

REPORT OF THE ADVISORY COMMITTEE ON MINORITY VETERANS



Annual Report

July 1, 2005

TABLE OF CONTENTS	PAGE
Activity Report on Site Visit to Puerto Rico and the U.S. Virgin Islands	3
General Findings	3
Site Visit Background	4
Regional Economic Status	5
Puerto Rico Site Visit Findings	6
U.S. Virgin Islands Site Visit Findings	9
Appendix A -- Committee Recommendations	15
Appendix B – Puerto Rico/U.S. Virgin Islands Agenda	18
Appendix C – 2005 ACMV Biographies	26

Activity Report on Puerto Rico and the U.S. Virgin Islands

The Advisory Committee on Minority Veterans (ACMV) advises the Secretary, through the Center for Minority Veterans, on issues related to the administration of VA benefits to and for minority veterans; reviews reports and studies pertaining to minority veterans; and assesses the needs of minority veterans with respect to health care, rehabilitation, compensation, outreach, and other benefits and programs administered by VA that are designed to meet such needs. The Committee executes its responsibilities primarily through site visits, two of which are conducted each fiscal year.

The ACMV met twice in Fiscal Year 2005. A business meeting was conducted in Washington, DC, November 30 – December 1, 2004, to prepare the Committee for its upcoming site visits. The Committee combined its two annual site visits into one comprehensive visit when it traveled to Puerto Rico and the U.S. Virgin Islands February 28 – March 4, 2005. Appendix A contains the recommendations developed by Committee members based on their observations of the VA's healthcare and benefits delivery in Puerto Rico and the Virgin Islands. The agenda for this combined site visit is Appendix B.

The Committee had a nomination cycle in January 2005 in which three new members were added replacing four committee members whose appointments expired during the month. The Committee currently consists of twelve members. A complete biographical sketch of current Committee members is provided in Appendix C.

General Findings

The Advisory Committee previously conducted a site visit to Puerto Rico and the Virgin Islands in 1999 and provided the Secretary with a report and recommendations. A review of that report revealed three recommendations remain outstanding. Two of the more critical issues are the lack of an Inpatient PTSD capacity in Puerto Rico and the paucity of outreach to Virgin Islander veterans by the San Juan Veteran Affairs Medical Center (VAMC), Veteran Affairs Regional Office (VARO) and National Cemetery Administration (NCA). Also of concern are the continued inadequate condition of the St. Thomas Community Based Outpatient Clinic (CBOC) and the subsequent deterioration of healthcare services as a result of the inferior facility. The continued understaffing, especially of support staff, lack of training and inadequate support for the U.S. Virgin Island healthcare staffs by San Juan VAMC also remain a major and recurring issue.

There remains a real need for the Puerto Rico based VA leadership to conduct better outreach and delivery of services to the veterans residing on the

U.S. Virgin Islands. Veteran Integrated Service Network (VISN), Memorial Service Network (MSN) and Regional Area support and expectation that this outreach occurs is critical to improving the delivery of VA benefits and healthcare services to U.S. Virgin Islanders.

The Committee continues to have major concerns about VA's commitment to providing adequate resourcing of benefit and healthcare services to those veterans living in the remote and rural areas as exemplified by Puerto Rico and more specifically the U.S. Virgin Islands. Under funded travel budgets for patients requiring care for service connected medical conditions; the perception that a lack of concern exists from local VA leadership for the unique difficulties remote VA staff face in addition to their daily duties and the added pressures this remoteness adds to the work environment; and the cultural differences often prevalent between different minority groups are a recurring motif the Committee observes in its travels and discussions with minority veterans. This report addresses concerns specific to the Caribbean veterans but these concerns have been observed in other rural areas visited by the Committee as well.

On a positive note, while VA struggles to resource the increasing demands from a growing demand of its services and this causes problems with access and puts stress on its infrastructure and staff; veterans receiving care and services indicate that they are satisfied with the service provided. The major concerns heard by the committee at town hall meetings were not about the quality of care, but dissatisfaction with access to care and the difficulty in getting care. Once the veteran accessed the healthcare system or was in contact with the regional office, they indicated they were very satisfied with VA services and benefits delivery.

Site Visit Background

The San Juan VA Regional Office calculates its total Puerto Rico veteran population at 146,001 and its U.S. Virgin Island veteran population at 5,152. U.S. Virgin Islanders dispute these figures contending that Virgin Island veteran numbers are closer to 20,000 and are therefore underserved when it comes to VA healthcare and VA benefits outreach. The lack of consistency in defining the current veteran population on the U.S. Virgin Islands remains a contentious issue.

Puerto Rico and the U.S. Virgin Islands are grouped together organizationally and are attached to the same regional offices within each of the administrations in VA. Regional delineations are as follows:

Veteran Health Administration (VHA)

Veteran's Integrated Service Network (VISN) 8, VA Sunshine Healthcare Network, which includes the state of Florida, provides oversight to the San Juan

Veterans Affairs Medical Center (VAMC) which in turn provides healthcare for both Puerto Rico and the U.S. Virgin Islands.

Veteran Benefit Administration (VBA)

The San Juan VA Regional Office is part of VBA's Southern Area which is comprised of Puerto Rico, the U.S. Virgin Islands, the District of Columbia, Virginia, West Virginia, Kentucky, North Carolina, South Carolina, Tennessee, Mississippi, Alabama, Georgia and Florida.

National Cemetery Administration (NCA)

The Puerto Rico National Cemetery reports to Memorial Service Network (MSN) II which also includes: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina and South Carolina.

Regional Economic Status

The economic status of the residents of Puerto Rico and the U.S. Virgin Islands plays a critical role in their veterans' propensity for using VA services and benefits. Census 2000 data as well as information provided by the San Juan VA Regional Office is used to describe the economic status of the Puerto Rican and U.S. Virgin Island population. For comparative purposes, the VA defines a low income veteran as an individual earning less than \$36,000 a year.

Household Income

Census 2000 shows that the Puerto Rican median household income is \$14,412 with approximately 81% of households showing an income below \$35,000. The U.S. Virgin Islands median household income is \$24,704 with approximately 63% of households showing an income below \$35,000. The median household income in the United States is \$41,994.

