

**VA HEALTHCARE: MAXIMIZING RESOURCES IN
PUERTO RICO**

**FIELD HEARING
SAN JUAN, PUERTO RICO**

BEFORE THE
SUBCOMMITTEE ON HEALTH
OF THE
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
ONE HUNDRED FIFTEENTH CONGRESS
SECOND SESSION

MONDAY, MARCH 12, 2018

Serial No. 115-50

Printed for the use of the Committee on Veterans' Affairs



Available via the World Wide Web: <http://www.govinfo.gov>

U.S. GOVERNMENT PUBLISHING OFFICE

WASHINGTON : 2019

35-387

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VA HEALTHCARE: MAXIMIZING RESOURCES IN PUERTO RICO

Monday, March 12, 2018

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON OVERSIGHT
AND INVESTIGATIONS,
Washington, D.C.

The Subcommittee met, pursuant to notice, at 10:14 a.m., in the Leopoldo Figueroa Hearing Room, Puerto Rico Capitol Building, Constitution Avenue, San Juan, Puerto Rico, Hon. Brad Wenstrup [Chairman of the Subcommittee] presiding.

Present: Representatives Wenstrup, Gonzalez-Colon, and Roe.

OPENING STATEMENT OF BRAD WENSTRUP, CHAIRMAN

Mr. WENSTRUP. I wish you a good morning, and thank you all for joining us today. I'm Congressman Brad Wenstrup and I represent Ohio's Second Congressional District and I'm honored to serve as the Chairman of the Committee on Veterans Affairs Subcommittee on health. I'd like to begin by thanking Congresswoman Gonzalez-Colon for her determination and drive, and bringing the Subcommittee's focus to the specific issues faced by what is perhaps our most rural subcategory of American Veterans, those who reside in Puerto Rico, the U.S. Virgin Islands, and the Pacific Island Territories of Guam, the Northern Mariana Islands, and American Samoa.

I'm also pleased to be with the Chairman of the Committee, Dr. Phil Roe, today, and we are honored to have with us, Nicole Rosario from Troop 546, and it is the 106th Anniversary of the Girl Scouts, and we welcome to the dais today.

[Applause.]

Mr. WENSTRUP. In so many cases, veterans of the island territories face enormous challenges while receiving health care from the VA. From traveling vast distances for care, hundreds if not, thousands of miles in some cases, either by boat or plane, to physician and provider shortages which can cause lengthy wait times, access to VA care for those veterans can be highly burdensome as many of you know. My goal for this hearing is to identify opportunities for VA to build and improve upon its relationships with local public and private health care entities and hopefully reduce the burden we ask these veterans to endure.

I also hope to gain a better understanding of what the immediate needs are for VA facilities to the Caribbean to fully recover from the devastation of Hurricanes Irma and Maria. In this discussion

we should take the opportunity to look towards the future needs of veterans of the Caribbean and discuss what steps VA can take today to address the future needs of the veterans served here.

Before I finish my opening remarks, I want to take a moment to bring attention to the Herculean effort put forward by VA employees, to keep facilities operational both during and after Hurricanes Irma and Maria. Over 800 VA employees weathered these storms, leaving house and home to the elements and stayed at the facilities to be with the veterans they are charged with caring for. Veteran service organizations of the Islands helped tremendously in this life saving effort by conducting house calls and checking in on injured, elderly, and bedridden veterans. The strength and resilience of the veterans of Puerto Rico is truly beyond measure and I'm honored to be here today. We are in this together. We are with you in this recovery. *Estamos juntos en esto. Estamos con ustedes.* With that attempt to Spanish, I'll yield to our Full Committee Chairman, Dr. Phil Roe for five minutes for any opening remarks he may have.

OPENING STATEMENT OF HONORABLE DAVID P. ROE

Mr. ROE. Thank you, Dr. Wenstrup, and buenos dias. I am Dr. Phil Roe, representative of Tennessee First Congressional District and it's the only district in America that has two Presidents, Andrew Jackson, Andrew Johnson, also Davy Crockett was a member of Congress from the First Congressional District, so I have big shoes to fill. You know, as I'm also honored to serve as the Chairman of the House Veterans' Affairs Committee. As an Army captain in 1973, I served in the Second Infantry, Division Medical Battalion stationed near the DMZ in Korea, Camp Casey and other places there, and I never dreamed years later that I would find myself traveling to the United States and its territories, conducting field hearings focused on veterans' health care for some four and a half decades after completing my service in uniform, but here we are today. Thank you, all for being here and graciously hosting us this examination of VA Healthcare in Puerto Rico and the U.S. Virgin Islands.

I want to extend a very special thank you to Congresswoman Gonzalez-Colon for her, both her help and friendship, planning this hearing as well as her tenacity and unending support for American veterans. You have a true champion here, especially those in Puerto Rico and the Caribbean, and other Pacific territories of the United States. I want to thank you, Jenniffer, for that.

[Applause.]

Mr. ROE. The veterans of Puerto Rico have fought valiantly in every conflict since World War I. Today, your sons and daughters, brothers and sisters, fight alongside Tennesseans and Ohioans in lands far, far, away. Puerto Rican shed the same blood on the same battlefields, on the same foreign soil in order to keep our collective Nation safe. We are eternally grateful for the sacrifices made by those who've worn the uniform, that is exactly why we are here today.

Over the past several months, the people of Puerto Rico have navigated their way through the worst national disaster to hit this small island territory since 1928, almost 100 years. In September a category of four, maybe a five, Hurricane Maria cost more than

94 billions dollars in property damage and took at least 112 lives. Throughout Hurricane Irma and Maria, as well as the during the recovery, the San Juan VA Medical Center remained open for business, staffed by 800 dedicated employees and running on generator power.

Think about this, while hurricane force winds and rising flood waters ravaged neighborhoods and family homes across this island, over 800 VA employees put the veterans they served above themselves, left their homes to the elements, and stayed to accomplish their mission. That, is an amazing story that needs to be told to the Nation.

Today, I hope to hear a great deal about what resources were available during those two major storms and recovery, and how those resources were leveraged to meet the emergent needs of the veterans and the people of Puerto Rico and the Virgin Islands. From our short time on this island, it's apparent that there's much still to do, and I'm eager to jump into that conversation, with that, Mr. Chairman, I will yield back.

Mr. WENSTRUP. Thank you, and I now yield five minutes to Ms. Gonzalez-Colon for any opening remarks she may have.

OPENING STATEMENT OF JENNIFER GONZALEZ-COLON

Miss GONZALEZ-COLON. Thank you, Mr. Chairman, and thank you to the whole Committee and Chairman Roe and Chairman Wenstrup to be here on the Island. And, I sent our invitation to know what's, to be in Puerto Rico after a hurricane, and the needs of our veterans. For me, it's a pleasure and as a first and only Member representing Puerto Rico in that Committee, we are making history today, having the first hearing of this Committee in Puerto Rico since the, 1946, when the Committee was created. So, thank you for that.

Today is a historical day for all veterans in Puerto Rico, not just for having this hearing, but also I'm a proud Member of the Committee, and have witnessed firsthand the hard work and unwavering commitment to our veterans shown by Chairman Brad Wenstrup and Chairman Roe. On behalf of the veterans of Puerto Rico, and their families, I want to express my sincerest gratitude for holding this hearing.

I also want to thank our panel, Mr. Montanez, Dr. Miguel LaPuz, Dr. Antonio Sanchez, and Dr. Rafael Rodriguez, and Dr. Ramos for their participation and invaluable insight into the current health care related concerns that affect our veteran population. I very much look forward for your testimonies and your opinion on how to improve those services in Puerto Rico.

Puerto Ricans have participated in every armed conflict alongside our mainland counterpart since World War I. They have been carrying the U.S. flag and fought and bled for freedom and values that make our country great. They have also similarity to all veterans across the Nation, return home with illness, disabilities, and wounds, visible, and invisible that require medical attention.

