses and physicians in the VA system who would welcome the opportunity to return to American Samoa and serve our people. I would also like to say that I believe this is the right thing to do and my colleagues in Congress agree.

For the record, I would like to submit letters of support from the Honorable Chris Smith, Chairman of the House Committee on Veterans Affairs, and the Honorable Lane Evans, Ranking Member. I would also like to submit letters from Senators Daniel Inouye (D-HI) and Daniel Akaka (D-HI), a senior member of the Senate Committee on Veterans' Affairs. I would also like to include a Senate Concurrent Resolution from the American Samoa Legislature dated March 28, 2001.

Finally, I would like to end by saying that American Samoa's medical situation is serious. Only 4 months ago, the Governor of American Samoa, 61 years of age, passed away on a plane enroute to Honolulu for medical care. God only knows how many of our veterans have passed away before their time because the VA has refused to live up to its commitment to care for American Samoa's veterans. Given our history with the VA and vested with your authority to right this wrong, I urge you to move our rating from 3 to 1 and recommend that a clinic be established in American Samoa to serve our veterans who have also "borne the battle."

Thank you.