Unemployment and Poverty

The population of Puerto Rico is approximately 3.9 million with an unemployment rate of 10.8%. The per capita income in Puerto Rico is \$8,185. Approximately 45% of Puerto Rican families fall below the poverty level. Census showed the population of the U.S. Virgin Islands to be 108,612. The per capita income is higher than Puerto Rico at \$13,138; however poverty remains high with 32% of households falling below the poverty level. The unemployment rate in the U.S. Virgin Islands was last computed at 8.6%. In comparison, the United States per capita income is \$21,557 and the percentage of families falling below poverty levels is 9.2%. The Census 2000 calculated the unemployment rate for the United States at 5.8%.

The low income levels of the residents of the Islands generate a high percentage of veterans and beneficiaries eligible for the VA pension program. Additionally, there is no entitlement to Supplemental Social Security for persons residing in Puerto Rico and the U.S. Virgin Islands, and Medicare benefits are limited. While the number of beneficiaries receiving benefits under VA income-based programs nationwide is approximately 17%, the San Juan VA Regional Office has 47% of its beneficiaries receiving benefits.

Puerto Rico Site Visit Findings

The “2003 Survey of Veteran Enrollees’ Health and Reliance Upon VA” report, released by the Office of the Assistant Deputy Under Secretary for Health for Policy and Planning in December of 2004 showed an 85% increase in the veteran enrollee population for VA healthcare. Most enrollees were low income. Additionally, the 2001 National Survey of Veterans conducted by the Department of Veterans Affairs showed that 19% of Hispanic veterans mentioned no insurance coverage compared to only 9.6% non-Hispanic veterans. Hispanic veterans also showed a lower participation rate, in Medicare than non-Hispanic veterans (23% versus 40%). Hispanic veterans showed lower participation rates in CHAMPUS/TRICARE and private non - HMOs.

The veterans in Puerto Rico reflect these findings which, in conjunction with the described income levels, drive high veteran participation for VA services. Puerto Rican veterans’ high utilization of VA benefits and healthcare services are in keeping with survey results on veteran participation rates VA wide. Hispanic participation for healthcare services is driven by several factors to include:

- High percentage of low income households;
- Paucity of competitive/affordable medical care as described to ACMV by veterans at town hall meetings;
- Geographic isolation (Puerto Rico from mainland);
- Different time/distance traveling factors on island (though relatively small distances by U.S. mainland standards, traveling by vehicle in Puerto Rico is difficult due to extreme congestion on the island’s few roads); and
- High Density population areas drive high CBOC usage.

Problems caused by the high usage of VA facilities by veterans have different impacts on the three VA facilities. General impact of the above on the San Juan VAMC as described by veterans to the ACMV during two town hall meetings includes:

- Overcrowding/over scheduling at the CBOCs and the VAMC;
- Long waiting periods for specialty care;
- Long waiting times invalidate lab results;
- Over use of Emergency Room to by-pass appointment delays;

- Capped patient enrollment at CBOCs;
- Veteran dissatisfaction with access.

The above condition should call for VA to reexamine the resources allocation parameters for Puerto Rico's VAMC, VARO and NCA budgets. Specifically VA should re-examine the resource allocation parameters for the budgets of the Medical Center, Regional Office and National Cemetery in Puerto Rico. VA needs to specifically review and validate Puerto Rico's veteran population projections as well as take into account the unique circumstance driving the high market share. Additionally, the unique circumstances and requirements of the U.S. Virgin Islands and the effect on the allocation of resources to the P.R. V.A. budget must be fully addressed and taken into consideration when reviewing the budgets for the Puerto Rico VA facilities.

VHA and San Juan VAMC Issues

Specific issues that the Committee strongly feels need to be addressed by the San Juan VAMC and VHA include:

- A need for additional long term care (LTC) beds in the Spinal Cord Injury (SCI) unit. Town hall meeting comments by P.R. veterans indicated they were dissatisfied with the availability of these services and wanted more beds made available. There was a concern expressed for the potential influx of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans increasing the demand for spinal cord injury care and the ability of the San Juan VAMC to meet it.
- There is no long-term Post Traumatic Stress Disorder (PTSD) Immersion program in Puerto Rico. Veterans with severe PTSD must travel to the U.S. mainland for in-patient treatment, isolating them from family and support groups and often subjecting them to language and cultural conflicts. For example, the Vet Center identified three veterans within the past 6 months who required the Immersion program. However, due to a lack of an inpatient program the veterans were transferred to the U.S. mainland for treatment. The current PTSD counseling program only provides outpatient needs. The Vet Center staff identified this as a major concern especially with returning OIF/OEF veterans.
- There is a need for a CBOC on Eastern side of Puerto Rico by (Humacao/Fajardo). A population of 12,965 veterans resides in the area. A CBOC capable of handling an estimated 4,800 unique patients would substantially improve healthcare services to veterans in this area. San Juan VAMC leadership identified the dental clinic at Roosevelt Roads Naval Air Station as a suitable site.

- The Arecibo CBOC has currently stopped enrolling patients because it has exceeded its patient-physician ratio. It is unable to hire more physicians due to a hiring freeze. If allowed to hire two more physicians the CBOC could continue enrollment of up to 4,500 new patients substantially improving healthcare delivery to veterans in the area.
- There is a demand by veterans and family members for transportation of elderly/sick veterans to their appointments at the San Juan VAMC from the various CBOCs around the island.
- The San Juan VAMC is located in a highly-developed metro area and parking is extremely limited. This causes veterans to either arrive very early to find parking or to park in prohibited areas where they are ticketed or towed away. Lack of parking often causes missed appointments and incurs further delays in rescheduling and forces elderly veterans to expose themselves to potential injury by walking on public roadways.
- The Veteran's Home has been removed from the priority list for reconstruction under the Grant Per Diem Program impacting the availability of long term care for elderly veterans from both Puerto Rico and the Virgin Islands. There are no other VA approved Veteran's homes on Puerto Rico or the U.S. Virgin Islands.
- Additionally, there is no coordination between the San Juan VAMC and the Veteran's Home to address medical care of veterans lodged there, nor are there any visits by the VAMC's social workers to the Home to evaluate the needs of the resident patients.
- Education materials, training courses, veteran claim forms, medical forms and records as well and conversations with VA personnel need to be provided and conducted in both English and Spanish. This is critical since Spanish is the primary language in Puerto Rico and English is the primary language in the Virgin Islands. Veterans living in the Virgin Islands complain that their caregivers, documents and instructions are given in Spanish which they do not understand.