Our veterans and their family members, some of them, men and women here today have need and deserve to have the best medical care and attention available. They deserve the best and we owe them nothing (sic) than that. Puerto Rico currently has single VA

hospital and VA clinics around the Island. They are at the forefront of the care received by approximately 93,000 veterans residing in Puerto Rico and the U.S. Virgin Islands. There are some intrinsic challenges with receiving medical services in these facilities, given the Islands' rural landscape. For many years, I have heard multiple veterans state, the issues that they have been with receiving care through the VA system, often due, to first, the extended travel time to go to the clinic. Second, which is particularly hard to our older veterans and their family members, then, second, the limited provided availability in the physicians that they need in the hospital, and third, the staffing shortages overall.

To make matters worse, Puerto Rico was struck by two consecutive hurricanes of historical force. And there still families without power, more than 130,000 people without power on the Island, with limited access to drinking water and communication services. Our veterans were not spared with those hurricanes. As you can imagine, events like this, exacerbates any health condition and create even a higher demand on reliable health care services. Not to mention the PTSD conditions.

The Hospital continued operating through the storm and even offered services to nonveteran patients and assisted neighborhood hospitals and clinics. Nevertheless, it suffered some structural damage and needs some repairs. And, for that, I need to commend my fellow chairmen of this Committee, because during the last supplemental approved during this year, this Committee recommended and the House approved more than 94 million dollars to the repairs of the VA clinics in Puerto Rico, U.S. Virgin Islands, Texas, and Florida. With that, they also included 11 million dollars to services related to VA system, that are important to our Nation, but specifically to Puerto Rico.

They also approved in the VA, more than 75.1 million dollars to repair the Veterans Health facilities in Texas, Florida, and Puerto Rico, and 93 million dollars for the response overall. And, 4.1 million dollars to repair Puerto Rico National Cemetery and Veterans Benefits Administration in Houston. Eleven point one million to cover the cost of medical services including transportation, medical supplies, and mobile medical units during the storms.

This is not enough. It's a good beginning, but I know that we can identify those resources like the clinic of Arecibo that this Committee is going to be looking at this afternoon. In addition to that clinic, Arecibo and Vieques, were still significantly impacted. Veterans receive care at the Arecibo clinic are currently being treated at intense. Essentially, a field hospital on a parking lot belonging to a municipality coliseum, veterans residing in Vieques are being treated through the medical home visits, and I cannot stress enough the importance of every single one of our VA clinics.

It's imperative that we locate new facilities that meet VA standards, and swiftly as possible, so that our veterans can receive appropriate care in safe accessible and working facilities. It is also important that we are aware and understand the list of health care benefits available to them. Every veteran population is different, and I have noticed that most of my constituent veterans prefer to receive care at the VA facilities on the Island.

It is important for them to understand that there are other options in the case that the VA facility does not match the quality of reduced waiting time compared to an outside provider. However, I hear that many of them do not use it, they miss information, and medical providers, or other even other veterans. I look forward to listening to all of those comments and knowing if we can improve the access provider through choice, and making sure veterans and providers are aware of the benefits available through the programs.

Our veterans in Puerto Rico are facing a lot of challenges and struggles. We have a single veteran home located in the municipality of Juana Diaz. We have learned that the demands have exceeded housing capacity, and we have also noticed, that like many other state veterans' homes, the state share needed to compliment the Federal share of cost is becoming increasingly more challenging to meet, leaving the homes with issues when trying to maintain an infrastructure and operational utilities, as well as taking care of our veteran residence while welcoming new ones.

And, I also want to express out that we finally are working to have our first Fisher House in Puerto Rico. Since the hospital is located in San Juan, veterans reside in other municipalities must travel to this facility without having any place to their families to stay when they're receiving treatment. For that I'm pleased to announce that we are working with the Secretary of Health, Dr. Rafael Rodriguez and the Governor of Puerto Rico just identified the land in 'el Hospital Psiquiatrico', and we are waiting for the transfer of those deeds to the VA Administration so we can finally have our first Fisher House in Puerto Rico.

The reason for that, is because of the land ownership and I'm proud to inform that on May of this year, the president of the Fisher Foundation and the VA construction management team will be visiting the Island to inspect the site and give feedback on next steps for turning this program into reality on the Island, finally.

[Applause.]

Miss GONZALEZ-COLON. With that I want to conclude saying thank you to our veteran population and to all of you that are in the audience today. I want to acknowledge your presence here with us, and I would love to have you standing to give a round of applause to the people of the American Legion, to the people of the Paralyzed Veterans of America, to the people of the Disabled American Veterans, to the people of the Military Order of the Purple Heart, to the Blind Veterans Association, to the Veterans of Foreign Wars, to the Military Officers Association of America, Military Officers from Mayaguez, the Military Order of the World Wars, Vietnam Veterans of America, and our proudest, proudest sons, the people from the 65 Regiment, the 'Borinqueneers'. Thank you, all of you for being here today and thank you Chairman for your time, and I yield back.

[Applause.]

Mr. WENSTRUP. Well, thank you, very much Congresswoman. Before I introduce our witnesses, I want to remind everyone here today, that today's event is a formal congressional hearing. We will have only one panel of witnesses and only those invited to testify will be permitted to speak. There will be an opportunity after the hearing for those of you in our audience to come up and speak with

me, with Dr. Roe, with Congresswoman Gonzalez-Colon, or our staff, if you have any questions or comments or need further assistance.

With that being said, we're here today with several local medical leaders who helped guide the ship through many difficult storms. Joining us on our first panel this morning, is Mr. Augustin MontanezAllman, the Puerto Rico State Director of Veterans Affairs, Dr. Rafael Rodriguez, the Puerto Rico Secretary of Health, Dr. Victor Ramos, from the Puerto Rico College of Physicians and Surgeons, and Dr. Miguel LaPuz, Director of VISN8, the VA Sunshine Healthcare Network of the U.S. Department of Veterans Affairs.

Dr. LaPuz is accompanied by Dr. Antonio Sanchez, Acting Director of the VA Caribbean Healthcare System as well as Mr. Luis Ratchford, Jr., Deputy of Second Secretary for Emergency Management and Resilience for the Department of Veterans Affairs. Thank you, all for being here today, and for all the good work each of you do to serve your veteran neighbors in Puerto Rico and across the Caribbean. Mr. MontanezAllman, we will begin with you and you are now recognized for five minutes, sir.

STATEMENT OF MR. MONTANEZALLMAN

Mr. MONTANEZALLMAN. Good morning. My name is Augustin Montanez Allman, I'm the veterans' advocate for the government of Puerto Rico and a veteran of Persian Gulf War and a recipient of the Bronze Star Medal. On behalf of our team, we welcome you to Puerto Rico and we are grateful for the opportunity we are given. We want to welcome you, Dr. Wenstrup and also Dr. Roe, and also we are very glad that Gonzalez, Jenniffer Gonzalez was able to get this hearing here in Puerto Rico. We appreciate it and welcome to Puerto Rico.

I want to make a disclaimer, I'm not a doctor, nor am I health professional, but obviously the information I'm going to bring is what we have observed and also what we have received from veterans that have come to the office to bring in some information. First, I would like to talk a little bit about the mission of the office and how we relate it to VA. Our mission is to enforce Federal and Puerto Rico laws and regulations regarding USA veterans living in Puerto Rico, which also coordinates some social services. Because of its regulatory functions as Ombudsman, the office operates independently and is the main government agency that ensures the social economic well being of veterans and their families.

Our office oversees the management of the Veterans State Cemetery and the Veterans Home serving 147 veterans. Under my direction, the Veterans Home regain the VA certification and has met inspections every year without a single jeopardy finding. We had the last inspection two weeks ago, and we didn't have no (sic)jeopardy findings in that inspection.

Our office works with the USA Department of Veterans Affairs and its three administrations. We refer homeless veterans to programs of the Veterans Medical Center and we facilitate VA relations with the community and serve as a liaison with USA veterans organizations in Puerto Rico. The Veterans Home has received emergency support from the Veterans Medical Center, I have to

mention they gave us a lot of support during the hurricane from the San Juan hospital.

