

COUNCIL OF THE CITY OF PHILADELPHIA
COMMITTEE ON GLOBAL OPPORTUNITIES
AND THE CREATIVE/INNOVATIVE ECONOMY

Room 400, City Hall
Philadelphia, Pennsylvania
Monday, September 15, 2014
10:10 a.m.

PRESENT:

COUNCILMAN DAVID OH, CHAIR
COUNCILWOMAN JANNIE BLACKWELL
COUNCILMAN DENNIS O'BRIEN

RESOLUTION 140595 - Resolution authorizing
Council's Committee on Global Opportunities
and the Creative/Innovative Economy to hold
hearings on the level of care and backlog of
services for veterans in the City of
Philadelphia.

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COUNCILMAN OH: Good morning.

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I'd like to call to order the Council Committee on Global Opportunities and the Creative/Innovative Economy to hold hearings on the level of care and backlog of services for veterans in the City of Philadelphia. This is on Resolution 140595, Veterans Affairs care and service backlogs.

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My name is David Oh. I chair the Committee and I will be chairing this hearing. And I'd like to just briefly state that this hearing is just an examination of the level of care. There has obviously been some news nationally and locally about issues in the VA. At the same time, there's many people who praise the service of the VA, particularly here in Philadelphia, and there's others who complain. What we're looking at is the fact that in the process of addressing these issues -- and this is probably a rare time in our nation's history where the attention of

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2 the lawmakers are on level of care
3 provided to veterans. And so there is
4 legislation proposed and we'd like to
5 know more clearly what it is, what it
6 intends to do, and to also look and see
7 if there are things that could be done
8 that are not being addressed.

9 And so we hope this to be a
10 very constructive process, but let me say
11 that it is important as a Council and
12 elected representatives of the City of
13 Philadelphia that for people in our city,
14 they have the opportunity to be heard.
15 We understand that many veterans, whether
16 they have great service or whether they
17 complain about service, they are not able
18 to go to Washington. There is not a
19 hearing that they're invited to. And so
20 we thought it was important and,
21 therefore, Council passed this resolution
22 to provide Philadelphians and
23 Philadelphia veterans and area veterans
24 the opportunity to relay their
25 experiences, to hear about what's going

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2 on, to separate fact from fiction, and to
3 also make suggestions.

4 So with that, I will ask the
5 Clerk to please read the title of the
6 resolution.

7 THE CLERK: Philadelphia City
8 Council Resolution No. 140595,
9 authorizing Council's Committee on Global
10 Opportunities and the Creative/Innovative
11 Economy to hold hearings on the level of
12 care and backlog of services for veterans
13 in the City of Philadelphia.

14 COUNCILMAN OH: Would you call
15 the first panel.

16 THE CLERK: United States
17 Department of Veterans Affairs, Daniel D.
18 Hendee, Director, Philadelphia Veterans
19 Affairs Medical Center, and Diana M.
20 Rubens, Director, Philadelphia Regional
21 Benefit Office.

22 COUNCILMAN OH: Thank you for
23 both being here. Would you please step
24 forward and have a seat, and I'll ask you
25 to begin your testimony, going from your

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2 left to your right, starting with
3 Dr. Hendee.

4 (Witnesses approached witness
5 table.)

6 COUNCILMAN OH: For everyone,
7 would they please identify themselves by
8 name before testifying, because we will
9 be transcribing all the testimony here.
10 And let me add that you are being
11 televised at this time, and what will
12 happen is when this is all done, we will
13 package it together and send it to
14 responsible persons in the federal
15 government who deal with this issue.

16 But thank you. I know you've
17 taken time out of your day to be here.
18 We truly appreciate it.

19 Dr. Hendee, would you go first
20 and identify yourself, please.

21 DIRECTOR HENDEE: Yes. My name
22 is Dan Hendee and I am the Medical Center
23 Director at the Philadelphia VA Medical
24 Center.

25 I'd like to just say good

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2 morning and thank you for asking me,
3 along with my staff, to be here today.
4 All of us share a passion and concern for
5 doing what is right for veterans. Today
6 is just another forum that gives veterans
7 an opportunity to share their thoughts,
8 ideas, and concerns, and I'm pleased with
9 this opportunity to participate.

10 As you know, the VA healthcare
11 system mission is to honor America's
12 veterans by providing exceptional
13 healthcare that improves their health and
14 well-being. As an Air Force veteran
15 myself, I have a vested interest in all
16 veteran issues and that our mission is
17 executed faithfully, and I'm proud to say
18 that I too receive my care at the VA.

19 Two weeks ago during VA
20 Secretary Bob McDonald's visit to
21 Philadelphia, he reemphasized VA's core
22 values and characteristics. These values
23 apply across the VA at each location in
24 each job and for each employee. They
25 unite and define us and reflect our

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2 commitment to veterans and their
3 families.

4 I want to stress to everyone
5 present today that the Secretary's
6 comments to our stakeholders and the
7 Medical Center leadership's conversations
8 with him made it very clear that we will
9 address veterans' issues and provide the
10 best possible care to our nation's
11 heroes.

12 At the Philadelphia VA Medical
13 Center, we embrace the VA's core values
14 and characteristics, and we look forward
15 for ways to show I CARE, which stands for
16 integrity for the I, act with high moral
17 principle, adhere to the highest
18 professional standards, maintain trust
19 and confidence of all with whom I engage;

20 C, commitment - work diligently
21 to serve veterans and other
22 beneficiaries, be driven by an earnest
23 belief in VA's mission, fulfill my
24 individual responsibilities and
25 organizational responsibility;

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2 A, advocacy - be truly veteran
3 centric by identifying, fully
4 considering, and appropriately advancing
5 the interest of veterans and other
6 beneficiaries;

7 R, respect - treat all those I
8 serve and with whom I work with dignity
9 and respect, show respect to earn it;

10 E, excellence - strive for the
11 highest quality and continuous
12 improvement, be thoughtful and decisive
13 in leadership, accountable for my
14 actions, willing to admit mistakes.
15 I CARE.

16 These values define our culture
17 and strengthen our dedication to those we
18 serve. They provide a baseline for the
19 standards and behavior expected of all VA
20 employees. They remind us and others
21 that I CARE. I CARE about those who have
22 served. I CARE about my fellow VA
23 employees. I CARE about choosing the
24 harder right instead of the easier wrong.
25 I CARE about performing my duties to the

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2 very best of my abilities.

3 I've shared the VA's mission
4 and its core values based in I CARE. I
5 will address what we've done and will
6 continue to do to examine and improve
7 services and programs at the Philadelphia
8 VA Medical Center.

9 Since October 2013, about the
10 time I arrived, we've eliminated 91
11 percent of our waiting list. We
12 attribute this to, one, direct
13 communication with patients on those who
14 were on waiting lists; continued
15 monitoring of daily operations with our
16 leadership and service chiefs from all
17 disciplines. So we do this in a group
18 fashion in terms of problem-solving and
19 creative thinking. Expanded clinic hours
20 to include evenings and weekends at our
21 main facility and at our community-based
22 outpatient clinics; and increased the use
23 of non-VA care services.

24 Those areas we continue to
25 address are in the area of specialty

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2 care, with audiology making up 87 percent
3 of the remaining veterans on our wait
4 list. It's important to note that
5 there's no waiting for primary care or
6 behavioral health services.

7 Compensation and pension is
8 another area of success for us at the
9 Medical Center. We work closely with our
10 partners at the Veterans Benefits
11 Administration Regional Office to
12 streamline the process of veteran claims,
13 and I'm pleased to share that our current
14 average medical exam processing time is
15 approximately 14 days, which is really
16 good given the volume that we encounter.

17 In closing, many of you know
18 that we hosted the 34th National Veteran
19 Wheelchair Games last month, with more
20 than 500 wheelchair veteran athletes
21 competing in Philadelphia at venues
22 around the City and in New Jersey, and I
23 want to thank the City of Philadelphia
24 for the tremendous support of those
25 games. The resulting success was, in

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2 large part, due to the efforts of City
3 Council and many services here in the
4 City. These included SEPTA, the
5 Pennsylvania Convention Center, both the
6 Philadelphia Police and Fire Departments,
7 and countless other community partners.

8 So, again, I want to say thank
9 you for the opportunity to speak here
10 today and share the efforts underway to
11 better the services we provide to our
12 veterans. I look forward to hearing your
13 concerns and ideas as we look to improve
14 the operations of the Philadelphia VA
15 Medical Center and our off-care site --
16 off-site care sites. We know that
17 today's meeting is integral to learning
18 and listening to what is critically
19 important to you, our local stakeholders,
20 and, again, I want to thank you.

21 COUNCILMAN OH: Dr. Hendee,
22 thank you very much for your statement
23 and for being here and for your
24 willingness to take time out, as you
25 have, to hear from veterans and from

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2 other experts and particularly during
3 today's testimony.

4 DIRECTOR HENDEE: Absolutely.

5 COUNCILMAN OH: I will have
6 questions, but I would like to have the
7 panel testify.

8 So let me ask Director Rubens
9 if you would identify yourself for the
10 record and please give us your testimony.
11 Thank you.

12 DIRECTOR RUBENS: Good morning.
13 I'm Diana Rubens, the Director at the VA
14 Regional Office here in Philadelphia. I
15 want to thank you for the invitation. I
16 would tell you I think this is a perfect
17 time to talk about how we in VA rebuild
18 the trust with our veterans, work to
19 improve our service delivery, and engage
20 with federal, state, and local sectors to
21 better care for veterans.

22 This City Council's resolution
23 of January of this year declared 2014 as
24 the Year of the Veteran in Philadelphia
25 at that point and included hearings such

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2 as this one, and so I couldn't be more
3 pleased to be here today.

4 COUNCILMAN OH: Thank you.

5 DIRECTOR RUBENS: This local
6 hearing honoring the men and women of
7 Philadelphia who have worn this country's
8 uniform comes at the opportune time as we
9 within the U.S. Department of Veterans
10 Affairs have been working to gather
11 veterans at all local facilities
12 nationwide to hear suggestions, comments,
13 concerns and, where warranted, even a few
14 compliments to ensure that as we work to
15 improve our service, your voices, our
16 veterans' voices, are part of those
17 improvements.

18 Briefly, if I could tell you
19 just a little bit about the benefits we
20 administer at the national level.
21 Compensation for injury, disease incurred
22 in or aggravated by service; pension --
23 and pensions are for our wartime veterans
24 and their survivors -- is an income-based
25 program; and dependency and indemnity

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2 compensation for the survivors of
3 veterans who have died from
4 service-connected disabilities as well as
5 burial benefits. We also have a life
6 insurance program for service members,
7 veterans, their families.

8 We do a tremendous amount of
9 outreach, meeting the community in the
10 community, service members transitioning,
11 providing web and social media contacts
12 as well. Of course, we provide education
13 benefits to service members, veterans,
14 and their dependents through our various
15 components of the GI Bill; home loan
16 guarantee where they may obtain, retain,
17 and adapt homes as veterans; and our
18 vocational rehabilitation and employment
19 program for our service-disabled
20 veterans, from college classes to
21 apprenticeship programs, as well as job
22 search assistance, vocational counseling,
23 self-employment programs, and independent
24 living services.

25 If I could give you some

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2 background on the Veterans Benefits
3 Administration in the past few years,
4 having recognized the unacceptable growth
5 in work and days pending for claims to be
6 processed, from a variety of reasons that
7 date back five or six years from length
8 of time at war, a poor economy, greater
9 outreach, and the decision to add some
10 presumptive conditions due to the
11 exposure of Agent Orange for our
12 Vietnam-era veterans.

13 Nationally, we peaked the
14 number of disability claims pending in
15 July of 2012 with 884,000. Today that
16 inventory at the national level is
17 535,000, a 40 percent reduction. In our
18 backlog, those claims that were taking
19 over 125 days to process has decreased
20 from 611,000 from March of 2013 to only
21 258,000 today -- this morning I looked --
22 a 58 percent reduction.

23 Nationally, our veterans have
24 been waiting 127 fewer days for a
25 decision on their claim compared to the

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2 peak in March of 2013. We've completed
3 more claims than ever this fiscal year
4 and are on track to complete our targeted
5 1.3 million claims. This is our fifth
6 consecutive year completing over a
7 million claims.

8 We've also at the same time
9 completed more non-rating claims than
10 ever before, and today over one in seven
11 veterans nationally are taking advantage
12 of our online technology through
13 eBenefits to process their dependency
14 claims in one to two days.

15 We've provided over \$43 billion
16 to more than 1.2 million veterans and
17 dependents through the post 9/11 GI Bill.
18 For us in Philadelphia that translates to
19 reduced inventory by thousands in our
20 compensation claims, and our veterans are
21 waiting 136 days less than last year.

22 We're also one of only three
23 pension centers nationally, and we're
24 responsible for about 40 percent of the
25 pension work, and our recipients have

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2 seen a drop in the inventory of over
3 100,000 claims and our pension recipients
4 are waiting 112 days less than last year.
5 These improvements have been the result
6 of a comprehensive effort to transform
7 the way VVA and we here in Philadelphia
8 process benefits that we've undertaken in
9 the last several years. We've changed
10 people, process, and technology
11 components of our organization, improving
12 training, implementing new quality
13 measures, and incorporating fully
14 developed claims and, as Dr. Hendee
15 related, ensuring that we're closely tied
16 to our efforts and, in fact, we've got
17 some of the VA Medical Center doctors who
18 work with us every day in our Regional
19 Office. We've changed our disability
20 exam process using new disability
21 benefits questionnaires and, lastly, new
22 technology, moving into the electronic
23 environment with our Veterans Benefits
24 Management System and incorporating the
25 context and the partnership that we have

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2 with so many service organizations
3 through our stakeholder enterprise portal
4 and our paperless effort, our veterans'
5 claims intake process.