While the Committee noted the challenges facing veterans and healthcare givers in Puerto Rico, overall it found the quality of healthcare services provided to be outstanding. In general, the staffs of the VAMC and CBOCs as well as VA Regional Office staff were highly committed to serving veterans. Special note is made of the following:

- The Ponce CBOC under the leadership of Dr. Pasalaqua is outstanding;
- Dr. Julia Bonilla, Director of Arecibo CBOC is highly-motivated, caring, and concerned about her patients;

- Ms. Sonia Moreno, Director, VARO San Juan, is recognized for her outstanding knowledge, leadership, and commitment;
- Mr. Jose-Cruz-Roman, Assistance Service Center Manager, San Juan VA Regional Office is recognized for his dedication and service.

NCA Issues

Other concerns noted by the Committee relate to the Puerto Rico National Cemetery. The high utilization by Puerto Rican veterans of their burial benefits and their desire to be buried in the San Juan the National Cemetery is rapidly exhausting the ability for the facility to meet the burial needs of the Puerto Rican and U.S. Virgin Island veteran. This is further exacerbated by the relatively short time NCA has to address these issues before it is unable to accommodate new burials. Issues facing the Puerto Rico National Cemetery include:

- Existing National Cemetery will cease burial operations in 2008-2010 because of lack of space. A parcel of land amounting to 2,500 acres in the Sabana Seca Naval Base is available but must be purchased soon; no funds have been earmarked for purchasing the land. A letter was sent by the director of the P.R. National Cemetery October 2003 to MSN II requesting approval to purchase the land. No reply was received concerning the proposal.
- Numerous general maintenance details, especially in public viewing area, need to be addressed such as the tattered American Flag, bars around the viewing stand were rusted, and the Puerto Rican Flag is larger than the United States Flag. These discrepancies were brought to the attention of the Cemetery Director.
- \$2.3 million for maintenance and renovation to administration and maintenance buildings, committal shelters and restrooms was authorized in 1989 but has not been appropriated to the San Juan National Cemetery. The administration building is in dire need of repair as are the other support structures.
- The lack of an operational information kiosk allowing veterans families to easily find their loved ones is a substantive customer service issue for the San Juan National Cemetery.

U.S. Virgin Islands Site Visit Findings

In addition to the veteran population on Puerto Rico, the Regional Office, Medical Center, and National Cemetery provide services and benefits to veterans living in the United States Virgin Islands. The Committee visited St. Thomas and St. Croix. The veteran population numbers are disputed between the U.S. Virgin Island government and VA. The numbers range between 5,000 and 20,000

veterans. The veteran population in the U.S. Virgin Islands is predominantly Black, although approximately 15% of Virgin Islanders are Hispanic. Significantly, the main language of the U.S. Virgin Islands (and the veterans residing there) is English which results in communication problems with the Puerto Rico VA facilities whose staff are predominantly Spanish speaking. This is an ongoing problem for both caregiver and veteran. In addition to these challenges, specific concerns by each VA administration follow.

VHA and San Juan VAMC Issues

There are two CBOCs on the Virgin Islands, one on St. Croix and one on St. Thomas. While both serve approximately the same panel of patients, the differences in the physical condition and amount of space between St. Croix and St. Thomas are immediately evident. The St. Croix CBOC facility opened in early 2004 and is approximately 4,500 square feet. It meets all Health Insurance Portability Act (HIPA) requirements and provides adequate privacy for patients and staff members.

The St. Thomas CBOC's physical space needs updating to address numerous concerns:

- Lack of space for patient consultation (is half the size of the St. Croix CBOC with the same number of patients seen);
- Small pharmacy that provides no privacy to patients because the waiting room is right next to the service window;
- Waiting area only provides seating for five people and is located right next to the pharmacy window allowing all to hear instructions given to veteran patients;
- Space layout does not meet HIPA requirements for privacy;
- Parking is not provided. Patients must compete for parking with persons with business in the high density cruise ship docking area.

It is the conclusion of the Committee that both CBOCs have similar problems with regard to outreach and service delivery to veterans eligible for healthcare benefits. This appears to result in major gaps in service delivery to U.S. Virgin Island veterans. San Juan VAMC appears to not have the resources to provide adequate oversight and attention to the unique circumstances facing its healthcare staff in the two Virgin Island clinics. This results in severe under servicing of veterans and under-resourced working conditions for the staff. Specifically:

- CBOCs have low patient enrollment due to zero outreach conducted by San Juan VAMC. For an identified population of 5,125 veterans, both CBOCs reported 1,618 uniques with 6,483 visits for 2004. Both physicians indicate a patient panel of less than 1,200 yet there are over 5,000 identified veterans on the islands.

- The lack of assigning homeless coordinators in the Virgin Islands results in little or no outreach or services for homeless veterans.
- The absence of accurate census/demographics on US Virgin Islands (USVI) veterans results in potential under servicing of veterans on the islands.
- A lack of social workers has a severe impact on identifying appropriate services and methods of delivery for USVI veterans. Several examples of the staff performing social worker duties include: (1) recently a veteran died and had no family to help with burial or notification of death. CBOC staff had to do all the burial benefit applications and attendant tasks; (2) Staff intervened for a veteran being abused by family members although not trained for this type of intervention. Immediate action was necessary to eliminate danger to the veteran. Additionally, staff members often incur out of pocket expenses when undertaking social worker duties which are not reimbursed.
- The absence of back up staff for either CBOC results in clinic closure when either physician is absent.
- San Juan VAMC provides little to no opportunity for annual training for its Virgin Island health care/vet center personnel, which directly impacts their ability to meet annual continuing education requirements. When USVI staffs are included in long distance training, it is conducted in Spanish, and they are unable to participate.
- There are no patient representatives assigned to address USVI patients' grievances and concerns. San Juan VAMC has not held any town hall meetings and has little or no contact with USVI veterans other than through clinic staff.
- Means-tested geographic subsidy is a major impediment to healthcare eligibility for USVI veterans. Many veterans claim means testing underestimates the cost-of-living in the U.S. Virgin Islands and has a negative impact on non service connected veterans with low incomes but who are over the threshold for healthcare eligibility.
- Non-use of installed video teleconference equipment in either clinic compromises delivery of healthcare and health education to U.S. Virgin Island veterans. The equipment malfunctions, has poor picture quality and maintenance for the equipment is provided by Bay Pines, Florida. The San Juan VAMC does not pay for on site maintenance, installation or assistance when the system is inoperative. Additionally, little to no

scheduling coordination by San Juan VAMC staff of its specialty clinicians further degrades the functionality of the equipment.