I would like to talk about the situation of Puerto Rico, veterans in Puerto Rico. Veterans living in Puerto Rico come from the five USA armed forces and are from every war and conflict since World War I. Some are native Puerto Rican, others are retired or business owners, some are seasonal residents, and others are foreign born USA veterans that, from countries such as Dominican Republic, Mexico, and Columbia.

VA accounts for a population of about 93,000 veterans. Our office thinks that the population is higher in numbers since numerous veterans in Puerto Rico are not receiving VA benefits or services because of different reasons. The current situation of VA health care, we understand that most of VA health care service in Puerto Rico are high quality and many cases, better than most of the private sector, but it should still exist such as, number one, not enough capacity to serve all eligible veterans, number two, not all type of services available are provided. Number three, no specialized health facilities like trauma centers or mental health centers. Number four, shortage of specialized medical professional in areas also scarce in the private sector. Five, location, transportation, and information issues impacting access to service. Number six, additional training for medical contractors to manage effectively, veterans' cases. And, number seven, VA takes too long to take the payments some times for private sector health care providers.

Some clinics are still operating from mobile units and tents due to hurricane damage. The clinics do not provide all the services of the Medical Center. The Medical Center in San Juan has only 295 beds for medical patients, and 30 beds for mental health patients, that is expected to meet all the needs of over 93,000 veterans. There's a shortage of specialists such as radiologists, psychiatrists, and hand surgeons. None of the clinics in the Medical Center have a VA trauma center or mental health residential facility. Even in contract services, there's not enough capacity some times. Access to service is an issue like in the rural areas in the United States. But, like the 50 States, veterans in Puerto Rico do not have the representative in Congress that can legislate and vote to improve those situations.

The best practice that we saw during the hurricane, we have to mention, the hospital was among the few hospitals that was operating, running during the hurricane and the black out. Its representative was present at the center of emergency operations of the government of Puerto Rico to coordinate efforts. Really, they did a really good job coordinating with our office and other state agencies.

Our office was allowed to participate in all the VAH daily briefings and I was given a daily report about the situation of the veterans and the service of the hospital, and the clinics. VA facilitated equipment and ITC lines to enable, to set up a temporary service area where staff assisted veterans with over 900 FEMA claims. We have three persons working at the hospital, helping the veterans with their FEMA claims.

Some recommendations. In the medical mental health service operation, we understand that facilitate the state and municipal

agencies, and nonprofit organizations, can submit proposals for grants for health care created services, that we can maximize, you know, our resources in the Island.

Number two, implement an integrated holistic approach to health care, different from other parts of the United States where you have different types of programs, and here in Puerto Rico is limited what we have. Number three, expose Veterans Health Administration orientation for private health care providers. Sometimes, veterans have come to the office complaining how the way some of the private provider have been dealing and, you know, working with them allocate a small space in the clinics to service area for my office and other agencies like the one we set up, we have in Ponce, and are proposed for Mayaguez and Arecibo support the Puerto Rico Department of Health Plan to expand the state trauma center, to designate an area that service veterans and military only, and at a later time, we will serve a backup trauma center to the one that can be created at the San Juan Medical Center.

Begin a feasibility study to build a trauma center at the San Juan Medical Center. It's something that the veterans have been asking for many years. Things that we recommend during disaster preparedness or disaster relief efforts, set up a reliable communication backup system with satellite phones between VHA, state agencies, key medical and mental health service providers, and first responders. Implement a policy that VHA facilitates equipment, an ITC line to enable my agency and other VSOs to set up temporary service area.

Provide medical and mental health service to all category veterans not eligible under normal operations, and I would like to mention at this part, here in Puerto Rico some veterans of Category 8, they cannot receive service in the hospital. When we had the problem with the hurricane that the private sector was not working completely, some of these veterans were having problems because they could not be served during the hurricane, the idea is that during the emergency they can be given service.

On behalf of the veterans residing in Puerto Rico, we appreciate the opportunity to share our office insights, and your efforts to improve the health service provider to our veterans, we look forward to collaborate on our goals, on that goal. Thank you.

[THE PREPARED STATEMENT OF MR. MONTANEZ ALLMAN APPEARS IN THE APPENDIX]

Mr. WENSTRUP. Well, thank you. Dr. Rodriguez, you are now recognized for five minutes and if we could try to keep it to five minutes

Dr. RODRIGUEZ. Yes, I will.

Mr. Wenstrup. so we can have time for questions, thank you.

STATEMENT OF DR. RAFAEL RODRIGUEZ

Dr. RODRIGUEZ. I will try. Yeah sure. Good morning, Mr. Chairman, Brad Wenstrup, Congresswoman Jenniffer Gonzalez, and a special thanks to Chairman Phil Roe, and Ms. Christine Hill. On behalf of the Governor of Puerto Rico, Ricardo Rossello, thanks you for your presence and dedication in supporting Puerto Rico and our U.S. veterans.

This is a historical Veteran Committee congressional field hearing, the first that I witnessed and I am honored to have been asked to participate. Congresswoman Gonzalez, the veteran community of Puerto Rico is most grateful for bringing the House of Veterans Affairs Committee here to our State Capitol and we salute you for this accomplish (sic). On behalf of all of U.S. veterans residing in Puerto Rico, I want to give you a warm Puerto Rican welcome.

Today, I come before you not only as a Secretary of Health of the Government of Puerto Rico. I come as a former Chancellor of the University of Puerto Rico Medical Science campus, but as an active reserve component soldier physician for almost 30 years of military service and a veteran. I am, also I am proud of being an American soldier.

I am privileged to provide testimony for the record, for this oversight field hearing. President Trump's Administration and the U.S. Congress have begun the process of funding the most immediate emergency needs in Puerto Rico. I am sure that during the short visit to the Island six months after Hurricane Irma and Maria, you have obtained a deep appreciation and need awareness that much more remains to be accomplished to stabilize Puerto Rico, especially in the mountain regions and to serve the Island on the path for full recovery and reconstruction.

The scale and scope of catastrophe in Puerto Rico in the aftermath of Hurricane Maria, knows no historic precedence. The islandwide, devastation presented an extraordinary challenge to the U.S. citizens of Puerto Rico, to the local government, and the Federal government. The hurricanes brought high speed sustained winds, heavy rain, and the devastating flooding the likes of which the Island have never seen before. Roads and bridges fell and roads broken by debris across the Island, leaving communities stranded and unable to obtain life saving aid, food, water, and medicine for a period of weeks. More than 472,000 housing units were destroyed or experienced major damages, forcing hundreds of thousands of U.S. Puerto Rican U.S. citizens to seek refuge in shelters, home of families and friends, and in the worse case scenario to migrate to the mainland.

One of the most distressful situation in providing health services to the population at large was, did not cease in communication, further compounded of two neighbor islands, Vieques and Culebra. Due to the condition they have endured, many of our citizens decided to relocate in the continental USA on their own. During my recent visit to Orlando and tour to the Orlando VA at Lake Nona, we informed that more than 900 of our veterans have enrolled in the VA Health System, programs in the State of Florida, of which 300 enrolled in the facility at Lake Nona. And, just imagine the other states that could be veterans also like Chicago, Pennsylvania, Texas, New York, New Jersey, you name it.

Our health situation was concerning even before the storm. Diabetes and HIV present major concerns to our citizens. Also we experienced over the last few years outbreak of Zika, Dengue, and Chikungunya. Thank God, we ended the Zika epidemic outbreak on last June, and about 2 or 3 months, they removed the travel advisory for Puerto Rico in terms of Zika infection.

The need of behavioral health services are highlighted after the passing of Hurricane Irma and Maria. Also, I believe that more analysis needs to be made concerning the mental health status in the Island. The data before and after the storm is concerning. The mental health and suicide hotline received more than 26,000 calls between October and December of 2017. Of those, 9,000 callers expressed suicidal behavior. Six thousand were able to verbalize a plan to end their lives and more than 2,000 had the intention. That is very concerning.