6 But we know there's more work
7 to be done. The workforce in
8 Philadelphia couldn't be more committed
9 to taking care of veterans' claims and
10 achieving the goal of no disability claim
11 more than 125 days. As Mr. Hendee
12 referred to, our new Secretary joining
13 us, he's been on board. In fact, less
14 time than I've actually been here in
15 Philadelphia. And we're recommitting
16 ourselves to our I CARE values -
17 integrity, commitment, advocacy, respect,
18 and excellence. We're reaching out to
19 veterans, listening to their experiences
20 to help us ensure first and foremost our
21 focus is on them, service members, family
22 members, and their survivors.

23 Our Regional Office has held a
24 series of town hall meetings recently at
25 our Regional Office as well as in

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2 Southern New Jersey, and we've got one
3 left to do in Wilmington this week. I've
4 committed to continue these opportunities
5 to stay engaged with veterans. For me,
6 for us in our office, every day we come
7 to work, it is about how we best serve
8 every veteran one veteran at a time every
9 day.

10 I'm looking forward to hearing
11 the feedback, input, ideas, and concerns
12 of our veterans today.

13 Thank you.

14 COUNCILMAN OH: Thank you very
15 much. Thank you for being here, and I
16 know that you brought someone from your
17 staff. Would you stand up, Mr. Kelly.

18 MR. KELLY: I'm with Mr. Hendee
19 in the Veterans Affairs Medical Center.

20 COUNCILMAN OH: Okay. Thank
21 you for that. And I understand that if
22 there's any issues, you are here ready to
23 talk with people privately.

24 MR. KELLY: Yes, sir. I'm the
25 Customer Service Coordinator at the

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2 hospital. I oversee the veterans in the
3 Patient Advocate Office. If there's any
4 specific concerns members have today,
5 they want to talk privately, I can take
6 that information and figure out how to
7 deal with that. We can do that
8 privately.

9 COUNCILMAN OH: Thank you very
10 much.

11 At this time, I'd like to
12 recognize --

13 COUNCILMAN O'BRIEN: I'd just
14 like to recognize that Mr. Kelly, his
15 other recognition that deserves to be
16 given attention today is that he's the
17 dad of Timmy Kelly.

18 COUNCILMAN OH: Who sings at
19 the Eagles game, and we really enjoy all
20 his participation at all the veterans
21 events and whatnot. Thank you.

22 So at this time, I'd like to
23 recognize Councilman Dennis O'Brien, who
24 is seated to my left, and Councilwoman
25 Jannie Blackwell, and I'll ask

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2 Councilwoman if you join us at the table
3 here. Thank you. She's well known for
4 advocacy, particularly of homeless
5 veterans. And let me ask Councilman
6 O'Brien if you'd like to make any opening
7 statements.

8 COUNCILMAN O'BRIEN: No, not
9 right now.

10 COUNCILMAN OH: And,
11 Councilwoman Blackwell, would you like to
12 make any statements?

13 COUNCILWOMAN BLACKWELL: Just
14 happy to be here.

15 COUNCILMAN OH: Okay. Well,
16 thank you very much.

17 DIRECTOR RUBENS: Councilman
18 Oh, before you go on, if I may, I've also
19 got a team of folks in the back of the
20 room.

21 COUNCILMAN OH: Would you
22 please introduce them to us.

23 DIRECTOR RUBENS: Sure. I've
24 got -- and I'm going to say, I apologize.
25 John and Ralph, my military service

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2 coordinators. They do much of our
3 outreach. They're here with us today.
4 We've also got a few folks who, thanks to
5 the WiFi, if we've got specific questions
6 for our veterans, we can pull up their
7 information and respond to anything in
8 particular.

9 COUNCILMAN OH: Thank you very
10 much.

11 DIRECTOR HENDEE: Councilman
12 Oh, and I too have a few other staff
13 besides Mr. Kelly.

14 COUNCILMAN OH: Would you
15 please introduce them.

16 DIRECTOR HENDEE: If they
17 wouldn't mind just standing up and
18 introducing themselves, please.

19 (Staff members introduced
20 themselves.)

21 COUNCILMAN OH: Okay. Thank
22 you. That was not on the record. I kind
23 of interrupted our hearing just to let
24 folks know who is here. So we'll proceed
25 with questions now. And so let me start

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2 just with both of you.

3 So one of the issues that arose
4 during this national controversy and even
5 one locally was the question, because I
6 don't know the answer, the question of is
7 there a disconnect between people who
8 supervise and oversee the services
9 provided to veterans, those who
10 administer it, and people on the ground
11 such that some veterans express really
12 wonderful service and some veterans
13 express great frustration and a lack of
14 service and a lack of care. And during
15 the hearings that we had in Washington,
16 unfortunately it appeared that a very
17 intelligent and committed and wonderful
18 officer in the military was not aware and
19 unable to manage the care that was
20 provided by the Veterans Administration.
21 Here locally, do you through your
22 testimony, do you feel that in
23 Philadelphia we are providing a good
24 level of care, and how is it that you are
25 confident that the impressions that you

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2 have are impressions based on fact in
3 terms of what's happening at the ground
4 level?

5 DIRECTOR HENDEE: Sure. Thank
6 you. Yes, I do. I think that we at the
7 Philadelphia VA Medical Center provide
8 outstanding care to veterans. That's not
9 to say that we don't have challenges that
10 we're trying to work through. I will say
11 that we meet every morning for quite a
12 long period of time actually trying to
13 solve organizational issues, and one of
14 the things that we try to do is break
15 down those barriers between leadership
16 and at the front line. And we have
17 several avenues for front-line staff and
18 others to bring issues to senior
19 leadership, and we use that time for
20 creative problem-solving and innovative
21 solutions, including standing up system
22 solutions that were problems. And I've
23 also conducted listening tours with all
24 of our schedules front-line staff, other
25 people who do scheduling, just to hear

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2 from the front line, and of course, now
3 we're taking that information and
4 collapsing that. And so now the
5 leadership team is going to start to step
6 through some of the perhaps other
7 solutions collectively so that we do
8 break down those barriers and so that we
9 do make sure that the care that we
10 deliver up and down the line is done in
11 an excellent and outstanding fashion.

12 Thank you.

13 COUNCILMAN OH: Thank you.

14 DIRECTOR RUBENS: Councilman
15 Oh, I would tell you, so I've been the
16 Director here in Philadelphia just about
17 two months. I think that the folks have
18 done a tremendous job. I gave you some
19 of the statistics in terms of the
20 improvements we've made. We know we've
21 got more work to do. The town halls that
22 we've held, this City Council hearing is
23 an opportunity for us to hear from
24 veterans.

25 Equally important, though, is

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2 since I arrived in Philadelphia, I have
3 also been working with all of the
4 front-line employees, bringing them in in
5 small groups to get a better
6 understanding of what's working well,
7 what could we do to improve. I would
8 tell you that many of those employees
9 have served as volunteers at our town
10 halls, very much engaged with our
11 veterans to get an understanding of the
12 issues and the concerns they've brought,
13 and from that standpoint, we will
14 continue to build on that as I move
15 forward. Not only will I continue the
16 town halls with our veterans out in the
17 community, but also the meetings and the
18 listening posts with our employees to
19 ensure we stay truly engaged with what it
20 is we need to do to meet every veteran's
21 need.

22 COUNCILMAN OH: Okay. Let me
23 ask you this question. I'm not making
24 any suggestions, but I'm really just
25 reflecting what I've heard. And so the

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2 first question is that when you have
3 these small group meetings with the front
4 line, how are you assured that what
5 you're hearing from them is not
6 sugarcoated for you? How do you check
7 beyond just someone telling you
8 everything is fine and great? How do you
9 check to see that it actually is fine and
10 good?

11 DIRECTOR HENDEE: I'll start.
12 Well, there certainly have been common
13 themes that have come through. I think
14 that -- I will say that having held
15 several of these sessions and with quite
16 a number of people across the whole
17 healthcare delivery system, that I
18 certainly have a good feel for the fact
19 that it was not sugarcoated. They were
20 very frank and candid with me, and I
21 appreciated that. In fact, up front I
22 had asked that they be open and honest
23 and up front, forthright, and I think --
24 and that's the only way I think you're
25 going to be able to get to solutions. I

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2 I think you have to be brutally honest
3 with the facts. And there were some
4 common themes that came through, and from
5 those, that's where I think we would want
6 to sort of use as our starting points as
7 we start to plot through some of the
8 solutions to that. So that, again, we
9 are making sure that we, up and down the
10 healthcare delivery system from the time
11 not only for the appointment wait time
12 but also once you're there, we want to
13 minimize that time as well, when you're
14 sitting in the clinic, and how we can
15 facilitate getting the veteran to the
16 care that he or she has earned and
17 deserve.

18 COUNCILMAN OH: Thank you.

19 DIRECTOR RUBENS: You know
20 what, I think that the reflection that
21 Mr. Hendee shared is accurate. I think
22 that there's been no question in terms of
23 their candidness and their
24 forthrightness.

25 The other component from my

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2 standpoint being new to the office, it's
3 just me and the front-line employees, no
4 intervening leadership. As I hear some
5 of those common themes, I will go back
6 and check with folks in terms of their
7 perception, what else is going on. When
8 I have the next group come in, sometimes
9 I will put that question to them to get
10 that insight from them as well. And so
11 as I continue to build the new
12 organization with me here in
13 Philadelphia, we'll continue to do those,
14 because I think that that check-in with
15 the employees as well as with our
16 veterans is key to make sure we're
17 meeting their needs.

18 COUNCILMAN OH: Another thing
19 that I've heard from veterans in terms of
20 their concern about the actual reforming
21 of the system is that this system does
22 not terminate, fire or discipline
23 employees who are very rude or
24 discourteous or lack the willingness to
25 provide good services to veterans and,

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2 therefore, how can this system be
3 improved if there is -- and I don't know
4 if this is true -- no way to fire bad
5 employees?

6 DIRECTOR HENDEE: Yes. I'm
7 certainly here to refute that. Employees
8 can and do get fired for just that
9 reason. One of the things that --
10 certainly we will not as a leadership
11 team, and certainly I won't, is tolerate
12 discourteous and rude and disrespectful
13 behavior to veterans. And, in fact, I've
14 even had conversations with our chief of
15 HR to say to him that when we have those
16 episodes -- and, again, there needs to be
17 evidence, clear evidence, of it.
18 Certainly we don't want to be unfair to
19 employees, but by the same token, if
20 there's clear evidence that there's been
21 rude or discourteous behavior,
22 disrespectful behavior to a veteran,
23 that's something we're not going to
24 tolerate anywhere in the system. And
25 that's part of reshaping the culture.

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2 And by the same token, for those who do
3 demonstrate good customer service and
4 courteous customer service, that's the
5 kind of thing that we really want to
6 recognize, quite frankly, in grand ways
7 to model that behavior so that others see
8 this is the way we treat veterans and
9 this is the way we want to see others
10 treat veterans.

11 COUNCILMAN OH: Thank you.

12 If you don't have a statement,
13 I'll move on to the next question.

14 DIRECTOR RUBENS: I would echo
15 Mr. Hendee. I would tell you since my
16 arrival I've had the opportunity to have
17 some of those very conversations about
18 appropriate performance, appropriate
19 behavior, and we are setting the tone to
20 ensure as a workforce our first and
21 foremost focus is ensuring that veteran
22 knows. That's why we come to work every
23 day, take care of them.

24 COUNCILMAN OH: Thank you very
25 much. I have one more question and I'm

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2 going to hand the questioning over to
3 Councilwoman Blackwell. So my question
4 is this, that there is a perception,
5 right or wrong, a perception that the VA
6 system is an overburdened system that
7 could not possibly provide the services
8 and care that it needs to and, therefore,
9 within it is a culture of minimizing and
10 denying veterans the care that they need
11 or the benefits that they need and that
12 there is a culture that the more that you
13 deny and put off veterans, the better you
14 are performing in your job, and that this
15 culture is one in which the
16 appropriateness of care is not provided
17 but rather medication is provided to mask
18 the lack of appropriate care. How would
19 you respond to that perception?

20 DIRECTOR HENDEE: I would
21 respond to that perception as -- speaking
22 for Philadelphia VA Medical Center, I
23 would say that that is not true, and in
24 terms of our ability to deliver care to
25 veterans for the numbers of veterans --

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2 we serve approximately 54,000 veterans
3 across our healthcare system between our
4 parent facility and four care sites. I
5 would even say that we probably need to
6 even recruit more as time goes on,
7 because I can tell you that we're hiring
8 physicians, nurses, clerks, program
9 support assistants, support staff in an
10 effort to actually position ourselves to
11 actually treat even more veterans. And
12 so we stand ready to treat more, not
13 certainly -- there's certainly no
14 incentive to treat less or somehow not
15 deliver the care for the pressing need, I
16 think as you described, because there's
17 just insufficient resources. We do have
18 the resources and we're bringing them on
19 all the time. In fact, we're in the
20 process of bringing on 20 more mental
21 health staff and have already just done
22 some rearrangements with space and that
23 kind of thing. If there's any challenge
24 we have, perhaps it's space, and we
25 presented that to both the Acting

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2 Secretary Gibson as well as Secretary
3 McDonald here just recently about space,
4 and that's one thing I would say is a
5 challenge to us, but it's not certainly a
6 variable that stops us from delivering
7 the care for those who present with
8 healthcare needs.