- Female veterans in particular suffer from inadequate delivery of gynecological healthcare. The Committee observed poor coordination between San Juan VAMC and gynecological caregivers on the U.S. Virgin Islands and conclude that female veterans receive inadequate care or receive care only after taking extra measures such as paying for their own pap smears and gynecological exams on the U.S. Virgin Islands rather than waiting for exams in Puerto Rico and incurring the cost of airplane tickets and lost work hours to get gynecological care that is standard at mainland VA centers.
- The lack of back up pharmacy staff from the mainland when there are gaps in coverage result in closed pharmacy operations. (In 2004 the pharmacy was closed in St. Thomas for almost three months with no relief identified.)
- The Consolidated Mail Out Pharmacy (CMOP) processes do not take into account the mail system in the U.S. Virgin Islands which requires all incoming mail to be rerouted to Puerto Rico and then redistributed back to the Islands. This adds approximately two weeks to the delivery of medication. Pharmacy staffs try to ensure adequate lead time for patient medications, but when staff is out, medication refills often are not processed for extended periods.
- The use of fee-basis managed contracts appears to be poorly managed. This results in the lack of timely payments to fee-basis physicians who then refuse to treat veterans. This has put an undue burden on the veterans who have to travel to San Juan for specialized care, even though this care can be provided in the Virgin Islands.
- San Juan VAMC has negotiated no nursing home or hospice care for veterans in the Virgin Islands. There are nursing homes on both St. Thomas and St. Croix, but Committee conversations with staff at these facilities revealed no contact with San Juan VAMC leadership to develop potential nursing home or hospice care services for Virgin Island veterans. Instead, veterans needing such care are sent to Puerto Rico or the U.S. mainland away from families and support groups. Puerto Rico poses a major culture issue since Spanish is the predominant language spoken, and U.S. Virgin Islanders are English speakers.
- There is no Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) Transition Team in the Virgin Islands. The transition team operates from the San Juan VAMC and works under the assumption that it reaches OIF/OEF veterans when they return to their units in Puerto Rico.

Discussions with veterans in the Islands indicate this is not the case, resulting in poor outreach and low enrollment of returning OIF/OEF Virgin Islander veterans.

- Both CBOCs have difficulty getting servicing and maintenance of their equipment. It was reported to the Committee that San Juan often “forgets” to add the clinics to their servicing contracts, resulting in no support for the clinics’ medical equipment. This was recently demonstrated when the new Mac 2000 EKG (a digital machine that will transfer the patient’s EKG directly onto the electronic chart) were delivered. The Virgin Island CBOCs were not added to the installation contract. San Juan VAMC refused to add them to the installation order, requiring instead the CBOC staffs to “read the book” and install the complex machines themselves. The staffs have been unable to comply with this order and the machines are used as manual EKG’s which adds substantial administrative time to the staff diagnosis and filing of results.
- Neither Virgin Island clinic has a government vehicle assigned to assist with veteran transport or for official travel undertaken by clinic staff.

San Juan Regional Office Issues

San Juan Regional Office has provided some outreach to the veterans on the Virgin Islands. One individual visits each island once a month and is given space in the St. Thomas and St. Croix CBOC. Due in large measure to this individual’s dedication and initiative, enrollment of Virgin Island veterans has begun to increase; however the number of veterans (between 5000 and 6000) requiring outreach and information on VA benefits would indicate the need for a more permanent solution. In addition to outreach, USVI veterans report having difficulty with their benefits claims. Specifically:

- No permanent veteran service representative (VSR) is assigned to either island; veterans must wait for the monthly visit of the individual who collects their claims. This individual is not a VSR and is unable to immediately file the claims on behalf of the veterans nor has the technical knowledge to answer all benefits questions. The claims must be taken to the San Juan VARO, checked by a VSR there, any missing information provided by the veteran and then action is taken.
- Veterans complain Compensation and Pension exams/claims processing follow-up have excessively long timelines due to lack of adequate assistance with claims at the beginning of the process
- Anecdotal evidence was presented to the Committee that VARO staff has a low response rate to veterans’ queries for help /explanation of benefits and claims submission; unfortunately the Committee was not provided

telephone or mail logs to analyze and validate the claims by veterans. The VARO did not appear to have a process in place to track the claims of Virgin Island veterans.

- USVI veterans complained of the lack of counseling for benefits programs such as Vocational Rehabilitation, Home Loan Guaranty, Insurance, and Education. The San Juan VARO does not break out the USVI veterans utilizing these programs from the Puerto Rico population which hinders a true assessment of USVI benefits utilization rates.
- Virgin Island veterans reported that it seems to them that speaking English is viewed negatively by San Juan staffs that are predominantly Spanish speaking.
- The veterans reported a lack of concern by VARO/VAMC leaders on how VA facilities are supported and resourced and, further, that they are insensitive to the unique circumstances of living in the Virgin Islands.

San Juan National Cemetery

The leadership at the San Juan National Cemetery admitted to not having visited the U.S. Virgin Islands or providing outreach to the veterans on the islands. Cemetery staff state that they are prohibited from traveling to the U.S. Virgin Islands by their leadership. The end result is little to no outreach to veterans or veterans' families are currently conducted. Veterans' families are unaware of the burial benefits or of the current bereavement counseling available for those veterans killed on active duty.

There is a need for veterans' cemeteries on both St. Thomas and St. Croix, both of which have been pre-approved for application to the State Cemetery Grant program. However, there is little progress by the U.S. Virgin Island government in securing the financing required to participate in the program.

APPENDIX A: Committee Recommendations

Although the Committee invites VA to carefully review and address all of the findings presented earlier in this report (and encourages attention to and action on these findings at the VISN/Regional Area/MSN level), the following issues are of priority concern and are submitted as official recommendations.