Every single one of those calls is a saved life. However, not everyone with suicidal ideation called the hotline. In 2017, there is an increase of suicide by 29 percent in comparison with previous years. There were 196 suicides registered in 2016, and on 2017 ended with 253 suicides, 57 suicides more. As of February of this year, we report only 24 suicides, a reduction from last year at the same time.

The Department of Family, equivalent to the Social Services Department in the continental U.S. provide mental health and care services to elderly and their providers of care. This is another area where the VA and the Puerto Rico Health Department should collaborate as all are U.S. citizens residing in Puerto Rico requiring help. This collaboration can take with the support with of the best of Puerto Rico Medical Science campus. Our health care system can assist the VA with their access and keeping the veteran closer to their homes. Every single town and municipality in Puerto Rico have a primary care center. This take care from the state government health centers of treatment and diagnosis or Federal funded tertiary health clinics. Veterans can access these clinics and centers faster and would reduce the appointment waiting time issues as the VA currently has.

Another area we're over? One? Okay, let me okay, another area that our government is interested is to import the potential of transfer land to the U.S. Department of Veterans Affairs. We are proposing that the Fisher House foundation build such facility on the VA campus in San Juan which is adjacent to the Puerto Rico Medical Science campus.

At the end of the day, I am responsible of the well being of the U.S. citizens residing in Puerto Rico. Veterans are heroes that have earned a series of benefits, but more important, they are U.S. citizens that I need to assist in the maintain the healthy as all U.S. citizens in this beautiful island and part of our great Nation.

There should be more areas of collaboration than the one we have. After all, we have the same goals to deliver the best possible health care service with the limited resources to the U.S. citizen residing in Puerto Rico. Thank you, so much for this opportunity.

[THE PREPARED STATEMENT OF DR. RODRIGUEZ APPEARS IN THE APPENDIX]

Mr. WENSTRUP. Thank you very much.

[Applause.]

Dr. Ramos, you're now recognized for five minutes.

STATEMENT OF DR. VICTOR RAMOS

Dr. RAMOS. Thank you, Chairman Wenstrup, Chairman Roe, and Resident Commissioner Gonzalez and Member of the Committee. My name is Victor Ramos, and I am the President of the Puerto Rico Physician and Surgeon College, an organization comprised of all licensed physicians in Puerto Rico. On behalf of the more than 9,000 physicians in Puerto Rico that I represent, I thank you for this opportunity to participate in this conversation here with you today, on maximizing the VA resources in Puerto Rico, to impact the health of our veteran population.

Also, here with me Dr. Jorge Vidal, of the Puerto Rico Radiologist Society and Dr. Rafael Zaragoza of the Allergy Physicians representing the private sector. Chronic understaffing has been the national problem for the Department of Veterans Affairs for many years now, and Puerto Rico unfortunately is not the exception. Ways in which to mitigate the shortage of providers within the VA Health System has been a constant topic of discussion at the administrative and legislative levels. And, many feel initiative have been implemented which is not the solution found. However, our demographic and geographic particularities have amplified the VA Health System national problem of chronic understaffing.

According to the Department of Veterans Affairs, there are over 93,000 veterans registered as resident of Puerto Rico. Sixtyfive percent which are over 65 years old, a number slightly higher than the national average. Although small in size, our jurisdiction is mostly rural, with VA Health System treatment concentrated in the San Juan metropolitan area. Access to this facility is difficult to age related health conditions of the veteran population, as well as the lack of integrated public transportation system. And, in contrast to the stateside population, our veterans use the VA Health System prior than other health insurance they might possess as their primary health care provider.

This perfect storm of an aging population which recall in health intervention, and overall utilization as compared to other jurisdiction is further combined by the exodus of physicians in large part of specialty from Puerto Rico. The staff position in the VA Health System in Puerto Rico remain open and funded, but requirement hindered by the lengthy and archaic bureaucratic hurdles that physicians make to jump through in order to be considered. Employee staff is fuller subject to high tax in Puerto Rico which are compound by the economic pressures upon physicians merely because of the higher cost of living in Puerto Rico. Lateral move within the VA Health System from Puerto Rico to other jurisdiction automatically result in the defacto rise with money in physician's pocket at the end of the day.

Although the government of Puerto Rico has incentivized physicians to stay in Puerto Rico by granting them special tax rate for staying in or returning to the Island, more needs to be done to stop the emigration and bring them back to the Island. Therefore, the VA must find ways to making more attractive for physicians to apply for staff positions, and to remain in those positions in jurisdiction like Puerto Rico with particular high under staffing issues.

The Veteran Choice program is one of the ways VA is improving access to care for veterans, but allowing them to receive care from

nonVA facilities, connecting them to timely and convenient access to health care in terms of waiting for a VA appointment or traveling long distance to a VA facility. This program apply in full force in Puerto Rico, however, it faces the same under staffing problem in countering VA facilities because of the burdensome bureaucratic requirements to physicians to participate.

The VA Health System could provide better care to the patient by opening its program to additional providers, merely by simplifying the contracting procedure. I am aware of the budgetary and public policy concern of programs such as the Veterans Choice program. Our objective is to obtain health care, however, the effective matters subprogram for example, by requiring initial referral from the VA Health System to explicit medical care physician in the community, with periodic oversight visit to the VA clinics, will greatly benefit patient by making health care more accessible as well as help resolve schedule congestion and under staffing.

Easier and responsible access to physician outside the VA Health System will also help break the circular problem of lack of ability specialty to treat the veteran population in Puerto Rico. Physicians and to a larger extent, specialty are leaving Puerto Rico for state-side jurisdiction because of the hard cause they've been providing their service in Puerto Rico. In 2016, Puerto Rico has losing an average of one doctor a day. Last year, prior to Hurricane Maria, 700 physicians had left Puerto Rico. I estimate that a larger number will leave this year. Of the 400 cardiologists in Puerto Rico a few years ago, today we have less than 100. The number of anaesthesiologists had decreased in the same proportion. Very few neurologists and surgeons remain. And, in the Island where diabetes is one of the principle health problems, there is an urgent need for endocrinologists. It is not a rare occurrence to call a doctor for an appointment, only to be told that appointments are 3 to 6 months away.

Nor, is it easy to call all the doctors in sustained specialty in the phone book, only to be told that they are no longer accepting new patients. Yes, this is partly due to the local factor suggestive of the cost of living and utility cost. However, is also due to the inequalities in Medicare reimbursement rate between our Island doctor in Puerto Rico and their stateside counterpart for the same service under the same terms and conditions. For example, after 20 years the district applicable in Puerto Rico was finally equate to the, of the U.S. Virgin Islands, although that number does not take into account the cost associated with the Jones Act, which does not apply to U.S. Virgin Islands. It is also to the strong market power of Medicare advantage applied in Puerto Rico, who regulate by CMS, force the providers to accept rates much lower than those in similar markets or be driven out of their practice for lack of patients.

If the VA Health System became a market participant, it will open a new pool of patients for these physicians, and provide an alternative to the abuse of both private and public insurance. It would create a reason for physicians' specialty to stay in Puerto Rico because they call us to do so. More physician means accessibility to health care, which translate to help their patient and lower health care cost. We cannot lose sight of the fact that a large

number of veterans also possess other insurance. Either private insurance through their employer or from the government's Medicaid support program. The overutilization of the VA Health System in Puerto Rico tax limit resources to the benefits of other health insurance. The responsible integration of our health care provided into the care of the veteran population, allows a cost-sharing of these expenses, with other health insurance plans correlated cost to the VA Health System and maximizing results.

As for that Legislator, I know that you face an incredible challenge in finding a solution that will for approximately 21 million veterans in the United States, throughout the world. I am grateful for this time you take to come to Puerto Rico and for your interest to learn about the specific problem facing our veteran population and for your openness and availability to do something about it. Our Resident Commissioner is a tireless fighter for our health and well-being and I thank you for having joined our health fight. Respectfully submitted.

[THE PREPARED STATEMENT OF DR. RAMOS APPEARS IN THE APPENDIX]

Mr. WENSTRUP. Thank you. Dr. LaPuz, you're now recognized for five minutes.