9 COUNCILMAN OH: Thank you very
10 much.

11 DIRECTOR RUBENS: Similar to
12 Mr. Hendee, we're in the process of
13 bringing some additional resources into
14 our office as we speak. The opportunity
15 to hire is one that allows us also to
16 talk about our underlying philosophy,
17 which is grant if you can, deny only if
18 you must. So from that standpoint, our
19 employees are all looking to find out how
20 they can best provide those benefits to
21 the veterans who have earned them.

22 COUNCILMAN OH: Thank you very
23 much.

24 Councilwoman Blackwell.

25 COUNCILWOMAN BLACKWELL: Thank

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2 you very much.

3 We thank you both and all who
4 are here and veterans who are served as
5 well. We were very happy when Councilman
6 Oh wanted to call this hearing,
7 especially after the hearings we all
8 witnessed on TV. Just this past weekend,
9 we -- no; last weekend we were involved
10 with Stand Down with Stan Straughter and
11 many of the veterans and victims who have
12 served our country and have no place to
13 live. One year we had it at the VA when
14 you were in the middle of construction.
15 I'm asking if you will consider working
16 with us so that we might have a site
17 closer than going all the way to
18 Norristown. They work there wonderful.
19 They work with Stand Down very well, but
20 of course, most of the men who are there
21 are from Philadelphia and we have to find
22 a way to get them there. And that
23 weekend they had some road construction,
24 so it really affected the attendance of
25 those.

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2 When we first started with
3 Operation Stand Down, when Ed Speller
4 did, I was hopeful from Thursday to
5 Monday that each year we could add a day,
6 but obviously that has not happened. But
7 we have to do something to take care of
8 our people. I've been at the VA where
9 I've seen people I know and have asked
10 that they be waited on, and they were.
11 So I get issues about time and that sort
12 of thing. That's been my issues. But
13 I'm also asking if you all would consider
14 trying to help us move Stand Down back to
15 Philadelphia. As I said, one year we had
16 it at the VA.

17 DIRECTOR HENDEE: First, I want
18 to just acknowledge all the great work
19 you've done in this area before I
20 respond, and we do appreciate that. To
21 answer your question, yes, we stand ready
22 to support in any way we can. This is an
23 important patient population for us.
24 We've come a long way in our homeless
25 program, I might add, and a lot of the

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2 reason for that is that we have a great
3 partnership with the community,
4 Philadelphia Housing Authority. When I
5 attended a 25-city meeting back in the
6 spring, it was abundantly clear that we
7 were far ahead of many of the other
8 cities, and large part was due to the
9 great relationship and the
10 interdependency that we have with the
11 Philadelphia Housing Authority. So we've
12 really come a long way in terms of
13 breaking down barriers and accelerating
14 things, and I'm quite proud of what we've
15 been doing at the Philadelphia VA Medical
16 Center in order to get homeless veterans
17 into shelter.

18 COUNCILWOMAN BLACKWELL: We
19 would appreciate your help with locating
20 a site --

21 DIRECTOR HENDEE: Yes.

22 COUNCILWOMAN BLACKWELL: --
23 that you all could support here.

24 DIRECTOR HENDEE: And I would
25 say we would stand ready to try to

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2 support that. I don't have that off the
3 top of my head, but I will just say that
4 we would hold ourselves out to do that,
5 to try to work with you to try to bring
6 that closer to the Philadelphia
7 community.

8 COUNCILWOMAN BLACKWELL: Thank
9 you.

10 Thank you.

11 COUNCILMAN OH: Are there any
12 other questions?

13 (No response.)

14 COUNCILMAN OH: There being
15 none, let me thank you for being here
16 today, and I'll ask the Clerk to call the
17 next panel. Thank you.

18 DIRECTOR RUBENS: Thank you.

19 DIRECTOR HENDEE: Thank you.

20 THE CLERK: Imani Johnson,
21 Field Representative/Constituent
22 Advocate, United States Senator Pat
23 Toomey's Office, appearing for the
24 Senator.

25 (Witness approached witness

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2 table.)

3 COUNCILMAN OH: Good morning,
4 Ms. Johnson.

5 MS. JOHNSON: Good morning.

6 COUNCILMAN OH: First, let me
7 thank you and thank the Senator for
8 having you here to read his statement, in
9 particular because we've heard a lot
10 about legislation and what's going to
11 happen in Washington, and so it will be
12 wonderful to get a clear statement from
13 his office. So thank you.

14 Would you identify yourself,
15 please, for the record and provide his
16 statement.

17 MS. JOHNSON: Yes. Good
18 morning. Thank you for having me here.
19 Thank you, Councilman Oh, and other
20 members of Council here today for
21 inviting our office to participate in
22 this discussion about the VA today. My
23 name is Imani Johnson. I am Senator
24 Toomey's Field Representative and
25 Constituent Service Advocate. I am his

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2 local liaison tasked with hearing the
3 concerns of Philadelphians. I also spend
4 a good portion of each day working for
5 and on behalf of veterans in our region
6 trying to navigate the VA.

7 I encourage members of Council
8 and all here to think of our office as a
9 resource for constituents facing delays
10 or problems with the VA. We're here to
11 fight for our veterans so that they
12 receive the benefits and care they
13 rightfully deserve.

14 Senator Toomey has made serving
15 our veterans a top priority since joining
16 the Senate in 2011. The son of a U.S.
17 Marine, he is a member of the bipartisan
18 Veterans Job Caucus and the VA Backlog
19 Working Group. He sends his apologies
20 that he is unable to be here in person,
21 but he sent me with a statement to read
22 aloud in his absence.

23 And I begin.

24 It is an enormous honor to
25 represent a state with nearly one million

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2 veterans. Pennsylvania has a
3 longstanding tradition of honoring our
4 veterans. In August, I was in Boalsburg
5 in Centre County, population fewer than
6 4,000. Boalsburg is the birthplace of
7 Memorial Day and the home of the 28th
8 Division Shrine.

9 The Boalsburg legend goes like
10 this: In the fall of 1864, three local
11 women visited the cemetery to lay flowers
12 on the graves of a father and son who had
13 died in the Civil War. As the women
14 left, they agreed to return the next year
15 to remember not only their loved ones but
16 others as well. The following July 4th,
17 friends accompanied them. Prayers were
18 offered. Graves were tended. No
19 headstone was left unadorned.

20 I strive to capture the same
21 spirit in my ongoing commitment to the
22 men and women who served to defend this
23 country. Since joining the Senate, I
24 have worked to help our veterans obtain
25 the services and benefits they rightfully

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2 deserve. I have proposed federal budgets
3 that would have increased total spending
4 for veterans by almost 40 billion and
5 voted to create and expand tax credits
6 that incentivize employers to hire our
7 service men and women.

8 A few months ago the American
9 people learned about outrageous examples
10 of mismanagement at the Department of
11 Veterans Affairs that included excessive
12 wait times for needed care, substandard
13 care, dishonest reporting on care, and
14 cutting corners that probably cost
15 veterans' lives.

16 These complaints have been a
17 recurring theme of my ongoing travels
18 throughout our state and something I have
19 remained laser focused on since getting
20 to Washington. In 2011, I was
21 disappointed to learn that the Government
22 Accountability Office report found
23 serious lapses in the reporting of sexual
24 assault in VA facilities due in part to
25 the lack of clear definitions,

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2 requirements, and a central database for
3 collecting and storing reports of
4 assault. I am happy to report that in
5 2012 the President signed a bill I
6 authored providing a new standard of care
7 and protection for patients at VA
8 facilities in Pennsylvania and across the
9 country.

10 However, we know that there is
11 much more work to be done. As we speak,
12 VA facilities in Pennsylvania and other
13 states are being investigated for failing
14 to provide timely appointments and then
15 cooking the books to indicate otherwise.

16 The problems at the VA are
17 unacceptable. The men and women who
18 served in uniform should be first in line
19 for the best quality medical care in the
20 world. To address this serious crisis, I
21 introduced legislation to restore
22 accountability by allowing veterans and
23 other patients at VA hospitals to sue the
24 Department's employees who falsified and
25 destroyed health records. My bill also

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2 would have allowed the VA Secretary to
3 fire and revoke pensions of employees who
4 fail to do their jobs.

5 This summer I also supported a
6 10 billion package signed by President
7 Obama giving veterans the ability to use
8 medical providers outside the VA, give
9 the VA Secretary authority to fire
10 poor-performing employees, and allow the
11 VA to hire more doctors and nurses.

12 While not perfect, the
13 bipartisan bill aligns with my
14 longstanding beliefs that veterans should
15 be able to more easily obtain healthcare
16 from private-sector providers and that
17 the VA needs to be more accountable. Our
18 veterans deserve these kinds of reforms
19 where lawmakers find common ground, not
20 more partisanship in Washington.

21 Each of us owes a debt of
22 gratitude to our veterans, to today's
23 service members, and to their families.
24 It is a debt of gratitude we can never
25 repay. What we can do in the words of

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2 Abraham Lincoln is to "care for him who
3 shall have borne the battle."

4 The mismanagement and unethical
5 behavior at the VA is a profound failure
6 to honor this obligation. While we have
7 enacted into law new reforms that will
8 help, I remain concerned about a
9 bureaucratic culture that fosters
10 unethical behavior and is resistant to
11 change. Much remains to be done.

12 I welcome Council's thoughts
13 and recommendations.

14 Thank you for giving me the
15 opportunity to express my views on this
16 very important topic.

17 Sincerely, Pat Toomey, United
18 States Senator.

19 COUNCILMAN OH: Thank you very
20 much. We certainly appreciate his taking
21 his time to provide the testimony and
22 fully understand the Senator is engaged
23 in many busy things. Now, I think it is
24 unfair for us to ask you too many
25 questions because you're providing his

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2 statement. We have to look at his
3 statement carefully. But I would ask one
4 question. If you can't answer it, that's
5 perfectly fine. I actually should
6 probably have my legislative staff look
7 into this. But my question is, on the
8 second-to-the-last page, the last full
9 paragraph, the last sentence says, "My
10 bill would also have allowed the VA
11 Secretary to fire and revoke pensions of
12 employees who fail to do their jobs."
13 And I'm assuming this would have to do
14 with very, very unethical behavior, some
15 of which we have read about. Is that no
16 longer in the bill or is that still in
17 the bill that would be -- that if such
18 misconduct was found, that such persons
19 being terminated would also be subject to
20 losing their pensions?

21 MS. JOHNSON: I'd like to
22 certainly defer to Senator Toomey's
23 legislative staff, but to my
24 understanding, this specifically is still
25 pending, but the current bill that was

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2 signed by the President, of course, and
3 as VA officials with the Medical Center
4 and Regional Office have testified to,
5 the VA Secretary can and has the
6 authority to fire those. But I believe
7 what this is referring to goes into a bit
8 more depth that I would like to defer to
9 our legislative staff to give a breakdown
10 to your legislative staff.

11 COUNCILMAN OH: Yes. Thank you
12 very much.

13 I will ask my fellow
14 Councilmembers if they have any other
15 questions.

16 (No response.)

17 COUNCILMAN OH: Okay. There
18 being none, let me thank you for being
19 here and thank the Senator, please, for
20 being open to hearing the voice of
21 veterans during this hearing. Thank you.

22 MS. JOHNSON: Thanks for having
23 me.

24 COUNCILMAN OH: I'll ask the
25 Clerk to call the next panel, please.

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2 THE CLERK: Scott Brown,
3 Director, Philadelphia Veterans Advisory
4 Commission.

5 (No response.)

6 COUNCILMAN OH: I don't see
7 Scott Brown here as of this second. I'm
8 sure he's on his way. So in the
9 meantime, would you call the next panel.

10 THE CLERK: Chris Diaz,
11 President, Drexel Veterans Association;
12 Rodney Little, President and Chief
13 Executive Officer, RL Little Consulting;
14 Bob Wagner, Captain, retired, United
15 States Army Special Forces.

16 COUNCILMAN OH: I will ask you
17 three gentlemen to step up at the table
18 together. I will say there's three
19 chairs and only two microphones, so you
20 will end up, one of you, sharing the
21 microphone.

22 (Witnesses approached witness
23 table.)

24 COUNCILMAN OH: Again, I would
25 ask you that prior to your testimony,

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2 please state your name so that our
3 stenographer will know who is testifying
4 and be able to identify you in the
5 transcript. So starting with you,
6 Mr. Diaz, would you please identify
7 yourself and provide us with your
8 testimony.

9 MR. DIAZ: Certainly. My name
10 is Christopher Diaz. Good morning, City
11 Councilwoman Blackwell, Councilman
12 O'Neill, and City Councilman Oh.

13 COUNCILMAN OH: It's actually
14 O'Brien. I'll apologize.

15 MR. DIAZ: O'Brien. Thank you
16 for allowing me the opportunity to share
17 my testimony with you today. I currently
18 serve as the President of Drexel Veterans
19 Association, where we are proud to have
20 over 800 student veterans attending. I
21 joined Drexel after serving six years in
22 the United States Navy, and I'm currently
23 pursuing my Master's Degree in clinical
24 psychology, focusing on risk factors
25 associated with suicide in a veteran

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2 population.