The Committee acknowledges the unique circumstances Puerto Rico and the U.S. Virgin Islands (USVI) pose for the VA. Specifically the remoteness of the USVI adds to the cost and difficulty of providing VA healthcare services and benefits. Outreach to veterans residing in these areas is more costly, but at the same time more critical. The language challenges VA encounters with Puerto Rico being predominantly Spanish speaking while the Virgin Islanders are English speaking adds another layer of difficulty requiring extra effort to communicate between the two groups that are not typically found anywhere else in the United States. Logistical support for remotely located staffs and the acquisition and upkeep of facilities, materials and communication is more difficult and requires strong initiative and an ongoing dialogue and attentiveness to ensure the remote locations are adequately resourced and able to meet the needs of its veterans. The following recommendations are meant to address these unique circumstances and identify those actions the Committee believes will help the VA in meeting its charter in both Puerto Rico and the U.S. Virgin Islands.

Recommendations specific to Puerto Rico

1. San Juan VAMC should take steps to implement an in-patient PTSD treatment program in Puerto Rico to address the needs of the current veteran population as well as the needs of returning Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).
(Unresolved 1999 concern)
2. VHA provide additional resources to San Juan VAMC for
 - (a) Increased staffing to support increased veteran population at the Arecibo CBOC, to include social workers; and
 - (b) Resource a new CBOC at Humacao/Fajardo to address the needs of 12,000 plus veteran residing in that area.
3. VA to immediately provide bi-lingual forms and publications in Spanish and English for all VA facilities in Puerto Rico and that English forms and publications be provided for veterans residing in the U.S. Virgin Islands. Additionally, Puerto Rico VA staff must conduct conversations in English when speaking with U.S. Virgin Island Veterans. Generally, VA should evaluate the need for bilingual publications wherever a substantial Spanish speaking population exists. Moreover, facilities servicing major Spanish

speaking populations should have budget augmentation to help them provide the necessary forms and publications in Spanish.

(Unresolved 1999 concern)

4. NCA needs to immediately address the needs of the Puerto Rico National Cemetery by:
 - (a) Acquiring land for the expansion of the National Cemetery as it is scheduled to run out of space as early as 2008; and
 - (b) Provide adequate maintenance funding to help it meet the requirements for National Shrine status to include but not limited to the incorporation of a computerized locator kiosk, renovation of the administrative buildings and the upgrading of burial sites.

Recommendations specific to U.S. Virgin Islands

5. VISN 8 to review San Juan VAMC Fee Basis Management of healthcare contracts in U.S. Virgin Islands to address recurring payment problems of local caregivers.
6. San Juan VAMC to improve services to Virgin Island CBOCs by incorporating the following:
 - (a) Identify new space for St. Thomas CBOC to bring it up to par with St. Croix CBOC;
 - (b) Budget and resource appropriate annual training and travel funds for USVI clinical staff;
 - (c) Review FTEE requirements for the USVI clinics and Vet Centers that address the need for dedicated administrative assistants, social workers, pharmacy backup, Vet Center backup and medical staff backup;
 - (d) Include Virgin Island CBOCs in all maintenance contracts for medical, Information Technology (IT) and administrative equipment; and
 - (e) Address recurrent payment problems for Fee Basis caregivers and specifically, pay for health services in a timely manner.
 - (f) Conduct extensive outreach to female veterans apprising them of their healthcare benefits and provided them with reasonable access to gynecological services on the Virgin Islands.
 - (g) Immediately incorporate the use of the existing Telehealth equipment on the U.S. Virgin Islands to provide clinical consults, psychological consults, Veteran Benefits hearings and consults as well as Diabetes, Amputee care and elder care training for veterans and their family members at a minimum. If necessary, budget for equipment upgrade and maintenance and establish a scheduling mechanism that ensures the availability of San Juan VAMC medical staff for regular delivery of healthcare services via the Telehealth equipment.

7. San Juan VAMC/VARO/NCA coordinate outreach efforts to veterans on St. Thomas and St. Croix to ensure “one stop” assistance for veterans on the islands. This effort must include outreach to:
 - (a) Inform OIF/OEF veterans and their families on their benefits;
 - (b) Provide Information on burial benefits/bereavement counseling;
 - (c) Conduct town hall meetings on at least an annual basis on all the Virgin Islands;
 - (d) Identify a Homeless Coordinator for the USVI and have that individual provide outreach and coordination of services to homeless veterans (this should not be a collateral duty that would impose more requirements on an already over burdened staff); and
 - (e) Initiate outreach to elder veterans and their families to apprise them of their benefits. **(Unresolved 1999 concern)**

8. San Juan VAMC address elder veterans’ needs and care on the Virgin Islands to specifically identify appropriate medical services, per diem beds in U.S. Virgin Island based nursing homes.

9. San Juan VARO to consider permanently stationing a Veteran Service Counselor or Representative in the U.S. Virgin Islands to:
 - (a) Conduct outreach and assist veterans with their benefits claims; and
 - (b) Track and report separately USVI veterans’ application for Home Loan applications, Vocational Rehabilitation Training, Compensation and Pension ratings and Insurance applications.

APPENDIX B: Puerto Rico/U.S. Virgin Islands Agenda

San Juan, Puerto Rico ACMV Meeting

28 February – 4 March 2005

**San Juan, Puerto Rico ACMV Contingent
San Juan Marriott Resort Hotel
1309 Ashford Ave, San Juan, Puerto Rico**

Monday, 28 February 2005

- 9:00 AM Administrative remarks/ prebrief

- 10:30 Travel to Puerto Rico National Cemetery
 Avenue Cemeterio Nacional #50, Barrio Hato Tejas, Bayamon

- 11:00 Tour Puerto Rico National Cemetery
 Meet with Director, Jorge Baltar
 POC: George Allen, Assistant Director

- 2:00 PM Tour Arecibo Clinic/Veteran Center
 Calle Gonzalo Marin #50, Arecibo
 POC: Dr. Julia Bonilla

- 6:00 Veteran's Town Hall Meeting
 Centro De Convenciones, Dr. Cueto St, Utuado
 POC: Mr. Oquendo

