

MAY 14, 2002

**SCHAKOWSKY FIGHTS FOR QUALITY VETERAN CARE**

WASHINGTON, D.C. - During a Government Reform Subcommittee on National Security, Veterans Affairs and International Relations hearing on VA Health Care, U.S. Representative Jan Schakowsky (D-IL) said, "we must provide the resources necessary to make sure that all veterans receive the quality medical care that they need and that they deserve."

Schakowsky's full committee hearing statement follows:

*I would like to thank Chairman Shays and Ranking Member Kucinich for their leadership in this Committee's efforts to reform and improve our veteran's health care system. It is crucial that we do our part to provide top rate health care for the men and women who have served our nation.*

*The Veteran's Equitable Resource Allocation (VERA) system was created to better meet the needs of American veterans in light of demographic shifts of veteran populations. Just over a decade ago, we began to see an increase in veteran populations in the South and the West. These regions experienced a need for new resources. The VA decided to shift resources from one region to another to address the problem. I disagree with the VA's approach. I understand the need for adjustment and modifications to meet new demographics, but I am concerned that rather than improving access to medical care, changes in the VERA system, and the programs contained in it--such as VISN 12--may actually be making it more difficult for veterans to receive the care they need and deserve.*

*As we will hear from Edmond Burke of the Connecticut Community Mental Health Advisory Board, even as we attempt to realign resources among and within regions, veteran's services in the Northeast and Midwest are in peril. Shortfalls in the way VERA determines where and how resources should be delivered are to blame. Much like the Connecticut Community Mental Health Advisory example, realigned services between West Side, Hines and North Chicago VA facilities in Chicago have resulted in a reduction in veterans' services. It is important to be efficient in the use of VA dollars. But as we come together to find ways to improve the system, let us not lose sight of the fundamental goal: To deliver the best possible health services to our veterans.*

*In my District, there are numerous examples of difficulties that veterans have had in obtaining services, such as the case of Leonard Carter, an army veteran who served in the Gulf War. Mr. Carter lost and cannot retain a job because of physical ailments attributed to his. He is simply trying to qualify for benefits for Persian Gulf War syndrome, but he has not been successful. The VA determined that he only qualifies for 10% coverage.*

***There is also the case of my constituent Mr. Marshall Rosner, who contacted the Evanston Primary Care Clinic on Nov. 27, 2001, and was informed that he would not be scheduled until June 3, 2002. He was sent a response explaining that as a result of unusually large numbers of requests and a high volume of enrollment applications, the Evanston Clinic and three area facilities reached full capacity for new patients.***

***Mr. Marvin P. Sosin, another constituent of mine, a diabetic, double amputee, with congestive heart failure made an appointment to visit the Evanston VA community Based Outpatient Clinic on January 9, 2002. On that day the clinic called him to cancel his appointment due to a lack of available physicians. He was rescheduled for April 4, 2002 but was hospitalized on March 29th and missed his April 4th appointment. These stories are real and are a shameful demonstration of our commitment to veteran's health.***

***Doctors at veteran's facilities across the country are facing critical shortages in manpower and resources. These resources might have been readily available, but are scarce, in part because President Bush has budget priorities that are not in line with the needs of the American public. Last year, the President rammed a tax cut through Congress that drained a surplus that could have been used to provide adequate resources to veterans in every region and meet so many of our other critical funding priorities. Now, our veterans face unimaginable barriers to receiving the health care that we promised to give-the health care that they rightfully deserve.***

***I believe the VA must act now upon the recommendations of the GAO and begin the process of making the alignment of services more equitable for all veterans based on practical data. But, above all, we must provide the resources necessary to make sure that all veterans receive the quality medical care that they need and that they deserve. We should not accept a budget that forces us to scrimp on veterans' health in order to provide tax cuts for the wealthy. Last week, we passed an extraordinary increase in the defense budget. Certainly, we can find room in the budget to meet the needs of our veterans. Our veterans have been the protectors of our freedom. Six-month wait periods, waning resources, and denial of service are unacceptable. We must use this hearing and all hearings that follow to meet our goal of better serving our veterans.***