3 I'm here today because I care
4 about the 88,000 plus veterans in
5 Philadelphia, and while I come with
6 personal stories that highlight the
7 failures of the VA to grab your
8 attention, I also come with
9 recommendations that will hopefully push
10 you into action.

11 When facing my second knee
12 surgery in two years, the Philadelphia VA
13 decided to refer me out to the Rothman
14 Institute because the expected wait time
15 to perform the procedure was over ten
16 months. As you know, veterans receive
17 five years of free medical care for
18 service-related conditions after coming
19 off of active duty, for which I still
20 have three years left. However, soon
21 after the surgery, I started to receive
22 medical bills in the amount of \$9,000.
23 The VA had already paid the bill for the
24 anesthesiologist and the ambulo service,
25 but somehow denied paying for the surgery

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2 itself. I called the VA twice a month to
3 reconcile this issue, to no avail.

4 On the first of my first four
5 visits to the hospital, I actually
6 provided the billing office the referral
7 paperwork that was given to me by my
8 doctor. When I finally received an
9 answer from the hospital, I was told that
10 there was a clerical error that kept the
11 VA from paying the bill. It took eight
12 months for a resolution. Because of this
13 clerical error, I was harassed by the
14 collection agencies with phone calls and
15 letters for eight months.

16 I tell you my very personal
17 story because as I travel the City
18 working with veterans, I find that my
19 story is not too uncommon. Too often
20 veterans are suffering because of
21 excessive delays to care. Student
22 veterans have issues receiving their
23 educational benefits. An Air Force
24 veteran that I spoke to named Adam went
25 his entire first year of medical school

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2 waiting for the VA to process his GI Bill
3 benefits.

4 Many of us understand that the
5 VA was not responsible for sending us to
6 war, but they are charged with the very
7 difficult task of caring for our
8 country's warriors. So while I stand
9 here in frustration with the system, I
10 deeply believe that with more support and
11 a better strategy for the VA, we can do
12 something to fix this.

13 One such solution involves the
14 VA aggressively recruiting healthcare
15 providers serving in the military and
16 studying at the top universities across
17 this area. By recruiting the brightest
18 students, the VA will ensure that they
19 remain on the cutting edge of
20 evidence-based treatments. I am proud to
21 attend Drexel University where they value
22 that partnership.

23 Another meaningful solution is
24 for the local VA to maintain an accurate
25 and updated website, a place where all

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2 veterans can go and find out what events
3 are taking place in the City. My own
4 student organization, Drexel Veterans
5 Association, has had great success
6 developing such a calendar.

7 The new Secretary for Veterans
8 Affairs, Bob McDonald, recently visited
9 Philadelphia. Some of his challenges
10 will be dealing with veteran
11 homelessness, more than 22 veteran
12 suicides a day, and developing a
13 streamlined medical record for the VA.
14 While he will be operating at a national
15 level, we can do our part right here in
16 the City of Brotherly Love.

17 I'm here today because I want
18 the very best for those who have served.
19 Every veteran, no matter what war they
20 fought in or what branch they served
21 with, has earned the very best we can
22 offer. They have earned this through
23 their sacrifice. Let's remember why
24 Veterans Affairs exists and what their
25 sole mission is. As President Lincoln

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2 said, "to care for him who shall have
3 borne the battle and for his widow and
4 for his orphan."

5 Thank you for listening to my
6 testimony. I appreciate what you're
7 doing here today.

8 COUNCILMAN OH: Thank you very
9 much.

10 Mr. Little, would you provide
11 us your name and then with your
12 testimony.

13 MR. LITTLE: Sergeant Major
14 Rodney Little, retired.

15 Chairman Oh and members of the
16 Committee, Councilwoman Jannie Blackwell,
17 Councilman O'Brien, thank you for the
18 opportunity to discuss some of my issues
19 regarding the level of care and backlog
20 of services for veterans, focusing on
21 previous and present issues regarding
22 myself as a disabled veteran myself going
23 through the initial process of the
24 Military Evaluation Board on the Army
25 side of the house, which is one of the

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2 first initial steps a soldier goes
3 through when separating from his or her
4 branch of service due to
5 service-connected disabilities. The next
6 step is called the Physical Evaluation
7 Board, the PEB. This step determines the
8 percentage one will receive for his or
9 her service-connected injuries.

10 What I recall, the Department
11 of Defense and the Veteran Affairs worked
12 together to make disability evaluation
13 seamless, simple, fast, and fair with the
14 Integrated Disability Evaluation System
15 called the IDES, which was actually
16 launched November 26th, 2007. But going
17 through this initial process on the VA
18 side of the house, the Compensation and
19 Pension, where I was receiving medical
20 treatment, had its flaws. Medical
21 specialists in the VA Hospital, the C&P
22 doctor, didn't even review notes from the
23 primary care doctor who was my primary
24 care doctor at the VA Hospital. I was
25 receiving treatment at that time over two

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2 and a half years from this specialist. I
3 ultimately received a zero rating for the
4 injury, but was receiving medication for
5 over two and a half years.

6 Now that the VA Hospital has
7 come under scrutiny, my hope is that
8 soldiers receive optimum care. A lot of
9 soldiers are suffering from PTSD, TBI,
10 and other medical issues that affect
11 their daily lives. We have to get this
12 right. There's no window dressing.

13 Even as early as last week I
14 had a medical appointment at the VA
15 Hospital. I went through an eye
16 evaluation at the optometrist, and at
17 that particular point, in May 2nd, I
18 received a diagnosis and new set of
19 glasses. As a direct result, they told
20 me I had to go to prosthetics to receive
21 them. It's now September. I didn't
22 receive the eyeglasses. I went back and
23 one of the persons there told me that I
24 have to wait another month, because I
25 stipulated that I didn't receive them.

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2 And this is way back in May and now we're
3 in September. And she said, while the
4 private contractor charged the credit
5 card at the VA Hospital, they're trying
6 to track it down. They said that they
7 delivered them to me in June. I said,
8 Ma'am, I never received the glasses, and
9 this is a part of my treatment. I need
10 these glasses. And she told me, well, I
11 have to wait another month and then I
12 have to go back up to optometry and have
13 them then resubmit the claim. So it
14 discouraged me a great deal.

15 So, Mr. Chairman, this will
16 conclude my statement, and I will be
17 pleased to answer any and all questions
18 that you or the members of this Committee
19 have for me.

20 COUNCILMAN OH: Before I move
21 on to Mr. Wagner, let me just clarify
22 some of what your testimony is. You
23 stated that you were treating for two and
24 a half years and you received a
25 disability rating of zero. Would you

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2 explain to this Committee what that
3 means.

4 MR. LITTLE: Well, at that
5 time, coming out of the military in 2007,
6 again, they had that pilot program with
7 VOD and the VA. I didn't actually get to
8 go through that program. I actually had
9 to go through the program once I left
10 active duty. And they send us to
11 Compensation and Pension to be evaluated.
12 I had been going to Compensation and
13 Pension for two and a half years when
14 actually I got my ratings back for all my
15 medical injuries. At that time, my
16 medical injuries were substantial and I
17 received a zero rating. After I spoke to
18 the C&P doctor, the doctor wanted me to
19 explain when I'm asking him do you have
20 my medical records, not talking to --
21 they're not communicating with my doctor
22 upstairs. He just wanted to hear, I
23 guess, from me, and he heard from me, and
24 as a direct result, I couldn't understand
25 why I received a zero rating.

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2 COUNCILMAN OH: Zero rating
3 meaning that you don't have any
4 disability.

5 MR. LITTLE: Right. You have a
6 claim. I guess once the injury gets, I
7 guess, critical or detrimental to what
8 they may think is critical or
9 detrimental, then I would have to go back
10 through the process and re-file and get a
11 percentage on that claim.

12 COUNCILMAN OH: So what you're
13 saying is, on the one hand, you have a
14 doctor who is treating you for a
15 condition that you obtained during your
16 service in the military for two and a
17 half years. On the other hand, another
18 doctor says you have no injury.

19 MR. LITTLE: Well, it's not
20 that he's saying I have no injury. To
21 them I have the injury, but I guess it
22 was not that severe. But what happened
23 as a direct result, I had the AMVETS
24 actually filed an appeal, and then they
25 came back with a 10 percent rating,

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2 which -- and not to violate my HIPAA in
3 terms of all my injuries, I think that
4 when you look at based on, I guess, the
5 VASRD, the rating, it should have been
6 started at at least somewhere in the 40
7 percentile.

8 COUNCILMAN OH: Okay. Thank
9 you very much.

10 MR. LITTLE: You're welcome.

11 COUNCILMAN OH: Okay. At this
12 time, I'll ask Mr. Wagner to provide his
13 testimony. I will clarify that
14 Mr. Wagner did not treat in the
15 Philadelphia VA. However, he has
16 provided me with his statement prior to
17 today and I think there are issues about
18 systematic care or lack of care that is
19 systemic. And so this is not a
20 reflection on anyone in Philadelphia, but
21 I would like to have his testimony.

22 Would you please identify
23 yourself for the record.

24 MR. WAGNER: Good morning,
25 Chairman Oh and members of the Committee.

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2 My name is Robert Lee Wagner. As
3 Chairman Oh has just mentioned, I've
4 never been treated by the VA Hospital
5 here in Philadelphia, but I wanted to
6 testify about my experiences with the VA
7 to address the universal issues of good
8 quality and appropriate healthcare so
9 that our federal government enacts or
10 changes regulations to improve care and
11 that all patients' needs are considered.

12 I would like to open my remarks
13 by quoting Winston Churchill, who
14 supposedly paraphrased George Orwell.
15 "We sleep soundly in our beds because
16 rough men stand ready in the night to
17 visit violence on those who would do us
18 harm."

19 I was and in a lot of ways I
20 guess I still am one of those "rough
21 men." Of all the things I have ever had
22 to do in my life, sitting here is about
23 the most terrifying, because I have to
24 publicly state that I am weak and I need
25 some help. For me personally it is very

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2 shameful to have to do this, but I'm
3 willing to do it in order to give you all
4 a firsthand example of some of the
5 terrible statistics you've all heard
6 about, and I figure by doing so, maybe
7 other veterans won't be treated the way I
8 was.

9 I was born and raised a few
10 miles south of Easton, Pennsylvania in
11 the village of Raubsville. I signed up
12 for the Army while I was a senior in high
13 school, and after graduating on August
14 1st of 1979, I enlisted as a private. I
15 served on active duty for 20 years and
16 eight months and I retired as a captain.

17 I first served as a rifleman in
18 the 1st Ranger Battalion, then as a
19 paratrooper in the 1st Battalion of the
20 509th Airborne Infantry in Vicenza,
21 Italy. I was next a Green Beret weapons
22 sergeant for six years on an A Team in
23 the U.S. Army's 5th Special Forces group.
24 I was accepted into the Officer Candidate
25 School and was commissioned as a second

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2 lieutenant in the infantry in 1989.

3 Officer Candidate School is where I first
4 met Councilman Oh and where we became
5 brothers.

6 I served as a lieutenant in the
7 9th Infantry Regiment, the Manchus, at
8 Fort Ord, California. I led a platoon of
9 infantry during Operation Just-Cause in
10 Panama. I was promoted to a captain, and
11 I returned to the Green Berets serving as
12 a battalion adjutant and finally as a
13 commander of an A Team that specialized
14 in close-quarters combat.

15 I have been to French Commando
16 School, the United States Marine Corps
17 Scout Sniper School, and I taught
18 Celestial Navigation. I once could speak
19 Arabic and French and passable Italian.
20 I lost 47 pounds at ranger school in two
21 months. So if you all want to lose
22 weight, that's the plan.

23 I went through the U.S. Army
24 Green Beret qualification course twice,
25 once as a young sergeant in 1983 and

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2 again as an old captain in 1996. I
3 retired as a captain on April 1st, April
4 Fool's Day, of 2000.

5 When I received my retirement
6 physical, I was told that I was 30
7 percent disabled, 10 percent for the loss
8 of 70 percent of the sight in my right
9 eye, 10 percent for multiple spine
10 injuries, and 10 percent for something
11 called brain syndrome, which they
12 couldn't really explain what that meant.
13 I was told that I could probably have my
14 disability percentage increased once I
15 returned home and got connected with the
16 local VA healthcare system.

17 During my initial appointment
18 with my primary care physician at the VA,
19 the doctor asked me several times why I
20 did not purchase private health insurance
21 outside of the VA system. I heard that
22 the VA was trying to handle too many
23 patients with inadequate resources and
24 that they lacked expertise to treat some
25 types of health issues common to all

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2 veterans, but this doctor made it clear
3 that he didn't want to deal with a
4 complicated case like mine.

5 The VA tries to limit -- I'm
6 sorry. The VA tries to limit costs by
7 denying or limiting care and benefits. I
8 learned that I was -- for example, I
9 learned that I was authorized
10 reimbursement for traveling to the VA
11 Hospital in Wilkes-Barre. I was
12 reimbursed for traveling there about
13 three times, but not every time. The
14 last time I was there, I asked the clerk
15 why not, and he told me that even though
16 I was authorized to receive this payment,
17 I had not specifically asked for it. A
18 30-day limit for filing the claim had
19 passed, and it was their policy not to
20 inform veterans that they were eligible
21 for this. So basically if I didn't know
22 about it ahead of time, I had no way of
23 receiving it.