- 8:00 Depart for San Juan Marriott

**San Juan, Puerto Rico ACMV Contingent
San Juan Marriott Resort Hotel
1309 Ashford Ave, San Juan, Puerto Rico**

Tuesday 1 March, 2005

- 9:00 AM Tour Vet Center: meet with staff and veterans
- 10:00 VAMC San Juan (10 Casia St, San Juan) to meet with:
Patient Advocates (inpatient/outpatient) MVPC and WVPC, Social
Workers, IEF and IOF Transition Team, VARO Veteran Service
Representative (claims)
- 11:30 Depart for Ponce CBOC
Paseo Del Veterano, # 1010, Ponce
POC: Dr. Pasalaqua
- 1:00 PM Tour Ponce CBOC/meet staff/veterans
- 2:30 Depart for Veterans Home
Carrido 592, Km. 5.6, Barrio Amuelas #115, Juana Diaz
POC: Juana Diaz
- 3:00 Meet with Director of Veteran's Home
POC: Dr. Jorge Paoli-Bruno, Director
- 7:00 Town Hall Meeting: Casa Del Veterano
Carrido 592, Km. 5.6, Barrio Amuelas #115, Juana Diaz
POC: Dr. Jorge Paoli-Bruno, Director
- 9:00 Depart for San Juan Marriott

**San Juan, Puerto Rico ACMV Meeting (entire committee)
San Juan Marriott Resort Hotel
1309 Ashford Ave, San Juan, Puerto Rico**

Wednesday, 2 March 2005

- 8:00 - 10:00 AM Admin time for San Juan group /USVI group fly-in
- 11:00 -12:00 Committee Meeting (members and CMV staff only)
- 1:00 PM Luis Ramos
Director, P.R. Public Advocate for Veterans Affairs
Office of the Governor
- 2:00 Veteran's Groups:
- American G.I. Forum
 - American Legion
 - Veterans of Foreign Wars
 - Disabled Veterans of America
 - Paralyzed Vets Association of Puerto Rico
 - Military Order of the Purple Heart
 - Vietnam Veterans of America
- 3:00 Committee Discussion
- 5:00 Daily Session Ends

**San Juan, Puerto Rico ACMV Meeting
San Juan Marriott Resort Hotel
1309 Ashford Ave, San Juan, Puerto Rico**

Thursday, 3 March 2005

- 9:00 AM Committee convenes for discussion
- 10:45 Break
- 11:00 Director Puerto Rico National Cemetery Presentation/Committee Questions
- 1:30 PM VISN 8/Director San Juan VAMC Presentation/Committee Questions
- 3:15 Director, VARO San Juan Presentation/Committee Questions
- 4:00 Committee Internal Discussion
- 4:30 Committee adjourn for the day

**San Juan, Puerto Rico ACMV Meeting
San Juan Marriott Resort Hotel
1309 Ashford Ave, San Juan, Puerto Rico**

Friday, 4 March 2005 – closed session

- 9:00 AM Committee convenes for discussion/report
- 12:00 PM Lunch
- 1:00 Committee reconvenes for discussion/report
- 4:00 Committee adjourns

San Juan, Puerto Rico ACMV Meeting

Saturday, 5 March 2005

Travel Day (Return)

**U.S. Virgin Islands Site Visit
Advisory Committee on Minority Veterans Contingent
28 February – 4 March 2005**

Sunday, 27 February 2005: ST Croix

Travel Day to St. Croix

Monday, 28 February 2005: ST Croix

- 9:00 AM Travel to St. Croix CBOC
Suite 113, The Village Mall, Kings Hill
POC: Dr. Colon

- 9:15 Tour CBOC/meet with CBOC Staff/Patients

- 10:40 Depart for Donna Christensen's Office

- 11:00 Meet Donna Christensen's staff: Shelley Thomas/Claire Rocker
Suite 25, Sunny Isle Shopping Center

- 11:45 Depart for Frederiksted

- 12:15 PM Working Lunch/Meet with Mr. Francis
St. Croix Administrator at "Pier 69" Restaurant in Frederiksted

- 1:30 Meeting – Senator Celestino White & Committee on Housing,
Sports & Veterans Affairs
Number 1 Lagoon Street Complex, Frederiksted

- 3:00 Depart for Herbert Griggs Nursing Home
(View Cemetery grounds enroute)

- 3:30 Arrive: Herbert Griggs Home for the Aged
Director: Vera Falu

- 6:45 Depart for Town Hall Meeting

- 7:00 Town Hall meeting (American Legion Hall – Post 85)
Old Hospital Street, Gallows Bay, Christiansted
CDR Norman Sealy

- 9:00 Depart for Buccaneer Hotel

U.S. Virgin Islands ACMV Meeting

Tuesday, 1 March 2005: ST Thomas

- 5:45 AM Depart Buccaneer Resort for Airport
- 7:00 Fly to St. Thomas
- 7:39 Arrive St. Thomas
- 8:30 Arrive Roy L. Schneider Hospital/
Breakfast meeting with CEO: Rodney Miller/COO Amos W. Carty
- 9:30 Arrive St. Thomas CBOC/Meet with CBOC staff
9800 Buccaneer Mall, Suite 8
POC: Dr. James Davison
- 2:00 PM Depart for Eastern Smithby Cemetery for meeting with Mr. Harrigan
& Commissioner of Public Works, Mr. Wayne Callwood
- 2:30 Arrive at Cemetery, meet with Mr. Callwood
- 3:15 Depart for Queen Louise Home for the Aged
- 3:30 Arrive Queen Louise Nurse Home for the Aged
Jacqueline Adams, Director, Residential Services
- 6:30 Depart for Town Hall meeting
- 7:00 Town Hall Meeting,
American Legion Hall, Sub Base, St Thomas
CDR Hubert Raimer, Post 90
- 9:00 Depart for Marriott Hotel

U.S. Virgin Islands ACMV Meeting

Wednesday, 2 March 2005: San Juan

7:30 AM Depart for Airport
10:00 AM Arrive San Juan Marriott

Refer to San Juan Schedule for remainder of trip.

APPENDIX C: 2005 ACMV Biographies

Nelson N. Angapak, Sr.

Alaskan Native

Mr. Nelson Angapak is an Alaskan Native who served in the U. S. Army and was honorably discharged on 10 June 1971 as an Army Specialist Five. Mr. Angapak has more than 25 years of Alaska Native Land Claims Settlement Act (ANCSA) land and natural resources management experience. In his current role as Executive Vice President of the Alaska Federation of Natives (AFN), he lobbies Congress on ANCSA amendments, monitors land and natural resources legislation in Congress and state legislatures, coordinates AFN Land and Legislative Committees, and is in charge of AFN in absence of the President.