STATEMENT OF DR. MIGUEL LAPUZ

Dr. LAPUZ. Good morning, Chairman Roe, Chairman Wenstrup, and Representative Gonzalez-Colon and honored guests. I appreciate the opportunity to discuss the Department of Veterans Affairs Caribbean Healthcare System and the provision of health care in Puerto Rico. I'm accompanied today by Dr. Antonio Sanchez, Acting Director of the VA Caribbean Healthcare System, and Lewis Ratchford, Deputy Assistant Secretary for Office Operations, Security, and Preparedness.

The health care system consists of a tertiary care, a medical center, and ten outpatient clinics located throughout Puerto Rico and Virgin U.S. Islands (sic), the U.S. Virgin Islands. The Medical Center includes multidisciplinary and ambulatory facilities and 280 operational acute care beds, including 12 blind rehabilitation beds and 122 operational nursing home beds. Services are provided to a population of approximately 93,000 veterans.

VA's first mission is to improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to veterans, as well as to support national, state, and local emergency management, public health, safety, and homeland security efforts. The Health System's ability to maintain critical operations throughout the historical hurricane season of 2017, is a testament to VA's commitment of significant resources and planning to these efforts.

The 2017 hurricane season was one of the costliest seasons on record. VISN8 facilities were directly impacted by two major hurricanes. Hurricane Irma barreled through the Caribbean on September 8, devastating St. Thomas, and leaving nearly 1 million people without power in Puerto Rico. In the aftermath of Hurricane Irma, the Medical Center as a key partner in the national response

to disasters, mobilized emergency response units to the Luis Munoz Marin International Airport to receive patients from the U.S. Virgin Islands through the activation of the Federal coordinating center. Through the collaborative efforts of Federal, state, and local governments and nongovernment organizations, the unified emergency response teams received 92 patients. All patients were assessed upon arrival at the airport, and then transported to multiple hospitals in the metropolitan area, including San Juan VA Medical Center.

On September 20, while still recovering from Hurricane Irma's impact, Hurricane Maria, a category five storm hit Puerto Rico with forces beyond those imaginable. Tremendous impacts to critical infrastructure were widespread. Nearly the entire Island was without power, water, and telephone service and conditions of roads and buildings were perilous. Because of VA's investment in emergency preparedness and response resources, the hospital was able to maintain critical hospital operations throughout the storm and was able to bring community based unexpect into operations within weeks.

Additionally, we were in a position to offer assistance to other health care systems more severely impacted by the hurricane. These efforts did not come without certain limitations and challenges. Immediately following the storm, VA outpatient clinics relied on generator power and limited communication capabilities including data resources. Roughly, 23,000 appointments were cancelled as direct result of the hurricane. Staff have reached out to all veterans since appointments were cancelled, more 21,000 appointments were rescheduled, but the remainder not indicating the need for an appointment.

We are currently focused on preparing for this year's hurricane season. Efforts on the way to preparing advance include outreach to vulnerable and high risk veteran populations, building on established relationships and community partners, updating these agreements to ensure a timely response after natural disaster and exploring more reliable voice and data communication strategies.

Most importantly, there are 27 million dollars in high risk infrastructure improvements that must be completed before the beginning of the upcoming hurricane season. We remain committed to providing exceptional health care and emergency preparedness, pursuing this objective in close collaboration with our Federal partners, leading national organizations, local government agencies, veteran service organization, and other nonprofits.

We welcome the opportunity to expand current efforts as well as establish new agreements that will benefit veterans throughout Puerto Rico and the U.S. Virgin Islands. The VA remains committed to open dialog regarding joint efforts and enthusiastically encourages their development. While VA excelled during times of crisis, there is still action required to ensure the needs of veterans in Puerto Rico and the U.S. Virgin Islands are consistently met.

Sustaining the momentum and preserving the gains made so far, requires continued attention and investment of financial resources. Failure to provide such resources will severely jeopardize our ability to sustain our progress and will put at risk thousands of veterans and their families in the future. It is critical that we con-

tinue to move forward after the hurricanes and continually improve the system of care that is provided by VA Caribbean Healthcare System. Mr. Chairman, this concludes my testimony, my colleagues and I are prepared to answer questions.

[THE PREPARED STATEMENT OF DR. LAPUZ APPEARS IN THE APPENDIX]

Mr. WENSTRUP. Well, thank you all very much for your testimonies. We will now take time for questions and I will yield myself five minutes for questions, and I would like to start with you, Dr. Rodriguez, if I may.

Dr. RODRIGUEZ. Sure.

Mr. WENSTRUP. You've talked a little bit about academic relationships between health care systems and also, I know yesterday, we also discussed opportunities for military medical personnel to engage as we do say, in San Antonio where the San Antonio Medical Center provides for the community, trauma, and everything. And, then there's programs such as the Air Force has which is the Sea Stars program, centers for sustainment of trauma and readiness skills, and they embed military personnel into private level one trauma centers to engage, to provide care and to train.

And, so in your view, what are some opportunities for military medical personnel, active and reserve, to train, provide care, augment care for veterans and residents of Puerto Rico?

Dr. RODRIGUEZ. Thank you, Mr. Chairman. As we discussed yesterday the most typical example of that is Brook Army Medical Center where they, is open for treatment of trauma patients from the civilian part. By a chance I was staff neurosurgeon there on 2005 when I was deployed there, so I know, I worked very closely with that type of endible (phonetic). In Puerto Rico, we have other VA centers as well known by you. Academic centers help the VA in order to give services. They share faculty and also improve the health care of the veteran population.

We used to have that close relationship many years ago. I remember when I was in my residency, my residency by that time, that we rotate and have a formal rotation at the VA, and the faculty of neurosurgery shared credentialing between both academic, the academic center and VA. As well, faculty from the Veteran Administration Hospital also served as teaching there, in the civilian sector. So, I think that is a thing that we have to explore to seek again that type of relationship between the academic and the VA for the well being of the veteran population. I think that will be fantastic to return that policy again, and to be sure that we can work as good neighbors.

Mr. WENSTRUP. Thank you. Dr. LaPuz, you have any comment on that and is there any relationship right now with Fort Buchanan and the VA from the health care standpoint?

Dr. LAPUZ. Yes, sir. There is already an existing relationship between the DoD and the VA, and I will yield to Dr. Sanchez who can talk to the specifics of that relationship.

Mr. WENSTRUP. Thank you.

Dr. SANCHEZ. Good morning, Dr. Wenstrup and Dr. Roe, and Congresswoman Gonzalez-Colon. Thank you very much for the opportunity. For me it's a privilege to be here, and thank you very

much for yesterday's visit to our facility on behalf of all the veterans and as well as the workforce that I represent. For us it was an honor having you there and thank you for the great work that you have been doing.

The VA Caribbean Healthcare System for many, many years has been doing a lot of affiliations and collaboration with the Department of Defense, mainly with the Buchanan base clinic that we have there. We share some clinics, for example for phlebotomy labs there. There's a lot of patients that go there because we had some parking issues in the past, more than now, and then we have been in that kind of collaboration and actually our facility trained part of the DoD mortuary personnel in different partnership of education as well. It is limited and I welcome all of the possibilities to continue expanding our services. Three weeks ago, I received a visit of Commander Lozano who is the Buchanan Clinic director, and he told me that they are in conversation after the hurricane to construct probably a new clinic in Buchanan and he wants us to be part of that planning phase since the beginning, and I think that is a great collaboration and everything that I am listening now, I think that we need to take advantage of that momentum and work all collaboratively.

If we can expand or decompress the facility that we have, by expanding services for our veterans, it will be a win to win relation for all the veterans. That is our purpose for that.

Mr. WENSTRUP. So, Buchanan is providing some ancillary services right now. Are they seeing patients as well, veteran patients as well?