24 The VA also makes up for its
25 lack of appropriate care by

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2 overmedicating. After having been a
3 paratrooper for 20 years, my knees
4 finally gave out in 2005. My assigned
5 primary care physician prescribed
6 Percocets every four to six hours for
7 pain every day for over two months until
8 I could get an appointment with an
9 orthopedic surgeon, who said to me that
10 if I had seen him earlier, he may have
11 been able to help me, but now it was too
12 late and the scar tissue had formed and I
13 was just out of luck.

14 Medical problems are often
15 ignored and go untreated. There is a
16 policy of not informing patients, and
17 complaints about poor service are
18 routinely thrown away.

19 The last and most outrageous
20 incident at the VA clinic happened about
21 three years ago. One Wednesday I noticed
22 a lump on my chest. If I pressed on it,
23 my whole ribcage hurt. I was concerned.
24 Early the next day I saw a doctor at the
25 VA clinic. She was concerned and ordered

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2 x-rays, et cetera. She said she would
3 call me the next day, which would have
4 been a Friday, with the results. She
5 never did call, and near the end of the
6 day I called the VA clinic. The
7 answering machine picked up.

8 The message said, This is Lou
9 Clark. Leave your name, your number, et
10 cetera, and I will call you right back.
11 I recognized the voice on the recorded
12 message of a gentleman who has worked
13 there -- he's a clerk there behind the
14 desk. He works at the main reception
15 desk in the clinic, and I have interacted
16 with him many times. He has always been
17 extremely professional and personable.
18 Therefore, I was very surprised that he
19 did not call me back.

20 I waited and worried all
21 weekend. Monday morning I called back
22 and left another message. I called back
23 Monday afternoon and left another polite
24 message. I called back on Tuesday
25 morning and left another message saying

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2 that if I did not hear back from them by
3 lunchtime, I was going to drive to the
4 clinic and see the test results for
5 myself.

6 No one ever called, so I drove
7 to the clinic. Everything started off
8 just fine. I went to the front desk,
9 explained the situation, and was
10 immediately seen by a male nurse, a
11 former Army medic. I showed him the
12 lump, and he drew a big circle around it
13 with a Sharpie marker. He called my
14 doctor on the phone, who was busy with
15 another patient at the time, and then
16 handed the phone to me. She told me that
17 all of the tests came back negative and
18 that the VA policy was not to call a
19 patient back when the results were
20 negative. I looked at the lump on my
21 chest with the circle drawn around it, I
22 looked at the medic, I handed the phone
23 back to him, and I left.

24 As I passed the main desk, a
25 woman behind it asked me if I had any

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2 records to turn in. I stopped and said,
3 No, but you need to tell Lou Clark to
4 check his answering machine. I looked
5 up, pointed -- I'm sorry. The woman said
6 that no one with that name worked there.
7 I looked up and pointed across the room
8 and I said, That's him right there.
9 Everyone working at the front desk
10 laughed. His name wasn't Lou Clark. He
11 was the lead clerk, but his speech
12 impediment made it sound like he was
13 saying Lou Clark. His co-workers all
14 mock him about his lisp behind his back,
15 and when I said something about it out
16 loud like that, they all started
17 laughing. It actually was pretty funny.
18 I believe I made several rude comments to
19 those nice people, and I am kind of sorry
20 about that.

21 Now, I mentioned I lost 70
22 percent of the sight in my right eye and
23 I really need to wear sunglasses on a
24 sunny day. I had left mine in the car,
25 so I walked directly from the VA clinic

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2 to my car, never looking back. I got to
3 my car, put on my sunglasses, put down
4 windows, lit a cigarette, looked up, and
5 all of the able-bodied employees who work
6 in the clinic were lined up shoulder to
7 shoulder in front of the building to
8 confront the angry veteran exactly as
9 they had practiced their drills. The
10 employees of the clinic call it a code
11 white alert.

12 I pulled down the bill of my
13 baseball cap, stuck out my jaw, and
14 walked right up to them, stopped about 15
15 feet from the center of their line.
16 Invoking my inner ranger instructor, I
17 started to chew them out. I marched up
18 and down, I pointed at each one of them,
19 and I cussed them out. I gave special
20 attention to the ones who had performed
21 incompetently or unethically.

22 A small crowd of other veterans
23 had gathered around. When I finished,
24 they all started applauding and saying
25 things like, You tell 'em, brother.

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2 When I left the clinic, I went
3 straight to my Congressman's local office
4 in order to make an official complaint.
5 The Congressman was not in that office at
6 that time and a member of his staff took
7 my report. She went into another room
8 for a while, and upon returning, she said
9 she had been in contact with the
10 Congressman and the VA clinic and that it
11 was their opinion I should return to the
12 VA clinic. I asked her if she would go
13 back, and she stood there and looked at
14 her shoes and said no. I went home.

15 I was relaxing in the backyard
16 with my next-door neighbors when I got an
17 unexpected phone call from the social
18 worker at the VA clinic. As I was
19 speaking with her on the phone, a
20 uniformed Pennsylvania State Trooper
21 arrived at my house. I handed him the
22 phone so he could talk with the social
23 worker from the VA clinic. He pulled me
24 to have some type of official protocol
25 for a police officer to come around to

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2 ensure that I was not homicidal or
3 suicidal. I told him the story, lifted
4 up my shirt, showed him the big lump that
5 was still sticking out of my chest with
6 the big circle drawn around it. We shook
7 hands, wished each other a good day, and
8 he went on his way. My next-door
9 neighbor saw all of this. It was very
10 humiliating. I have not been back to the
11 VA since then.

12 Now, on my very first visit to
13 the VA, I took all of my medical records
14 with me. Throughout my career they were
15 meticulously maintained, and they're
16 probably two inches thick. The doctor
17 never looked at them and said they were
18 not required for treatment. Following
19 procedure, he concentrated on my primary
20 complaint, which is constant overall body
21 pain, ignoring everything else. He
22 diagnosed it as arthritis and prescribed
23 the regimen of ibuprofen and sent me to a
24 rheumatologist. The purpose of this
25 one-time visit to a rheumatologist was

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2 not to receive better care, but rather to
3 have them sign a report that was needed
4 to add to a claim to the federal
5 government to increase my percentage of
6 disability. It was all about money and
7 not care.

8 Among the things I told the
9 rheumatologist was that I used to jump
10 out of airplanes and helicopters and that
11 around 1984 when Black Hawk helicopters
12 first came out, I was on a UH-60 that
13 landed really hard and everyone on board
14 was lucky to walk away from. The woman
15 had no idea what I was talking about and
16 she wrote in my records that I was hurt
17 falling out of a helicopter. Later, that
18 notation became an issue because there
19 was no medical record of me ever being
20 injured by falling out of a helicopter.
21 I was questioned about it several times,
22 and, again, it was humiliating. It took
23 a lot of effort on my part to get that
24 information retracted from my records.

25 Over time the pain increased

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2 and my doctor increased the potency of
3 the drugs that he was giving me. He
4 added Prilosec because the medicine would
5 eat my stomach up, and also because I
6 couldn't sleep at night, he prescribed a
7 sleeping pill. I asked him why I had to
8 have my blood drawn during every visit
9 every three months. He told me that he
10 wanted to ensure that my kidneys were
11 functioning properly because the drugs he
12 was prescribing were particularly harsh.
13 But they weren't working. I was getting
14 worse. I immediately stopped taking all
15 drugs and stopped going to the doctor
16 and, like I said, I haven't been back to
17 the doctor in years. I, for all intents
18 and purposes, do not have healthcare, and
19 I cannot go back to the VA. And to add
20 insult to injury, I started receiving a
21 bill for like \$12.45 from the VA with a
22 nasty gram saying if I didn't pay it,
23 they would take it out on my pay or
24 something.

25 So, Councilman Oh, thank you

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2 for this time, but before I finish, I
3 would like to thank my sweetheart,
4 Laurel, because if it wasn't for her to
5 help me out, to give me her love and
6 support, I would probably be dead right
7 now.

8 Thank you.

9 COUNCILMAN OH: Thank you very
10 much.

11 (Applause.)

12 COUNCILMAN OH: I know there's
13 issues that we talked about that are not
14 public and I'm not going to go into it,
15 but may I ask you just in general are you
16 in need of medical care as you sit here
17 today?

18 MR. WAGNER: Yes, sir. Two
19 weeks ago I got a severe pain. I thought
20 it was my appendix, and I went to St.
21 Luke's Hospital in Bethlehem to the
22 emergency room, and they treated me well
23 and they were very nice and very
24 respectful. They sort of treated me like
25 I expected to be treated.

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2 COUNCILMAN OH: Okay. Thank
3 you very much.

4 I'll ask my fellow
5 Councilmembers if they have any questions
6 for this group.

7 (No response.)

8 COUNCILMAN OH: I think we've
9 heard plenty and it is very poignant, and
10 let me thank you for stepping up. Let me
11 also thank you for your courage. It's
12 not an easy thing to do. I know as
13 military soldiers and sailors and other
14 service members, it is not the norm to
15 come up and talk about these issues after
16 service, but I do appreciate that you've
17 come forward. Hopefully your testimony
18 will be part of solving a bigger problem.
19 So thank you very much.

20 And, Clerk, I'll ask you to
21 call the next witness.

22 THE CLERK: Mike Manning,
23 Co-Founder and Chief Executive Officer,
24 CarePartners Plus, LLC, and veteran;
25 William T. Lee, D.Ph., MPA, FASCP,

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2 Pharmacy System Director, Carilion Clinic
3 Healthcare.

4 (Witnesses approached witness
5 table.)

6 COUNCILMAN OH: Thank you very
7 much for attending. I will ask both of
8 you, starting with Mr. Manning, to
9 identify yourself for the record and give
10 your testimony. And please pull the
11 microphone forward so that we can all
12 hear.

13 MR. MANNING: My name is
14 Michael Manning. I live at 1151
15 Harrogate Way, Ambler, PA. I was asked
16 to come and provide some testimony on
17 potential solutions to some of the
18 problems that you have been hearing
19 today. And it's very difficult to listen
20 to the veterans talk about their problems
21 and needs, but we have them, and we do
22 rely on certain services to help us at
23 the time of need.

24 So my name is Mike Manning. In
25 1954 I was born in St. Agnes Hospital in

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2 Philadelphia. I received a Catholic
3 education at a time when young men were
4 being drafted into the Vietnam War. When
5 I graduated in '72, I enlisted in the
6 Army and volunteered for Vietnam. This
7 was the beginning of my military service.
8 I served two years on active duty and was
9 honorably discharged in 1974. I
10 reenlisted in the Army in 1977. I served
11 a total of 14 years and eight months on
12 active duty and was honorably discharged
13 in 1989 with a Class 3 service-connected
14 disability. Half of my military service
15 was enlisted where I achieved the rank of
16 staff sergeant, and the other half was as
17 a commissioned officer where I was
18 promoted to the rank of captain. During
19 my active duty service, I attended and
20 graduated from 19 military training
21 programs. They include: Basic Training;
22 Basic Aid man; Basic Infantry man; Basic
23 Airborne; Special Forces Qualification;
24 Special Forces Aid man; Survival Evasion
25 Resistance Escape Course; Tactical

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2 Optical Weapons Course; Defense Language
3 Arabic Course; Officer Candidate School;
4 Infantry Officer Basic School; Special
5 Forces Officer Course; Special Operations
6 Training Course; Biological Warfare
7 Course; Pathfinder Course; Ranger Course;
8 Jumpmaster Course; Infantry Officer
9 Advanced Course; and Combined Arms Staff
10 Officer, non-resident phase.

11 During my military career, I
12 worked as a hospital orderly, helicopter
13 crash and rescue emergency medic, troop
14 medical clinic specialist; medical
15 specialist and supervisor for a special
16 forces operational detachment; executive
17 officer for a special forces operational
18 detachment; special forces training
19 company executive officer; a staff
20 officer for a special warfare training
21 battalion; a special forces training
22 company commander; a special forces
23 operational detachment commander; and an
24 assistant professor of military science.
25 My final duty station in 1989 was First

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2 Battalion, First Special Forces Group,
3 Tori Station, Okinawa, Japan.

4 During my military service I
5 attended business administration courses
6 and graduated with a Bachelor's Degree
7 from Methodist College, Fayetteville,
8 North Carolina. I am a U.S. military
9 veteran. I have received medical care
10 from within the Veterans Health
11 Administration and I have from time to
12 time accompanied my father, who is also a
13 military veteran, to receive his medical
14 care from the Veterans Health
15 Administration.

16 Upon leaving the military, I
17 pursued a career in healthcare
18 administration. I attended graduate
19 courses at Carnegie Mellon University in
20 the School of Public Management. Between
21 1989 and 1997 I held community and
22 corporate hospital management positions
23 in the capacity of Director Materials
24 Management, Occupational Health Manager,
25 and Hospital Chief Executive Officer. In

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2 1997, I pursued entrepreneurial ambitions
3 and developed a string of outpatient
4 health service companies that bring me
5 here today. In 2006, I filed 26 claims
6 with the U.S. Patent and Trademark Office
7 that focused on combined technology and
8 people's energy to improve quality care,
9 safety, and accountability. The
10 technical name for the invention is the
11 Patient Interactive Healthcare Management
12 System. The invention was a culmination
13 of 20 years of clinical and non-clinical
14 healthcare experience, and as of today, I
15 have been issued three U.S. and one
16 international patents for these health
17 information technology inventions. 2006
18 was the year the company was named
19 CarePartners Plus registered to do
20 business in the State of Pennsylvania and
21 initiated its rigorous development and
22 scientific research to bring its benefits
23 to the public. Because the implications
24 and order of magnitude were so
25 voluminous, the company determined that

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2 using a public utility type model would
3 best serve the public interest.