Mr. Angapak holds a Masters Degree in Urban Studies from Antioch College/West, 1976-1978 and a Bachelors Degree in Mathematics and History, Fort Lewis College, 1965-1970. He also holds a degree in Theology, Golden Gate Theological Seminary, 2002. He is fluent in Yupik and has served on the Boards of the Calista Native Corporation, Alaska National Bank of the North, Tuntutuliak Land, Ltd, Linfield College, First Native Baptist Church, and Alaska Baptist Family Services. He has been an advocate for Alaska Native veterans' issues for over 30 years. Mr. Angapak currently resides in Anchorage, Alaska.

Lourdes E Alvarado-Ramos

Hispanic American

Ms. Alvarado-Ramos is the Assistant Director of the Washington State Department of Veterans Affairs. She retired from the US Army as a Command Sergeant Major after 22 years of active duty service. Ms. Alvarado-Ramos' experience is in medical facility and human resources management, and she is a licensed nursing home administrator. In her current job, she is responsible for department operations, the State Veterans Homes Program, and Minority and Women Veterans Outreach. She resides in Olympia, Washington.

Samuel Calderon

Hispanic American

Col Calderon has a long tradition of military and Federal government service. Born in Colombia South America, he immigrated to the United States at the age of seventeen and worked in New York City prior to volunteering to serve in the U.S. Army during the Vietnam era.

Col Calderon is the Director of the Army Petroleum Center in Fort Belvoir, Virginia. He began his military career enlisting in the U.S. Army in 1967 reaching the rank of Staff Sergeant in the 8/40th Armor Battalion. Appointed as a Warrant Officer in the U.S. Army Reserve in 1978 as a Supply Technician, he served with the Arizona National Guard until his commission as a First Lieutenant in 1982 in the Quartermaster Branch. Colonel Calderon has held a variety of commands and staff assignments including Commander of the 475th Quartermaster Group in Farrell, Pennsylvania, Commander, 326th Maintenance Battalion in Owings Mills, Maryland, Commander, 2222nd Transportation Detachment in Fort Huachuca, Arizona, Senior Advisor, Reserve Forces Policy Board, Office of the Secretary of Defense, Operations Officer, 310th Theater Support Command, Officer in Charge for numerous Joint Chiefs of Staff exercises supporting Southern Command, two years as a Warrant Officer, and ten years enlisted service.

Mr. Calderon began his Federal career in 1973 as a GS-03 with the Bureau of Reclamation and a year later he transferred to the U.S. Army where he served on a variety of assignments in Europe and the Pentagon. In January 2001 he was promoted to the Senior Executive Service as the Deputy Director for Budget in the Department of Commerce. Mr. Calderon retired from Federal service in July 2003. He resides in Alexandria, Virginia.

H. Mara Cohen

American Indian (Oglala Sioux)

Ms. Cohen is a retired Air Force Lieutenant Colonel aero medical nurse. She served in numerous aero medical support operations to include the Jonestown cleanup in Guyana, Grenada; Operation Just Cause, Panama; and Operation Desert Shield and Desert Storm, South West Asia. Ms. Cohen runs a consultancy and has received numerous accolades for her work in organizational management to include a Federal Silver Hammer for Acquisitions Reform; recognition for her service as a Baldrige Examiner for commerce; and acknowledgement of her work on the Environmental Streamlining Permitting Law which was used as the national model for President Bush in his recent NEPA/USDOT executive order. She is an enrolled Oglala Sioux Tribal Member and is a member of the traditional Lakota Women Warrior's Society, the Katela. Ms. Cohen currently resides in Lawton, Oklahoma.

John D. Jefferson

African American

Mr. Jefferson currently serves as the African-American Outreach Coordinator for the Farm Service Agency at USDA. His work experience includes serving in the Bush Administration at the Department of Education (2001-2002) as well as working for the American Legion's Washington, DC, office as an Assistant Director and lobbyist with the National Legislative Commission (1995-2001). Mr. Jefferson is a Vietnam Era Veteran who served in the U.S. Army (1970-72). He was stationed in Berlin, Germany from 1971-72, and currently resides in Silver Spring, Maryland.

Major General James H. Mukoyama, Jr.

Japanese-American

Major General Mukoyama is retired from the Army Reserve after more than thirty years of dedicated service in both the active Army and Army Reserve. He culminated his career as the Deputy Commanding General of the U.S. Army Training and Doctrine Command at Fort Monroe, Virginia. During his five years on active duty, General Mukoyama served as a platoon leader in the Republic of Korea and as an infantry company commander in the 9th Division in Vietnam.

In September of 1970, General Mukoyama left active duty and joined the Army Reserve. General Mukoyama was the youngest general officer in the entire U.S. Army when he was promoted at age 42 to Brigadier General in 1987, and subsequently the youngest Major General when he received his second star three years later. In 1989, General Mukoyama became the first Asian American in the history of the United States to command an Army division. His 70th Training Division, located in Michigan and Indiana, was the first Army Reserve Training Division ever to be mobilized at Fort Benning, Georgia, when it was called upon to participate in Operation Desert Storm in January 1991.

General Mukoyama is the Executive Vice President and Chief Compliance Officer of Regal Discount Securities in Glenview, Illinois. He holds a B.A. in English and a M.A. in the Teaching of Social Studies from the University of Illinois. He is active in numerous veteran and community organizations. General Mukoyama lives in Glenview.

Carson Ross

African American

Mr. Ross is a U.S. Army Combat Infantry, Vietnam Veteran. He currently serves as Vice Chairman of the Missouri Veterans Commission appointed by Governor Bob Holden in 2002 and re-appointed by Governor Matt Blunt in 2005. Mr. Ross served four terms on the Blue Springs City Council including Mayor Pro-Tem and completed seven terms in the Missouri House of Representatives in 2002. He was elected Republican Whip in the Missouri House of Representatives from 1991 to 1992. His numerous awards include the Department of Missouri Veterans of Foreign Wars of the United States Legislator of the Year Award (2000), the American Legion Legislator of the Year Award (2000), and the National Guard Association's Charles Dick Medal of Merit Award (1998.) He was elected vice-chairman of the Missouri Legislative Black Caucus in 1998. Mr. Ross is also President of Graves and Ross Investment Company doing business as Smoking Hill Bar-B-Que and retired from Hallmark Cards with 39 years of service on June 30, 2005. Mr. Ross has experience in municipal, legislative, and community service, including being appointed to the Missouri Air Conservation Commission by Missouri Governor John Ashcroft in 1986. He earned his Bachelor of Science Degree in Business Administration from Rockhurst University, Kansas City, Missouri. Mr. Ross currently resides in Blue Springs, Missouri.