Dr. SANCHEZ. Yes, they receive for phlebotomy, for laboratory and we collaborate with our chief of pathology to help them to maintain the accreditation of their labs, and in some, while the reservist, that is another agreement that we have, while the reservist are active, we receive military active for any emergency care in our facility as well. That is part of our agreement that we have with the DoD as well. But, as I said, there is room for continued enhancing all of that. In the past we had been in conversation to have collocated clinics. For example, for the compensation and pension exams, we do those in our facility. Last year we were in collaboration in the planning phase in using some buildings that they have available, and had collocated clinics to assure that the soldier in the transition going out of the military and then becoming part of the VA System and also with the Veterans Benefit Administration. One part is done in the Buchanan base and another part is done by us in the hospital, so we were in those planning of having the collocation. But, now with the Commander Lozano thinking, and he has been working with the Department of Defense, that the clinic could be remodeled and a new clinic, they probably can have more space, and then we can work other initiatives at the same time.

Mr. WENSTRUP. Thank you, my time has expired. Dr. Roe, you're now recognized.

Mr. ROE. Thank you, Mr. Chairman and first of all, I want to just give a shout out to all the veterans that are here and the Puerto Rican people for undergoing an incredible hardships during the past several months after not one, but two major hurricanes that hit this Island, and really devastated much of your infrastructure,

so your patience Job would be proud of you, I can tell you in the Bible.

Christine Hill is a staff director for the Subcommittee on Health, but she also is a former B1 bomber pilot. Me being a infantryman, I stayed a little closer to the ground, myself.

[Laughter.]

Mr. ROE. A couple of things that I wanted to go over just quickly, Mr. Chairman, is that I heard several things and I will just mention these. Dr. Ramos brought these out, we heard this in our VSO roundtable this morning, and we heard it yesterday, both in the public health hospital and in the VA Hospital, of chronic understaffing, both in mental health and in others, so and hiring takes too long. Dr. Ramos, you're absolutely right, VA is glacial in hiring physicians. We see it stateside where you get a gastroneurologist and it may take six months to hire them, and in private practice would take me two days to hire that person.

The other thing that was brought up about paying in a timely fashion. Medicare pays about 95 percent of its claims in a month. The VA is about 60 percent. The Secretary is very aware of that. That's one of the problems in the Choice Program that needs to be worked out. So, we hear you loud and clear. I wanted to share that with you.

I heard something this morning that I'd like Dr. LaPuz get some clarification on. In your written testimony, you stated that the VA at the Caribbean Health Center was able to reach 100 percent of over 3,000 veterans identified as being members of a vulnerable population, which included veterans experiencing homelessness, those requiring hemodialysis, those dependent on ventilators, those that are high risk for suicide, and those with severe mental health issues. Assisted by FEMA, VA staff used round air sea transportation methods to meet with each veteran to confirm his or her well being. But, what we heard this morning though, in the roundtable was is that, as many as 90 percent of the people that the VSOs met and I won't mention which one, there was no visit from the VA. And, so how do reconcile those? One say that they didn't get out to see the veterans, and you say that you got out to all of them. So, how do you reconcile that?

Dr. LAPUZ. We identified the high vulnerability, the highly vulnerable veterans, and those veterans that are the homeless veterans, the ones that are requiring chronic care, the ones that are actually enrolled in our home based primary care, the ones that are involved in the Macomb program for example, which is a mental health intensive case management program. So, in that category of veterans, we in all of the situations as part of our hurricane hardening, we reached out to them to make sure that even before the hurricane hits, that they're actually prepared for those situations.

So, it is not reaching out to all of the veterans enrolled. It is reaching out to all the veterans that are belonging to that high risk population.

Mr. ROE. Do you meet with the VSOs or not you particularly, because you're the director, but do the local VA maybe, Dr. Sanchez better for you, but you reach out to these folks to reconcile these differences because, I think that's extremely important, because

their perception of what happened and your perception of what happened are two different things.

Dr. SANCHEZ. Yeah, thank you for the opportunity to clarify that, and definitely we work very close with the veteran's service organization leaders and they were part, most of them were part of this effort of identifying a lot of veterans that needed our intervention because they needed health care issues, you know, and a lot of them, thanks to the great job that they were doing, outreaching. Remember, this was a complete catastrophe in Puerto Rico, all the veterans and all the citizens had major, major issues, problem with communication. So, definitely is part of our process with the VSOs to clarify what was the total population that we reached out, and there was a lot of other needs in veterans, that not necessarily was health care related needs. And, then is when our social work coordinator with the local agency to help them, let's say, housing, food, clothing, other kind of things that in our scope, in our, as a hospital we can't help them, but we helped them to coordinate with the other agencies through FEMA, and all of that. But, definitely something that we can clarify more to them.

We have been tracking and we were tracking all those, more than 3,000 special or vulnerable patients because of their condition. Their lives were critical, patients on ventilator, we needed to assure that they had a generator in their house, if not and we brought several of them to the facility because they didn't have a good generator. Patients in anticoagulation medication, we needed to assure they had, but it took time, because the roads and the streets were completely impacted. There was a lot of problem to reach out to them, and that's why the VSO went to the street and helped us. I received as a Commander in the incident command post, they were constantly referring and we were reaching out to them.

But definitely we will accept your recommendation, Dr. Roe. Actually tomorrow we have already planned what we call a VSO strategic planning, because prior to the hurricane, the VSO created what they call a coalition of VSOs. In Puerto Rico they met with me and we were planning this strategic planning, and unfortunately because of the hurricane, it was, you know, delayed, but it is going to happen tomorrow in my facility. In order to create a strategic planning to address all and prioritize all of those areas that they have been bringing because a lot of things that we have been doing through the years, has been thanks that they have brought out to us and they have been advocated together with the Federal government, with their organization, moving among us there is other areas that we need to continue working all together. So, I will touch base about that

Mr. ROE. I would say that they are a tremendous resource for you—

Dr. SANCHEZ. Oh, yes, definitely, and I'm very proud

Mr. ROE [continued]. —and they can be very helpful, and I would like to ask, and this my time has expired, I'm going to yield back, but a question that maybe we can get it from Mr. Ratchford or Dr. LaPuz in writing, is, what lessons have been learned with this particular hurricane, the two, and then sort of an after action report,

and then how are you better preparing since unfortunately the hurricane season is just a couple months away. I yield back.

Mr. WENSTRUP. Thank you. Ms. Gonzalez-Colon, you're now recognized.

Miss GONZALEZ-COLON. Thank you, Mr. Chairman. First of all I want recognize some people in the audience today, like, General Isabelo Rivera, our National Guard, general from Puerto Rico, thank you for coming here. And, I want to thank Chairwoman from the Veterans Affairs Committee in the House, Lourdes Ramos, and Chairman of the Veterans Affairs Committee in the Senate side, Jose Luis Dalmau, Jose Aponte former speaker of the House and Chair of the Federal Affairs Committee in the House, is also with us today and with us during the roundtable, and Representative Felix Lasalle from the western part of the Island, thank you, for being here today.

Having said that, we got a lot of questions. Yesterday we went to the VA facilities and we account of the situation regarding the clinics in the VA System. One of them, we're going to visit today in the afternoon which is the clinic from Arecibo, where some, many people are receiving their services in tents. So, same thing happened with the situation in Vieques. So, Mr. LaPuz, my first question will be, are we using the mobile units to serve those areas or not?

Dr. LAPUZ. Yes, Ma'am. We're using the, right now what we have there is a, in Arecibo we have a western shelter—

Miss GONZALEZ-COLON. Mmhm.

Dr. LAPUZ [continued]. —so we have a, almost a complete clinic which is actually in house, in the western shelter, so that you will see that shortly. However, we have a contracting, it's already in contracting, trying to identify a new location for the Arecibo clinic so we can also begin construction of the new clinic. So, we expect that, that is going to be before the end of the month, we'll have a clarity regarding the location that has been identified through the bid process.

Miss GONZALEZ-COLON. Can you answer directly my question, in terms of how many mobile units are we using in Puerto Rico?

Dr. LAPUZ. Oh, I'm sorry, I'll defer to Dr. Sanchez regarding the number of mobile units.

Miss GONZALEZ-COLON. Thank you.