4 2006 was a watershed year for
5 U.S. healthcare, specifically the
6 Medicare Entitlement Program. For the
7 first time in history, the annual report
8 to the Medicare trustees publicly
9 announced the projected insolvency of the
10 Part A Medicare Trust Fund. The causes
11 cited were changing U.S. demographics,
12 fewer U.S. workers contributing to the
13 Trust Fund, and the largest number of
14 U.S. citizens in the history of the
15 program drawing on these benefits at one
16 time. It additionally cited
17 under-managed disease conditions,
18 over-utilization, frivolous lawsuits,
19 inefficient administration, and fraud and
20 abuse as factors which led to nearly 600
21 billion in excess and unnecessary
22 spending per year. 2006 was also the
23 year the federal government initiated
24 full-scale efforts to influence the
25 integration of health information

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2 technology into public policy. Around
3 the same time, the public started
4 learning more about unsatisfactory health
5 quality conditions returning service
6 members and veterans were encountering in
7 the Veterans Health Administration
8 system; for example, shoddy living
9 conditions, moldy patient areas, rats and
10 roaches infesting patient facilities,
11 patient neglect, and veteran deaths due
12 to the outbreaks of disease and lack of
13 competent timely medical attention and so
14 on.

15 The U.S. healthcare system is
16 one of the largest in the world and it is
17 undergoing a complete overhaul, widely
18 referred to as transformation. The
19 Veterans Health Administration is part of
20 that system, and the principal factors
21 driving the overhaul are largely the same
22 for the Veterans Health Administration,
23 which were financial. The most critical
24 concern while undergoing this overhaul is
25 protecting the safety and well-being of

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2 patients who access their care through
3 it. The industry as a whole is concerned
4 with comparing the cost of healthcare
5 with finding supporting evidence of
6 health quality outcomes. The ability to
7 scrutinize the quality of care down to
8 the individual level for every healthcare
9 experience is more critical than ever.

10 My testimony today is in no way
11 intended to impugn the hard work and
12 reputation of dedicated men and women
13 that work for the Veterans Administration
14 and Veterans Health Administration.
15 Rather, I am here to provide testimony
16 about some little-known capabilities that
17 could complement the Veterans
18 Administration's ability to increase
19 quality of care, safety, and value for
20 all the veterans and families that depend
21 on the agency for their medical and
22 mental health coverage and deserve access
23 to the full range of comprehensive and
24 timely benefits and services that they
25 have earned.

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2 As you know, the VA, with its
3 estimated \$141 billion budget, is
4 responsible for providing benefits to
5 approximately 21 million living veterans.
6 The VA spends about 40 percent of that
7 budget, 54 billion, on providing medical
8 services through the Veterans Health
9 Administration. If this were divided
10 among all 21 million veterans, it would
11 amount to about \$2,171 per veteran per
12 year for medical services, but the facts
13 show that less than a third of the
14 eligible veterans rely on the Veterans
15 Health Administration for their medical
16 care service.

17 The Veterans Health
18 Administration is the largest integrated
19 health system in the U.S. with over 150
20 hospitals, 800 outpatient facilities, and
21 over 125 nursing homes. The ability to
22 control the delivery of high quality,
23 safe, efficient care to each and every
24 one of the six million plus deserving
25 veterans who receive care from the

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2 Veterans Health Administration is a
3 daunting task, yet a fundamental
4 obligation that must be fulfilled. To
5 verify compliance with this standard
6 requires extraordinary measures that
7 ensure these outcomes are consistently
8 achieved. Important benefits of such
9 capabilities are increased patient
10 safety, quality outcomes, restored trust,
11 and avoidance of public ridicule and
12 allegations of incompetence and the
13 humiliation associated with top brass
14 expressing surprise and indignation over
15 problems within the system, which go
16 unreported within their chains of
17 command, only to emerge on national TV.

18 After 29 years of healthcare
19 experience, I know of no single solution
20 that will guarantee such an outcome.
21 However, the ability for the Veterans
22 Health Administration and their
23 legislative oversight committees to
24 facilitate such outcomes is within their
25 reach. To achieve this outcome, the

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2 Veterans Health Administration simply
3 needs to empower the veterans they serve
4 with the ability to instantaneously
5 self-report needs and problems that they
6 experience in a manner that allows both
7 clinicians and non-clinicians to respond
8 immediately and for the information to be
9 stratified so that the top brass and
10 oversight committees are always informed
11 and aware of the problem status and
12 resolution.

13 Since the inception --

14 COUNCILMAN OH: Mr. Manning,
15 can I interrupt for a second.

16 MR. MANNING: Sure.

17 COUNCILMAN OH: So what I've
18 gathered from your testimony, which
19 you're a healthcare professional as well
20 as a veteran, and so your familiarity
21 with the terminology and technology is at
22 a very high level. As a layperson, what
23 I'm getting is basically we have a very
24 large system that is undergoing
25 transformation, the U.S. healthcare

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2 system. The VA is part of that
3 healthcare system, which is very broad
4 and expansive, has an obligation to
5 provide quality healthcare to veterans,
6 but only a third are using the VA and
7 there's not enough money to provide
8 adequate service in the entire system.
9 And at the same time what you're saying
10 is, it is now critically important that
11 from the bottom to the top, individual
12 accountability or information about
13 treatment be made available through the
14 process of veterans themselves providing
15 the information on the quality and
16 appropriateness of their care. Is that
17 accurate?

18 MR. MANNING: Yes.

19 COUNCILMAN OH: And is that
20 possible?

21 MR. MANNING: It is.

22 COUNCILMAN OH: Okay. Then
23 please continue. Thank you.

24 MR. MANNING: Sure. Well, so
25 perhaps maybe it's better just to have a

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2 free dialogue for the next couple of
3 minutes.

4 So you've heard today testimony
5 from various parties. All have the best
6 intentions. All want the best outcomes.
7 And then you've heard testimony from
8 veterans who experienced absolutely the
9 opposite end of the spectrum. The
10 healthcare system is -- we have a great
11 healthcare system in the United States,
12 and the fact is that people have problems
13 and it's difficult to be able to document
14 all those problems or provide them with a
15 voice that enables them to express their
16 needs at a time they most need to.

17 So you just heard from a
18 20-year veteran who served their country
19 in combat -- and there are many others in
20 this room that have done the same -- that
21 have issues, and that's the point. We
22 have issues, and we need to have a way to
23 express them. And so with the best
24 intentions, there is a lot of technology
25 and there are a lot of quality

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2 improvement processes that are in place,
3 but yet they're not as effective as they
4 need to be. So when you hear that the
5 intention is to have exceptional
6 healthcare, that depends on who is
7 determining whether it's exceptional or
8 not. And so as a healthcare professional
9 and as a former hospital CEO, my job was
10 to control the image of my organization,
11 and we did that with data and
12 information, but at the same time, we
13 knew we didn't have all the information.
14 And if we had, perhaps we could have done
15 even a better job than what we did. And
16 that's frankly the point. The point is
17 that there are always going to be
18 problems. If you really want to be able
19 to fix the problems, if you want the
20 Captain Wagners and the rest and the
21 Sergeant Major Littles and everyone else
22 that has come to express issues or
23 problems, if you want to provide them
24 with a mechanism, you can do it through
25 technology. You can do it at the point

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2 of care and you can do it so that it's
3 tied directly to the condition that
4 individual has.

5 So there may be some in this
6 room that believe they have that
7 technology, but I can tell you they
8 don't, because we hold the patents on it
9 and we know who has it and who doesn't.
10 But what it does do is, it allows for
11 individuals to identify problems.

12 So, for example, in a recent
13 study we were involved with with a health
14 system, within a very short period of
15 time we were able to identify 2,000 gaps
16 in care; that is, where there were
17 certain services that should have been
18 rendered for that individual had not
19 been, and had the patient not had the
20 technology to self-report that those
21 specific services had not been rendered,
22 no one would have known whether or not
23 they were received. They happened to be
24 clinically significant gaps in care which
25 would have led to readmissions to

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2 hospitals or ED visits and things that as
3 a system we're trying to eliminate.

4 So my point simply is to tell
5 you that there is technology available.
6 We own it. I'm not here trying to sell
7 you anything, but I can tell you that
8 when we built this technology, we were
9 really building it as a public service
10 and we intended for it to be available to
11 everyone, and so we made sure that all
12 the pricing and access to it was simple
13 and easy and affordable.

14 So I think that that's really
15 my testimony. My testimony is, there's
16 technology available that would allow
17 people to self-report information. It
18 reports the information up to the highest
19 level. So you'll never have officials
20 saying that they were uninformed about
21 specific problems or needs. That can be
22 provided to the highest brass. That
23 could be provided to the Senate oversight
24 committees. And what it would do is
25 allow an organization to precisely know

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2 what kind of problems and issues their
3 patients are having at a specific time,
4 where those problems are being routed to,
5 the individual who is responsible for
6 intervening and resolving that problem,
7 and the status of whether or not that
8 problem has been resolved.

9 COUNCILMAN OH: So what I
10 gather from what you're saying is that
11 through technology, an individual veteran
12 patient can basically provide feedback on
13 every visit, every type of treatment,
14 every experience, whether it's with a
15 staff person, a doctor or nurse, and
16 collectively, let's say, over the last
17 five years someone at the top can look
18 and see what's been happening in the
19 entire country or peel it back to
20 Pennsylvania or peel it back to
21 Philadelphia or peel it back to a
22 particular hospital or doctor, nurse or
23 staff member and collectively, while we
24 never know whether one person is an
25 anomaly or is accurate, but collectively

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2 all this data put together -- for
3 example, if staff member David Oh has
4 been engaged with 7,000 people and 35
5 percent of them say I'm rude and that I'm
6 neglectful over seven years, that would
7 seem to be pretty strong evidence that I
8 was rude and neglectful. Is that what
9 this in part can do? I believe --

10 MR. MANNING: Sure. It would
11 at least report that someone has said
12 that you were rude and neglectful.
13 You're talking more on a generalized
14 basis. In my view, you're talking about
15 satisfaction information, which is very
16 important. We're more specific to the
17 provider and the treatment. But, yes, it
18 could pinpoint to an individual what the
19 status is in terms of the service that
20 they are providing. So it's a plus.
21 It's a plus on both sides, because what
22 it would give an organization like the
23 Veterans Health Administration is the
24 ability to provide evidence of the amount
25 of need that the veterans have. It's

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2 not -- you can't put it in a box. The
3 needs are the needs. The needs sometimes
4 far exceed the budget that's been
5 provided to the Veterans Health
6 Administration to provide the services.
7 So there's always the chicken and egg
8 problem, but if an oversight committee is
9 interested in providing this exceptional
10 service for those people who have
11 deserved it, this kind of data is proof,
12 is evidence of the needs and whether or
13 not they're being resolved.

14 COUNCILMAN OH: Okay. And,
15 more importantly, it seems that what
16 you're saying is that if the veteran
17 patient is not being treated
18 appropriately, that this would flag
19 that --

20 MR. MANNING: That's correct.

21 COUNCILMAN OH: -- and you
22 could move them to the proper care --

23 MR. MANNING: That's correct.

24 COUNCILMAN OH: -- which I
25 believe would save lives and would it

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2 save money?

3 MR. MANNING: That's correct,
4 in all cases. So it's an early warning
5 device that enables the appropriate
6 people to intervene immediately, because
7 all the information is being captured in
8 realtime. It's being reported in
9 realtime. So an oversight committee
10 isn't looking at it at the end of the
11 year hopefully. They're looking at it at
12 the latest quarterly, and they're
13 understanding the magnitude of problems
14 that exist and whether or not they're
15 being resolved.

16 I would like to make a final
17 note. There will always be problems.
18 That's why the organizations exist, is to
19 take care of the problems, and there's no
20 way to limit the number of problems. All
21 you can do is attend to them. And it's
22 the ones that go unattended that are what
23 disgrace us all as a country when it
24 comes to serving our veterans.

25 COUNCILMAN OH: The final

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2 question for me is, is this a theory or
3 is this a proven workable --

4 MR. MANNING: This has been
5 researched and proven in major trials.
6 There was a major trial here at the
7 University of Pennsylvania. There have
8 been seven trials across the country.
9 We're actually in a CMS demonstration
10 trial down in Virginia right now.

11 So this has been being
12 developed over the past seven and a half
13 years. This wasn't something baked
14 overnight that we thought was a gee-whiz
15 trendy type thing.

16 COUNCILMAN OH: All right.
17 Thank you very much.

18 MR. MANNING: You're welcome.

19 COUNCILMAN OH: I'll ask my
20 colleagues, do you have any questions?

21 (No response.)

22 COUNCILMAN OH: There being no
23 questions, I'll just edit that you, like
24 Captain Wagner, when you say Special
25 Forces, you served in the U.S. Army

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2 Special Forces, which is the U.S. Army
3 Green Berets.