Joey Strickland *

Native American (Choctaw-Cherokee)

Colonel Strickland is a Choctaw-Cherokee. He retired from the Army with 28 years of service to America, including two combat tours of duty in Vietnam and service in the Army Airborne Infantry and Armor assignments. He is a Colonel in the Louisiana Army National Guard. Mr. Strickland currently serves on the Louisiana Governor's staff as the Deputy Secretary for the Louisiana Department of Veterans affairs, a 500-employee department serving 400,000 veterans. He is also the immediate past President of the National Association of State Directors of Veterans Affairs and is the former Executive Director for the Louisiana Department of Veterans Affairs and Indian Affairs prior to the department being elevated to cabinet level. In this capacity he served as a liaison to over 400,000 veterans and advised the Governor on policy and programs to the Governor on all aspects of Tribal Affairs. Mr. Strickland currently resides in Walker, Louisiana.

William L. Walton

African American

Mr. Walton is a retired Commander and a former naval aviator. He is a disabled veteran. He is active in the National Naval Officer's Association (NNOA) and served on the Commander of U.S. Navy Air Forces (CNAF) Executive Committee on Diversity. His civilian career includes working with the First California Mortgage Company as a new homebuilder mortgage banker (1987-1993); President and COO of Lin Walton & Company which consulted to mortgage banks on low-to-moderate income and ethnic markets. Mr. Walton is a board member of the San Diego Senior Sports Festival; a former chair of a local non-profit specializing in affordable housing and remains involved with The Black Wings, assisting the U.S. Navy with its force diversification. He currently resides in San Diego, California.

Lawrence A. Bastian, Sr.

Crucian, U.S. Virgin Islands

Mr. Bastian, a native Crucian, was born and raised in the town of Fredriksted, St. Croix, United States Virgin Islands. In 1958, he enlisted in the U.S. Army at Fort Dix, New Jersey, and trained as an Air Defense Artillery Missile man. During his tour of duty in the service, he was stationed in Alaska, the Far East (Korea and Okinawa), and the Continental United States (Ft. Dix, New Jersey, Ft. Bliss, Texas, and Ft. Stewart, Georgia) until his honorable discharge from the service in July 1974 with the rank of First Sergeant (E-8).

Upon his departure from active duty Mr. Bastian served his native St. Croix as an Administrative Officer in the Office of the Hospital Administrator at Charles Harwood Hospital, Department of Health, and later at the new St. Croix Hospital. In January 1995, he was transferred to the Office of the Governor of the United States Virgin Islands and assigned as the director of the Office of Veterans Affairs. In this capacity he provided services to all the veterans of the Territory and coordinated veterans programs with the National and Regional Veterans offices, Veterans Administration Medical Center, Veterans Center and community based outpatient clinics in Puerto Rico and the Virgin Islands. He was also responsible for coordination with the Office of the Secretary of Veterans Affairs in Washington, DC and the National Association of Directors of Veterans Affairs of which he was a member and served on committees as assigned.

Mr. Bastian is the District Commander of the American Legion District No. 10 of the Department of Puerto Rico and the U.S. Virgin Islands. He resides in Christiansted, St. Croix, U.S. Virgin Islands.

Vice Admiral Diego E. Hernández, USN (Retired)

Puerto Rican

VADM Hernández is a native of San Juan, Puerto Rico. He attended Illinois Institute of Technology on a Navy ROTC scholarship. Upon graduation he was commissioned an Ensign and underwent flight training. He was designated a Naval Aviator in August 1956.

VADM Hernández served at sea in a variety of assignments in carrier-based fighter squadrons and flew two combat tours in Vietnam. He also served as Aide and Flag Lieutenant to Commander, Carrier Division 14. At sea, he was commander of a fighter squadron, a carrier air wing, and a fleet oiler. VADM Hernández commanded the aircraft carrier USS John F. Kennedy, a carrier group and was Commander, Third Fleet. His last assignment on active duty was as Deputy Commander in Chief U.S. Space Command, dual hatted as Vice Commander, North American Aerospace Defense Command.

VADM Hernández was presented a Lifetime Achievement Award by the National Puerto Rican Coalition in 1987 and was named the distinguished graduate of his class by Illinois Institute of Technology in 1988. Since leaving active duty VADM Hernández has been active as a management consultant to private and public companies and serves on several boards. He resides in Miami, Florida.

Frank A. Cordero

American Indian, Suquamish Nation

Mr. Cordero is a Vietnam Combat Veteran with over eight years of active duty in the United States Marine Corps and was honorably discharged with the rank of Sergeant (E5).

He has had a second career as a general and operations manager in the seafood industry and has participated on numerous boards. As a member of the Lummi Indian Business Council, he was the council's liaison to the Seattle Regional Office of Veterans Affairs. Other executive positions held by Mr. Cordero include: member of the Board of Directors, Whatcom County Chapter of the American Red Cross; Executive Vice President of the Northwest Indian Veterans Association; Co-chair of the Veterans Committee of the Affiliated Tribes of Northwest Indians; and Co-chair of the Joint American Indian Veterans Advisory Committee for the Seattle Veterans Affairs Medical Center.

Additionally Mr. Cordero has been a member of the Local Selective Service Board since 1993. He sits on the steering committee for the Regional Minority

Affairs Board of the Veterans Affairs Regional Office, Seattle. He is an advisor to the Washington State Governor's Veterans Advisory Committee and is the current Chairman of the Board for the Advocates for American Indian Veterans organization. In the Lummi Tribal Court system, he sits as the Chairman of the Alternative Justice panel for first time juvenile offenders. Additionally, he is one of the founding fathers of and a current facilitator in the annual Camp Chaparral program which provides Department of Veterans Affairs health care providers with intensive cultural and outreach education on American Indian Veterans. He has been a member of the American Legion for over 30 years and is the current Service Officer for Post #33. He is also a tribal veteran representative, which focuses on serving American Indian veterans. Mr. Cordero resides in Bellingham, Washington.

* **Denotes Chairman**