Dr. SANCHEZ. Yes, immediately after we started to work with the emergency, we received from the state two mobile units, one from Tampa, and one from Orlando in the

Miss GONZALEZ-COLON. Are they in use right now?

Dr. SANCHEZ. They are being used.

Miss GONZALEZ-COLON. Where?

Dr. SANCHEZ. One in Arecibo, as part of the compound that we have there with the western shelters, specifically for the mental health clinic, and the other one is being used in Vieques. Vieques, we were doing home visits until like, 3 weeks ago, when we were able, working with the Puerto Rico Health Department and FEMA

Miss GONZALEZ-COLON. To move that mobile unit.

Dr. SANCHEZ. and we moved, and the mobile unit and now we have it there with all the utilities.

Miss GONZALEZ-COLON. Okay, how many doctors and nurses are those mobile units are using?

Dr. SANCHEZ. Well, in Arecibo we are using all the staff of the clinic. We have

Miss GONZALEZ-COLON. So, besides my question will be, sorry about that.

Dr. SANCHEZ. Ahhah.

Miss GONZALEZ-COLON. My question will be, besides the mobile unit and the tents that are, or the clinic that you are using, do you receive with the mobile unit more human resources to attend the patients or not? Or you're just using the physical facility?

Dr. SANCHEZ. Yes, we are using the same staff from Arecibo

Miss GONZALEZ-COLON. Okay.

Dr. SANCHEZ. all of them are in the compound, and the same staff that are 3 staff, is a physician, a clerk, and a nurse. In Vieques, they are the same that they were doing home visits, now, they are located in just one of the mobile units.

Miss GONZALEZ-COLON. The VA and the Congress just approved 11.1 million dollars to mobile units and medical service including transportation for the areas impacted by the hurricanes, so I expect part of that money is going to be, directly to those areas in Vieques and the areas that have been affected directly by the hurricane here in Puerto Rico, and I would love to have a report on the issues of those monies to the Island, if the Chairman of the Committee allows me to request that information.

The second will be in terms of, how many veterans have been able to be treated in those 2 facilities, in those 2 mobile units. Do you have the count of those numbers or not?

Dr. SANCHEZ. Well, yes, on a daily basis and Dr. Roe and Dr. Wenstrup yesterday were able to see the tracking that we are following in the incident command post center. We track on daily basis all the veterans

Miss GONZALEZ-COLON. How many?

Dr. SANCHEZ. we have seen.

Miss GONZALEZ-COLON. How many?

Dr. SANCHEZ. I don't have it from my, but we can get it you

Miss GONZALEZ-COLON. Okay, perfect. Can you provide it later on?

Dr. SANCHEZ. Definitely.

Miss GONZALEZ-COLON. Thank you. Well, my third question will be in terms of the VA clinic of Vieques. I know you're in a process of leasing, finding a new lease, and I know the challenges in Vieques to establish a new one, so let me know, just me as a Member of Congress, but to Dr. Rodriguez and Mr. Montanez, if we can assist in any way with the local authorities to facilitate that kind of transition. Inclusive the VA clinic in Arecibo, Arecibo is the major region that attends people coming from Utuado, although we have a clinic there, and from the northern part. I heard someone say that you're willing to move that clinic out of Arecibo. If that is the case, I will tell you that I'm going to be opposed, because so many veterans in that area, know the place, is more easy to get to there because of differential rural areas on the side.

My next question will be in terms of the lack, shortages of professionals. We talked yesterday about ophthalmologist, oncologist, der-

matologist, among other professional in the health care area, in I receive like many of the people here, they request that have been waiting for three or four months to get an appointment. Most of them when they visit a VA clinic in the States, that's not the case. They may even receive an appointment less than 15 to 20 days. So, why if we are in an island, and we can't cross state lines by a truck, or by a train, just by an airplane, we need to wait 3 and 4 months to get an appointment when you got a VA hospital here, you got multiple clinics and the people here deserve to have right away their appointment, medical appointment. Why is the reason our people need to wait 3 and 4 months to get an appointment?

[Applause.]

Dr. LAPUZ. And, we truly recognize that, but like what Dr. Ramos is saying, that part of the issue that we're encountering in the Island is that there are in specific specialties, a reduction of the available physicians.

Miss GONZALEZ-COLON. Can you list that, can you list that (sic) professionals that the VA is lacking personnel?

Dr. LAPUZ. Sure, and I just like to make sure that there is a common understanding. So, when the VA in San Juan cannot meet that demand, we are actually utilizing Choice. But, the problem in the community in San Juan, and you're very aware of this, Ma'am, that there are situations in which that is also lacking in the private sector. So, we could not the general problem is, how do we attract specific specialties in Puerto Rico? And, because that's the one that will be, the determinant of how we are going to solve this specific specialty issue.

Miss GONZALEZ-COLON. Do you got (sic) the list of physicians, the list of professionals that we're lacking of in the Veterans.

Dr. LAPUZ. Yes, Ma'am, we'll provide that to you.

Miss GONZALEZ-COLON. Okay. And, I know I'm running out of time, and thank you, Chairman for his indulgence here. I know that when we visited yesterday the trauma center of the Centro Medico, and we don't have a trauma center in the VA Hospital in Puerto Rico. Same thing of the lack of services in surgery, mental care, and we even received complaints in terms of how difficult it is for the blind veterans to just cross, pass across the hospital. Are we looking on those renovations to accommodate the needs of the blind veterans on the Island, instead of letting them go through the whole hospital to receive services.

[Applause.]

Dr. LAPUZ. Yes, Ma'am, we're looking at, all of the enhancement that will be required, including the concerns of our, the impaired veterans.

Miss GONZALEZ-COLON. Please include the bricks (phonetic) on the entrance, in terms of reviewing the needs of maintained those bricks that may have put some, a lot of strength and difficulties to the blind veterans arriving to the VA Clinic.

My last question, but I will provide more questions to the Committee so they can okay, perfect. So, my last question during this round then will be the issues regarding the caregivers. A lot of our veterans are receiving care by the caregivers, and those coordinators from the VA must conduct house visits to make sure the veteran is doing well, and the caregiver is participating as expected.

I know there are two major barriers here. One can be the language barrier and the other one would be conducting those visits in the rural areas for the recertification process. In that term, how can we fix the visits in those rural areas. I know we got people from the Paralyzed Veterans if I recall well, that told us that, you're using the VA system, the P.O. box addresses as their main contact information, and with those P.O. box addresses, you can't visit a veteran in the Island. Did the VA so this is a two way question, did the VA correct those addresses so they can visit the veterans in those areas? And, the second one, regarding the barriers to the caregivers' recertification process?

Dr. LAPUZ. I'll let Dr. Sanchez speak to the specifics of the caregiver program.

Miss GONZALEZ-COLON. Thank you.

Dr. SANCHEZ. Yes, in terms of the mail address, definitely it is a challenge in Puerto Rico because, a lot of appointments, not only for caregiver visits, we use the mail. In difference from the mainland, our addresses are HCO1 rural, very rural and they're not standardize like in the mainland. So, a lot of letters that we send are returning back, so are very difficult. So, what we have been doing, we met 2 months ago with the U.S. Postal Office and we navigate with them because they have a special software to standardize using the bar codes in the letters, and we are in the project to adopt that. While that happens, what we are requesting to all the veterans is that, every time that they do checkin, in our facilities, please update their addresses to assure that is the most updated one, one that is clear enough in order that we can visit them and not rely on the P.O. box or the rural one for the boxes that is a challenge for the organization. We receive a lot of return from the mail because they cannot deliver it. It happens, you know, constantly.

Miss GONZALEZ-COLON. Can you provide the number, telephone number to all those veterans that are suffering from sleep apnea and do not have power in their house, to provide any generators to comply with their care? Like all veterans that receive that kind of service in Florida, and we're missing that to a lot of veterans here that are not receiving those kind of generators, because they're living in a zipcode number in Puerto Rico?