4 MR. MANNING: That's correct.
5 For approximately ten years in the Green
6 Berets, yes.

7 COUNCILMAN OH: Thank you very
8 much.

9 MR. MANNING: You're welcome.

10 COUNCILMAN OH: Dr. Lee, would
11 you please identify yourself for the
12 record and provide us your testimony.

13 MR. LEE: Sure. My name is
14 Bill Lee or William Lee. I was born and
15 raised in Chicago and I've been a
16 practicing pharmacist for over 40 years.
17 I am a graduate of the University of
18 Illinois with a degree in pharmacy and a
19 Master's Degree in public administration
20 from Roosevelt University in Chicago. My
21 experience and views as a pharmacist is
22 not only from the retail sector, having
23 worked for many of the major chain
24 drugstores as well as being an owner of
25 several independent pharmacies, but also

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2 as a pharmacy director in several
3 hospitals over the years. I've also
4 managed hospital pharmacies all over the
5 country as a regional director for the
6 largest hospital pharmacy management firm
7 in the country for close to ten years.
8 In addition, I've managed pharmacies that
9 serviced juvenile jails, nursing homes,
10 and home infusion. I have also consulted
11 on various projects, the last being in
12 China where I was actually involved with
13 hospitals that were as large as 3,000
14 beds and the smallest being 1,200 beds.
15 I have been involved in the development
16 of automated dispensing technology for
17 the hospital industry as well. I am
18 licensed in 16 states as an active
19 pharmacist and I don't think I'm quite
20 ready to retire yet.

21 I am presently the Pharmacy
22 System Director for Carilion Clinic. It
23 is the largest healthcare system in
24 Southwest Virginia, serving a patient
25 population of over 1.2 million in 28

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2 counties. Carilion Clinic is comprised
3 of seven hospitals, the largest being in
4 Roanoke with 800 beds. I am the
5 principal investigator of an innovation
6 grant that was awarded by CMS that began
7 in 2012. Carilion New River Valley
8 Medical Center was the only hospital in
9 all of Virginia that actually received an
10 innovation grant.

11 The over-utilization and
12 underutilization of medications is a
13 nationwide problem. I think you've heard
14 that plenty this morning from the
15 veterans of today. Patients who used to
16 come into the office carrying medications
17 in their purse or pocket now bring them
18 in a shopping bag, literally. The
19 greatest difference in American medicine
20 since the 1970s is the increase in the
21 number of prescribed medications. To
22 treat chronic diseases and control
23 symptoms, the average American takes
24 about 12 medications annually compared to
25 seven 20 years ago. More than 1.5

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2 million people are hospitalized, and more
3 than 100,000 die each year from largely
4 preventable adverse reactions to drugs,
5 many of which should never have been
6 prescribed in the first place.

7 I'm going to go past some of
8 the data which is in my testimony. I'd
9 like to give the panel some opportunity
10 to ask me some more questions, but I will
11 cover some critical issues.

12 Many of the problems related to
13 medication over-utilization and
14 underutilization is because of the
15 inability to reconcile the medication
16 history or profile of many of our
17 patients. This includes ensuring all
18 patients are taking appropriate and
19 necessary medications and taking them at
20 the prescribed times and in correct
21 dosages. Medication Reconciliation
22 ensures the accuracy of the medical
23 records for all that are prescribed and
24 especially over-the-counter medications.
25 This information needs to be communicated

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2 for all providers involved at all levels
3 of care and all levels of transitions of
4 care.

5 The mission of my innovation
6 project was entitled IHARP, and it stands
7 for Improving the Health for At-Risk
8 Rural Patients. This was to allow the
9 pharmacist to identify, see how they can
10 make a difference to improve the
11 healthcare of at-risk patients in these
12 rural areas. The patients targeted have
13 four or more medications and two or more
14 of the following diseases: congestive
15 heart failure; diabetes; hyperlipidemia;
16 asthma; COPD, which is chronic
17 obstructive pulmonary disease; or
18 behavioral health issues. This is
19 typical of the veterans. These patients
20 are considered at risk because they have
21 multiple chronic medical conditions and
22 are taking multiple medications and have
23 issues with access to healthcare services
24 in rural areas.

25 All of these diseases are high

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2 risk, requiring close medical followup

3 and are typical of the patients in

4 Southwest Virginia but also the veterans.

5 In addition to having chronic conditions

6 like these, veterans are especially at

7 risk due to military-related injuries.

8 The population cared for by the Veterans

9 Administration also suffers from a much

10 higher rate of chronic pain and also

11 experiences much higher rates of

12 co-morbidities - PTSD, depression, and

13 socioeconomic difficulties - family

14 stress, disability, joblessness. These

15 factors contribute to the complexity of

16 the pain management.

17 I want to share with you now

18 some of the early results from our first

19 two years from our study, and these are

20 unanticipated findings from our

21 initiative, which I believe have huge

22 implications for our veterans.

23 At Carilion we initiated a

24 pharmacist-led initiative to reduce

25 overall medication use while ensuring

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2 that the patients were utilizing their
3 medications appropriately for their
4 related conditions. We basically hired
5 some pharmacists and placed them in the
6 clinics, not only in the hospitals but
7 also in the clinics, to provide
8 medication therapy management. This was
9 a face-to-face encounter by the
10 pharmacist where we were able to engage
11 with the patients on a one-to-one basis.
12 These services include evaluating each
13 medication for effectiveness, correct
14 dosage, side-effects, contraindications,
15 and drug-drug interactions. We found
16 that when the pharmacist was directly
17 involved as part of the care team, their
18 involvement helped curb inappropriate
19 medication use and minimized unnecessary
20 hospital admissions and readmissions,
21 which basically improved patient outcomes
22 and contained costs.

23 In addition to manually
24 reviewing the medication history of our
25 patients, we decided to implement

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2 healthcare technology that could be used
3 in any setting, inpatient, outpatient or
4 even the home, to enable the patients to
5 directly notify their care team of a
6 medication-related problem. The
7 technology is called Patient Interactive
8 Healthcare Management or the Wellby
9 system. This technology, which does not
10 require any staff involvement, enabled
11 the patient to self-report clinical,
12 medication, and behavioral problems.
13 These problems were then routed in
14 realtime to the care team where the
15 managers and the executive leadership
16 were able to have immediate access and
17 resolution. This technology improved the
18 quality of information that was not
19 captured by the face-to-face encounter
20 with the primary care provider or the
21 pharmacist. The implication is that it
22 can potentially free up some resources
23 which usually required to look for
24 problems and enabled resources to be
25 efficiently focused on fixing them.

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2 Carilion Clinic is using this technology
3 in two outpatient primary clinics and a
4 community pharmacy and getting remarkable
5 data.

6 There's always been a
7 disconnect between the hospital system
8 and the community pharmacist because of
9 the lack of technology for not sharing
10 the information, especially medication
11 history. Hospital pharmacists have
12 traditionally dealt with making sure that
13 the patient's medication therapy while in
14 the hospital was always appropriate
15 during their episodic treatment of the
16 patient, but unfortunately upon
17 discharge, the community pharmacist was
18 then responsible for following up on the
19 patient with no understanding of their
20 treatment received during their hospital
21 stay. For the first time at Carilion we
22 have the ability to allow the community
23 pharmacist to view the entire medical
24 record of the patient that is enrolled as
25 a patient in a medical home. In

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2 addition, we're able to identify how the
3 pharmacist reconciled the medication
4 history of the hospital patients and
5 collaborate with the community pharmacist
6 to avoid potential adverse reactions.

7 We found that amazingly out of
8 every 100 encounters, 32 patients
9 basically had a medication-related
10 problem that was critical enough for a
11 followup by a pharmacist or the primary
12 care provider. In the VA system, the
13 pharmacists now prescribe medications and
14 manage chronic disease in an enhanced
15 role as clinical pharmacist specialists
16 in addition to providing medication
17 management services. I believe that
18 utilizing this type of technology has
19 huge implications for our veterans.

20 In essence, we demonstrated and
21 documented that we saved over \$1.7
22 million with over 5,500 interventions
23 within a year. We also prevented over
24 250 admissions and readmissions based
25 upon our IHARP medication therapy

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2 management initiative. The fact that our
3 hospital system, it costs us nearly
4 \$32,000 for every patient readmission or
5 admission of those complex high-risk
6 patients, we basically saved over \$8
7 million in one year.

8 When I read about all these
9 problems that have appeared in the recent
10 news about the poor service and quality
11 that our veterans are getting, I was not
12 surprised. I can relate to that fact
13 because my father, who was a World War II
14 veteran, was treated at a VA hospital. I
15 felt and saw the disconnect. I saw the
16 lack of continuity because of the
17 transitional process between the hospital
18 and the community was not being
19 addressed. I also realized back then
20 that technology was not advanced enough
21 to give us the opportunity to address
22 these problems. It's only now that we
23 have the rapid development of the cloud,
24 the nanotechnology that has evolved that
25 pharmacists can take advantage of this

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2 new technology and truly allow us to be
3 clinical and to make a difference with
4 our expertise as medication experts.

5 I want to thank Councilman Oh
6 and everyone for giving me the
7 opportunity to be present today to
8 express my views on what role pharmacists
9 have in our changing healthcare
10 environment and how I think we can make a
11 huge difference for our veterans if we're
12 allowed to be part of that healthcare
13 team as the medication experts.

14 Thank you again.

15 COUNCILMAN OH: Thank you very
16 much, Dr. Lee. From your testimony,
17 written and spoken, what I understand
18 that you're saying is that there, in our
19 healthcare system, including the VA, is a
20 disconnect between the pharmacist and the
21 healthcare providers in the hospital,
22 meaning that, for example, if I were at
23 the VA Hospital, I might see three or
24 four different specialists. Each may
25 prescribe different medications to me as

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2 I am being treated for, let's say, five
3 days. Then when I come out, I see my
4 physician, whoever I'm seeing at the end,
5 and they write out a prescription for me
6 and I go to the pharmacist and I get the
7 prescriptions filled, and then I go back
8 home and I take my medication. But the
9 pharmacist who has expertise in the drugs
10 and the combination of drugs and how the
11 drugs treat each condition does not have
12 a full record of the medications I've
13 been receiving, the medications I'm
14 taking at home, the additional home care
15 remedies that is affecting my body in
16 certain ways, and I am not reporting back
17 to the physician whether I'm dizzy,
18 whether I'm throwing up, whether I'm
19 nauseous. And so the pharmacist is
20 somewhat outside of the normal realm of
21 the patient-healthcare provider. Is that
22 a good summary or am I missing something?

23 MR. LEE: Let me give you an
24 analogy. I happen to be an open heart
25 patient from three years ago. Being a

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2 pharmacist, I actually -- if you can
3 imagine, I walked into the emergency room
4 and this nurse gave me a blood thinner.
5 It was actually a medication called
6 Plavix. They want to thin my blood
7 because they're going to go into my
8 heart, they're going to do a cardiac
9 catheterization, which is basically a
10 procedure to look in there. I'm laying
11 on the table and I could see where my
12 clogs are. Then my doctor told me in two
13 days you're going to go in and have open
14 heart.

15 I get into the hospital and the
16 nurse is preparing me for surgery. She
17 hands me another dose, 300 milligrams
18 more, of Plavix, another dose of blood
19 thinner, and being a pharmacist, I said,
20 What are you giving me?

21 And she says, Oh, I'm going to
22 give you a blood thinner to make sure
23 that you -- make sure your veins
24 basically don't clog up when you're on
25 the table. But in reality, what she had

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2 given me was a double dose and, quite
3 frankly, I would have bled to death on
4 the table. And I said to myself, I said,
5 why is this happening, and the reason is
6 as a pharmacist, you have to understand
7 that when you go in, you're being treated
8 for that condition. They have no idea
9 what you took at the drugstore. In fact,
10 when they discharge you, the pharmacist
11 at the community level had no idea what
12 and how you were treated in the hospital.
13 And because of our demonstration project
14 with CMS, I was able to demonstrate and
15 prove that you can communicate this
16 information. The community pharmacist
17 with our project, we actually -- the
18 pharmacist can actually view the entire
19 medical record of what you were being
20 treated for when you were in the
21 hospital. In fact, it's a longitudinal
22 record that anybody can get into.

23 When you look at the VA system,
24 I'm astonished, because the VA system is
25 all connected. So why is it when the

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2 physician prescribes a medication to a
3 veteran, they can get it at the
4 drugstore, they can get it at the local
5 Walgreen, they can get it from mail
6 order, and yet there's no communication
7 between what was prescribed and what the
8 community pharmacist is doing for you.

9 And the reality is when you hear Bob
10 Wagner's testimony, many of our veterans
11 are so fed up with the system, they just
12 go to their neighborhood pharmacy and
13 just get it from there, and the
14 pharmacist over there has no idea what's
15 going on. But the technology, what we
16 have now, allows us to do that.

17 And what's most amazing to me
18 is that with our demonstration project,
19 it proved a couple things. The main
20 thing was that the pharmacist can make a
21 difference. And when you look at what we
22 as lay people out in the community are,
23 most lay people go to a pharmacy and they
24 have developed a covenant with the
25 pharmacist, and they call them what?

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2 They call them doc. Why? Because
3 they're the first line of defense.

4 For me, I'm in the healthcare
5 system. I'm in the largest healthcare
6 system in Southwest Virginia. I'm the
7 director of the system. It takes me two
8 months to get an appointment with my
9 physician. That's crazy.

