

STATEMENT BY  
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BEFORE

THE SUBCOMMITTEE ON HEALTH  
HOUSE COMMITTEE ON VETERANS' AFFAIRS  
REGARDING  
RURAL VETERANS' ACCESS TO PRIMARY CARE:  
SUCCESSSES AND CHALLENGES

AUGUST 22, 2005

INTRODUCTION

My name is Roger Lessard, and I am the President of Local 2610 of the American Federation of Government Employees (AFGE) in Togus, Maine. AFGE represents more than 600,000 federal employees who serve the American people across the nation and around the world, including more than 150,000 employees of the Department of Veterans Affairs (VA). AFGE Local 2610 represents approximately 800 VA employees in professional and nonprofessional positions in all the VA facilities affiliated with the Togus VAMC, including the Bangor, Calais and Caribou Community Based Outpatient Clinics (CBOCs). I want to extend my gratitude to Chairman Brown for the opportunity to discuss our concerns about providing health care to veterans in rural Maine, Ranking Member Evans, and other distinguished members of the House Veterans' Affairs Subcommittee on Health.

THE CHALLENGES OF DELIVERING HEALTH CARE TO VETERANS IN MAINE

Rural health care markets face significant challenges as compared to urban markets, including a limited number of specialists, less access to expensive technologies and a less affluent patient population. At the same time, rural Americans are disproportionately represented in the military. Thus, it is no surprise that a disparity in health care exists between veterans living in rural areas and their urban and suburban counterparts. A recent study by public health experts found that veterans living in rural areas experience a lower

“health-related quality of life”. As a result, the veterans’ health care costs are estimated to be as high as 11% greater in rural areas.<sup>1</sup>

Here in Maine, we are very familiar with these health care challenges. Maine ranks fourth in the nation when it comes to the share of veterans living in rural areas.<sup>2</sup> Togus VAMC Director John H. Sims, Jr. testified before the CARES Commission two years ago that only 59% of enrollees have access to primary care services within the CARES travel time criteria, and only 52% have access to acute hospital care.

## GROWING DEMAND, SHRINKING RESOURCES

The Togus VAMC has experienced a dramatic growth in demand for services over the last four years. We average between 300 to 400 new enrollees per month. Similarly, our community based outpatient clinics (CBOCs) have experienced tremendous increases in demand in the past few years. As a result, our veterans are forced to wait longer for needed medical care. For example, there is currently a four month wait for ultrasounds in Radiology, as well as wait lists for Cardiology, Urology, and other specialty care.

The CARES Commission warned the VA of this likely surge in demand in its February 2004 Report to Secretary.<sup>3</sup> Specifically, the Commission recommended the addition of five CBOCs in Maine, including one in Lincoln. However, due to lack of funding, and contrary to the CARES Commission’s recommendations, no new CBOCs have opened up to serve Maine’s veterans more promptly and closer to home.

If and when we are able to open additional CBOCs, we will not be able to adequately staff them given the current hiring freeze. Since the start of this year, we have only been able to hire one new employee for every two we lost. If the freeze continues, our only alternative will be to take staff away from another facility, causing shortages and delays there instead.

Lack of funding and cuts in FTEs also affect our ability to deliver timely care in other ways. We have been forced by budget cuts to delay the implementation of important innovations such as our nurse case management system. Also, we had to delay needed capital improvements and medical equipment purchases, including a much needed MRI machine as discussed below.

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<sup>1</sup> William Weeks, et al, “Differences in Health-Related Quality of Life in Rural and Urban Veterans,” *American Journal of Public Health*, October 2004.

<sup>2</sup> 15.9% of veterans in Maine live in rural areas, as compared to the national average of 12.7%. National Rural Health Care Association, *Rural Veterans: A Special Concern for Rural Health Advocates*, July 2004.

<sup>3</sup> During the period 2001-2012, inpatient care in the Far North Market was projected to increase 209%, primary care by 59%, specialty care by 136% and mental health care by 38%. CARES Commission, *Report to the Secretary of Veterans Affairs*, February 2004.

Despite years of short staffing, I am proud to represent a staff that has been continuously dedicated to the caring of our veterans. At the same time, I also have to care about our dedicated employees who become ill and stressed because of mandated overtime. Prolonged overtime and other pressures also are causing more of our older staff members to take early retirement, which further adds to the staffing problem.

These staff shortages have forced us to hire agency staff – an unsatisfactory stopgap measure which ends up costing the taxpayer more, while affecting the quality and safety of the medical care we provide to our veterans.

## RECOMMENDATIONS FOR ADDRESSING THE HEALTH CARE NEEDS OF VETERANS IN RURAL MAINE

The veterans in our state need new facilities and more staff to meet their medical needs. Additional CBOCs will allow us to provide more timely care and reduce the long distances that many veterans have to drive to see a doctor.

What will *not* help the rural veteran is an increased use of costly fee basis services. Another VISN recently estimated that fee basis care costs 35% more than care provided by a VA facility. One must also consider the difference in quality of care delivered by an outside provider who lacks the training and resources available within the VA.

Finally, veterans and taxpayers in Maine will benefit from the acquisition of an MRI machine at Togus VAMC. Currently, we have to pay high prices to outside providers because we do not have our own MRI or PET Scan machines, diverting scarce health care dollars from other needs. If we had our own MRI machine, we could save close to a million dollars a year, even after including the cost of the purchase. In addition, our veterans would be able to get their screenings in-house.

## CONCLUSION

We are grateful for the recent good news that the current shortfall in VA health care dollars has been partially addressed through supplemental funding. These additional dollars will enable us to undertake some of the capital improvements that we had to delay. In the long term, there should be a better way to provide reliable funding for the medical needs of returning soldiers and other veterans. Every budget cycle, our dedicated staff as well as the veterans we serve are left wondering whether there will be enough funding for hospital beds and doctor visits. Uncertain funding also takes a toll on our ability to plan for the long term needs of current and future veterans.

Thank you again for the opportunity to testify on behalf of Maine's veterans and thank you also for holding this hearing in Maine. We at Togus will continue to provide the best of care for our veterans. I am proud and grateful that as elected officials that you have recognized how this shortfall has hurt veterans and that measures are needed to rectify the problems that have resulted. I pray that our veterans will never again have to experience these problems in accessing health care.