Dr. SANCHEZ. We can work with that, generators are issued by, prosthetic service some eligibility criteria, but at the same time we recognize the need for some special need for veterans and we partnered with the Cruz Roja, American Red Cross and they had a great program that we worked in collaboration with them and they reached out, a lot of veterans provide in the generators, so, but it's more to come on that. We need to continue working collaboratively with the resources that the law allow us, based upon eligibility and the community, and the American Red Cross as an example with that.

Miss GONZALEZ-COLON. Thank you, Chairman.

Mr. WENSTRUP. Thank you. We talked about provider shortage and the challenges that we face, and it's not just in the VA. It's across the country. In my district I have an urban area where there's pretty good access to care, but I have a lot of rural areas, and we have a hard time getting physicians to those areas, to want

to go there, live there, and practice there. It is a challenge that we face throughout. And, that's a whole other topic for another day on how we can increase our residency programs, people going into medical schools, expanding our medical schools, etc.

But, I do want to go back to the one thing we talked about. You know, we have people that, many people have gotten their medical education through the military, and they serve in the military. And, there are some medical treatment facilities where they now serve that are not very busy. And, we have both active component and reserve component. And, reserve component are obligated to do a couple weeks a year, weekends, and month, and to fill in some time. And, that's why I want to take this situation we're in, and try to see we all work together so that we can provide care, not only for our veterans, but for our civilians, and how we can implement that in many ways, and perhaps use our military to fill some of those voids which will not only serve the people we intend to serve, but give those providers and opportunity to see more patients to practice their craft, to be better at what they do. It's a training exercise as well. So, I look forward to working with all of you in that regard, not only here in Puerto Rico, but across the United States of America where there are some opportunities of situations we find ourselves in.

I do also want to go back to what Dr. Roe asked about, Mr. Ratchford, do you you're like the Allstate mayhem guy. You get to go to all the things, where there's a problem, right? Emergencies and building resilience, and there's always lessons learned, so I do look forward to hearing back from you on what we've learned from this and how we can prepare better, and I would like to you've come this far to be with us today, and maybe just take a minute to discuss what you face and what you look forward to the future as far the service that you provide.

Mr. RATCHFORD. Thank you, Dr. Wenstrup, and also recognizing Dr. Roe, and Congresswoman Gonzalez-Colon. Hurricane Irma and Maria were both challenging events for Puerto Rico and also the Caribbean. One of the things that the Department of Veterans Affairs we did and I think it really changed the outcome of our hurricane response efforts, we recognized logistical challenges associated with the Caribbean, is that we had to get ahead of that first, before we can start talking response and how we were going to help the Island Nation recover from what was going on.

So, we worked in close collaboration with FEMA, helped the Human Services and also the Department of Defense to make sure we were able to move resources to give to our responders on ground, because people are easy. Goods and services hard to get here, especially during a crisis. We were fortunate enough, we moved about 128 short tons of equipment to include several response vehicles, to mobile medical units, mobile vet centers, mobile pharmacies, logistic sport vehicles, and other resources such as generators, AC units, shelters, and trucks to help move things around the Island, and get response personnel the tools they need, be part of the solution.

What we've identified in our after action reviews that we've done, we've done some of them and headquarters, is that logistics is an integral part of the response effort and you have to think about that

up front. Lessons learned, we also have noted is been as far as, working with the whole of government. We're stronger together than we are by ourselves. We saw a lot of that during response effort at the Federal level, to where it took us a brief second to come together and realize, we all have things that we're good at, and we all have shortcomings that by design, we're not able to do in our organization makeup, but if bring ourselves together, we fill each other's gaps, and we work stronger in becoming a viable force and responding to these types of disasters.

Today, we have our emergency management team from across the Nation, within the Veterans Health Administration, meeting right now in Virginia, talking about not only lessons learn with this type of event, but other types of catastrophic events that we face across the Nation, and how as a preparedness community, we can come together, be a part of the solution, and create the environment so that health care can be provided without a hiccup, so that restoration services can happen without a hiccup, so that infrastructure can be restored without a hiccup we recognize that through emergency management and preparedness, we create that environment so that others can be successful.

Mr. WENSTRUP. Thank you.

Mr. ROE. Very briefly, I know we have to move on to visit some other things, but all of that is great, but if the people of Puerto Rico don't know it, it doesn't do any good. If you don't know where to go when that event happens, and all that planning if we keep it to ourselves, doesn't help all these people sitting out here in the audience at all.

I think that we learned today about informing people about what they should do in the event of a hurricane in the neighborhood, and the western part of the Island where it's less populated, what do they do? Where do they go if something happens, where can you get water and food, and help, and so forth. I think that was a, is something we learned and I've learned in that the things that we've had, the catastrophic events we've had in my district, is that the people have to understand.

I want to, Mr. Chairman, thank you, and certainly Jennifer, thank you for inviting us here. We've learned a lot on our visit. We intend to learn some more before we go back to Washington. We will share these things that we've learned with our colleagues on the Veterans Affairs Committee which is a bipartisan committee. We try to check Republican, Democrat at the door, and do what's right for veterans. So, I'd like to, again, thank you for the opportunity to be here. I yield back.

Miss GONZALEZ-COLON. Thank you, Mr. Chairman, and I just got two more comments. First of all, I want to recognize Mr. Bernard Johnson, the VA Regional Director for the Island, thank you, for being here today. I got two comments and one question. One is that we need to fight to get Puerto Rico out of the overseas definition in terms of tricare prime. I mean, our veterans need to be treated as all American citizens. Not because their zipcode is different. And, right now, tricare prime do not apply to the Island, just because under the Department of Defense, we're considered an overseas territory. So, that's the first request. I've been writing some letters to the Department of Defense. It's been contablized (pho-

netic) at 29.7 million dollars, just including the coverage of Puerto Rico as part of the tricare prime. So, that's one of the challenge I will love the Committee to coordinate with me to try to achieve that kind of equality for the veterans in the Island.

The second will be, we got a facility state veteran home in Juana Diaz. It is 20 years old, it's deteriorating. The state matching requirement has been a challenge for providing maintenance for all those projects. We need to see how the VA can help us out in making any adjustment that we can make to account for houses located in rural areas or impacted by natural disasters.

In the other hand, I think we should look forward to enforce any comparative agreement with pharmacies and other Federal agencies, so no veteran, and no service to our veterans is turned down during a hurricane or any other period. And, that's happening in a more frequent way in Puerto Rico, where pharmacies and doctors are turning down our veterans, and that's something we need to work together to achieve a better understanding and a better way to serve our men and women in uniform. Having said that, I'm looking forward to have the transfer of the land for the Fisher House so we can finally get that, not just for the people of Puerto Rico, but for the people that are coming from the Virgin Islands, to receive those kind of services.

I want to thank all the personnel from the VA that helped us out during this hurricane season. I know that most of you rode out the hurricane in those facilities. I know how hard is that, because I did that in my own house, but one of the main issues that remains there, it's how our facilities are going to comply with the new standards and how our people are going to receive the service that they need. I hope the allocation of funds that were included in the third supplemental are going to be enough for all the VA clinics and the National Cemetery, if not, feel free to tell me what resources do you need to make those things happen to our veterans in the Island. With that, I want to thank all the Members, all people who served and fought for our Nation. We are grateful for your service and for the people that are here today, and thank you, Chairman Wenstrup and Chairman Roe for allowing me, as the only Member representing 3.4 million American citizens in Puerto Rico, to have a voice on behalf of our veterans, even when I can't vote on the floor. Thank you, and welcome to Puerto Rico.

[Applause.]

Mr. WENSTRUP. I want to once again thank all of our witnesses today for your insights and to all those here in audience for taking the time to be with us this morning, and thank you for the hospitality and the warm reception that we've have had here. It's been a pleasure being in Puerto Rico with you, and I look forward to taking your comments and your suggestions and your ideas back with me to D.C. This time I ask you now on consent that all Members have five legislative days to revise and extend their remarks and include extraneous material. Without objection, so ordered, the hearing is now adjourned.

[Whereupon, the Subcommittee was adjourned.]