10 So I guess one of the things I
11 want to emphasize, that this is lack of
12 coordination. It's just -- when I heard
13 with the model of I CARE, what does that
14 really mean? It means if you really
15 care, then embrace technology, embrace
16 the fact that -- when the veteran or the
17 patient leaves the pharmacy counter or
18 leaves the clinic, allow them to
19 communicate how the service was rendered,
20 communicate what other problems they were
21 not willing to even tell the physician or
22 the pharmacist, but they're willing to
23 put it on a machine. They're willing to
24 tell you from a mobile phone. If I get
25 that message, then I can react to it.

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2 I think that's the message.

3 I think when I heard Diana
4 Rubens' testimony about the development
5 of quality measures, well, as a
6 pharmacist, I would love to be able to
7 measure the quality of the performance of
8 my pharmacist. I now can. If my
9 pharmacist has a bad day but the patient
10 tells me through technology, you know,
11 The pharmacist was very rude to me; in
12 fact, he didn't even ask me about my
13 side-effects, then I know whether I did
14 my job. And you can do the same thing
15 for the physicians. You can do the same
16 thing for the nurses. But we must
17 embrace the technology that's already
18 available.

19 COUNCILMAN OH: This technology
20 that you're specifically using is what
21 technology right now?

22 MR. LEE: I happen to find two
23 or three companies involved with patient
24 engagement and patient satisfaction.
25 There's tons of them out there. But I

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2 looked on CarePartners Plus's technology
3 and I asked them to help me develop that,
4 and we have proven it now. I have
5 data --

6 COUNCILMAN OH: You're talking
7 about Michael Manning.

8 MR. LEE: Right.

9 So in closing, I think
10 pharmacists have a huge role in the VA
11 system, and I understand their model, but
12 that model has to change.

13 COUNCILMAN OH: With greater
14 engagement of pharmacists, if there was,
15 for example, medication being prescribed
16 that basically was just prolonging a
17 situation that was untreated, that the
18 patient indicated this is my problem and
19 as a pharmacist you see the pain
20 medication, but not a treatment of the
21 problem --

22 MR. LEE: Right.

23 COUNCILMAN OH: -- are you as a
24 pharmacist today in the VA system, to
25 your knowledge, or in any system able to

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2 intervene?

3 MR. LEE: I am not in the VA
4 system, but I know many of my colleagues
5 that are in the VA system. When I was in
6 Chicago, I worked with many of the
7 pharmacists that were part of the VA
8 system. And it's a perception, but it's
9 also my perception that there is a
10 culture, and the culture hasn't been
11 there to change the model. And I think
12 for the first time, we are being given
13 that opportunity, and I think if they --
14 physicians can only handle so many
15 patients within an eight-hour day. Is it
16 15 minutes, 20 minutes and they're on the
17 next patient. You've got to hand it off
18 to other healthcare providers that give
19 you that continuity of care, and I think
20 pharmacists as well as other PAs and
21 nurse practitioners, we're part of that
22 team now. But without embracing the new
23 innovations that are out there, you're
24 never going to change the system. You
25 can't keep pumping more money into it and

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2 hire more people, thinking you're going
3 to change the system.

4 COUNCILMAN OH: Mr. Manning,
5 would you agree or disagree with that
6 statement?

7 MR. MANNING: I absolutely
8 agree with the fact that hiring more
9 people is not necessarily the answer,
10 because without enabling the people that
11 have the problem to be able to
12 self-report on demand, you're never going
13 to be able to hire a sufficient number of
14 people that cover all their needs and
15 problems, and that's the point. The
16 point is, you have to use technology in
17 order to get the efficiencies to solve
18 the problems in a more effective way.
19 You're going to have more problems that
20 you're aware of, but that's the whole
21 concept. The concept is to be aware of
22 them, not to cover them up, not to try to
23 subdue them, not to dismiss them. It's
24 to address them. And so you have to give
25 people the ability to report them.

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2 COUNCILMAN OH: Thank you very
3 much.

4 MR. MANNING: Thank you,
5 Councilman.

6 COUNCILMAN OH: I see that
7 Scott Brown is here and so I'll ask the
8 Clerk to call him as a witness.

9 THE CLERK: Scott Brown,
10 Director, Philadelphia Veterans Advisory
11 Commission.

12 COUNCILMAN OH: I will note
13 that after Director Brown is finished, we
14 will start with public comment, and I
15 appreciate everybody's patience during
16 this time.

17 (Witness approached witness
18 table.)

19 COUNCILMAN OH: Would you
20 please identify yourself for the record
21 and give us your testimony.

22 DIRECTOR BROWN: Sure. My name
23 is Scott Brown and I'm the Director of
24 Philadelphia Veterans Advisory Commission
25 and also the Director of Philadelphia

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2 County.

3 I apologize for my lateness,
4 Councilman Oh, but, sadly, we had a death
5 in the family, so I was -- yesterday. So
6 work extended. Brenda and I were
7 extended a little late this morning, so I
8 apologize for that, but it looks like I
9 made it just in time, before public
10 testimony.

11 A few things that I would like
12 to say that I know are working from an
13 aspect of veteran to VA on the healthcare
14 side of things, and, that is, in eight
15 months as the Director of the Veterans
16 Advisory, we have had numerous phone
17 calls with issues with the VA and
18 patients who needed specific things,
19 medicine, appointments, specialty
20 appointments. And when I came here, one
21 of the things that I set up was a liaison
22 committee or team, as you may say,
23 between the healthcare system and our
24 office, and I want to make it very clear
25 that it worked every single time that we

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2 utilized it.

3 As you know, one of the things
4 that Council has asked me to begin is to
5 have a track record of veterans who come
6 into our office and what their needs are,
7 and many of our veterans that we see
8 daily are veterans who are asking for
9 healthcare issues or different
10 appointments.

11 Working with Mr. Hendee and his
12 team and Tim Kelly, the Patient Advocate,
13 it has never failed. It has been a
14 success every time that we have called or
15 communicated for a veteran.

16 One of the things that I was
17 privy to was meeting with the
18 Undersecretary, Acting Undersecretary,
19 when he came, and we communicated that
20 this needs to happen on every county
21 level. There has to be -- you have to
22 build a relationship of communication
23 between the staff at the hospital and I
24 will say eventually I hope the staff at
25 the Regional Benefit Office too. I know

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2 they've been taken under new leadership,
3 so we haven't started a relationship with
4 that particular office. But it eases the
5 veteran. And I am a protege, or however
6 you want to say it, of the VA healthcare
7 system. My grandfather used it, my
8 father used it, and I use it, and it's
9 daily to get the appointments and you
10 have to understand the program.

11 We have an estimated number of
12 88,000 veterans in Philadelphia. If 50
13 percent of those veterans just alone in
14 Philadelphia County, not to exceed all
15 the other counties in this area that use
16 the VA, I see many men and women who are
17 at the VA when I'm there and they say,
18 I'm from Delaware County, I'm from
19 Delaware, I'm from, you know, South
20 Jersey, will you help me. And one of the
21 things that our office has done is
22 continually communicate with those
23 veterans, help them build the
24 relationship. The key thing that I've
25 said numerous times is that you must have

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2 a relationship with the director that's
3 in the county, because that director has
4 the relationship with the veterans.

5 Today, disappointing that we would get 25
6 people to show up for a veterans hearing.
7 We should have thousands of people
8 waiting to testify. We should have
9 thousands of veterans wanting to explain
10 their situation, what's going on. And I
11 see these veterans on a daily basis. Our
12 office is non-stop, and they're
13 communicating their issues with us, and
14 when we get public meetings like this, we
15 need to get them out to communicate.

16 And I've said this in many,
17 many occasions. Building the
18 relationship with the county directors is
19 key for the success of the hospital, the
20 success of the Regional Office, because
21 when those directors call and ask about a
22 particular constituent that is our
23 concern, we know that particular issue.
24 We have now a database system where we
25 can look up that particular veteran, he

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2 or she, or the family member that comes
3 in, what their needs were, what their
4 situation is, and it helps communicate.

5 I had an 88-year-old veteran
6 who is hard of hearing. Pushing the
7 refill prescription is simple for all of
8 us. I refill my prescriptions every time
9 I need to, but for him it's a struggle,
10 but we know that. So I go, I call Tim
11 Kelly and say, This is the issue that we
12 have, the veteran is hard of hearing and
13 can't participate and is getting
14 aggravated at it. It's addressed. And I
15 think that that needs to happen on all
16 levels, especially in a county of our
17 size. And you know, Councilman Oh,
18 yourself that my position has come into
19 question many times. Am I the Director
20 of Veterans Advisory? Am I the County
21 Director? The bottom line is, I hold the
22 dual title, and this county means as much
23 to me as the constituents that come in
24 our office locally or a little further
25 north or south, et cetera. And I think

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2 that that is one of the key issues in
3 this community, is communicating with the
4 county directors. If we continue to
5 communicate with our office, with our
6 staff, and I've said it a thousand times,
7 it will change the attitude of the
8 veteran, because it changed my attitude
9 and I'm a veteran. It changed the
10 attitude of my family members, of the
11 friends. And I see it change the
12 attitude of the veterans who come in our
13 office.

14 Maybe, on the other hand, it is
15 a good sign that there aren't 10,000
16 veterans here. Maybe we're finally
17 getting to the bottom. I know since I
18 came on in February the near 1,200
19 veterans that have come in our office
20 have issues, whether it be benefits,
21 health benefits, a claim, whether it's a
22 death or a grave marker. Whatever that
23 veteran's case that he or she may have or
24 the family member, we try to advise on
25 where to go.

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2 One of the things that when you
3 build great communication like we did
4 with the hospital, when I turn that
5 veteran over to the Patient Advocate, Tim
6 Kelly, I know that that patient is going
7 to be handled to the best of their
8 knowledge. When the director of the
9 hospital takes your call personally and
10 says, We'll get it addressed, it gets
11 addressed.

12 I have a rule in my office, you
13 want to come in and talk 40 minutes of
14 negativity when we could have spent 10
15 minutes on positive and getting it fixed.
16 You know, I get it. I'm a veteran. I've
17 been in the system. My father was
18 terminally ill 18 months. The VA took
19 care of my father as a veteran. I've
20 seen the system. I've seen what can or
21 can't happen, but if we keep a positive
22 relationship between the administration
23 and the county, in the eight months that
24 I've been here, I've seen it work. And
25 so I want to make sure that that in my

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2 testimony is very clear, that the County
3 of Philadelphia is alive in 127 and we're
4 ready to help you communicate. So if you
5 have a negative issue, come to us and
6 let's get it addressed. That's what
7 we're in 127 for.

8 COUNCILMAN OH: All right.

9 Thank you very much for your testimony.
10 And that's Room 127 here in City Hall for
11 anyone listening. You can come right to
12 that office on the first level. It's
13 very accessible, don't have to go through
14 security, go right and -- call first, but
15 if you happen to be around, you can see
16 Scott Brown.

17 DIRECTOR BROWN: And another
18 thing, Councilman Oh, in closing I'll say
19 is that our Commission is more vibrant
20 now than it ever has been. George
21 Ginder -- he's right here -- he's now the
22 new appointed head of our Commission.
23 We're sending e-mails. We're on
24 Facebook. We're blasting out to the
25 Philadelphians. We have a 700-plus

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2 mailing list of veterans who said they
3 were interested in finding out what's
4 going on, the public hearings, the public
5 meetings. We have one scheduled for next
6 Wednesday, correct, at 2 o'clock right
7 here. We postponed it for the VA public
8 hearing.

9 So we're alive. The Commission
10 is alive, and it's more exciting now than
11 ever. So come and utilize us.

12 COUNCILMAN OH: Yes. Well,
13 thank you for that and, Chairman Ginder,
14 thank you for being here.

15 Yeah. I will say that the
16 Veterans Advisory Commission has had a
17 burst of energy and activity and we're
18 very confident about the work that you're
19 doing. So thank you.

20 DIRECTOR BROWN: Thank you.

21 COUNCILMAN OH: I'll ask
22 Councilwoman Blackwell, any questions?

23 COUNCILWOMAN BLACKWELL: No.
24 Thank you very much. We've been involved
25 with so many of these vets over the years

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2 and Ed Speller and the folks who work
3 with the agency, and we appreciate your
4 enthusiasm and commitment to try to make
5 a difference, because certainly our vets
6 shouldn't have to fight the way they do
7 to get the treatment that they deserve.
8 So thank you.

9 DIRECTOR BROWN: Thank you,
10 Councilwoman.

11 COUNCILMAN OH: Thank you very
12 much.

13 So with that, I'll ask the
14 Clerk to call the next panel of
15 witnesses.

16 THE CLERK: Al Lewis, Joe
17 Griffies, and Cathy Santos.

18 COUNCILMAN OH: Again, we have
19 three chairs but only two microphones.
20 So please come up and whatever order you
21 would like to, we're going to move from
22 your left to your right in terms of who
23 testifies first.

24 (Witnesses approached witness
25 table.)

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2 COUNCILMAN OH: If anyone
3 sitting here would like to testify and
4 you have not signed our witness list,
5 please go to the corner there. We have
6 two staffers at the table. You can sign
7 the sheet so we can ensure that you do
8 get to have your say.

9 Mr. Lewis, I'll ask you to
10 identify yourself for the record and then
11 provide your testimony. It's three
12 minutes, and I'll ask the Clerk just to
13 let us know when we're hitting three
14 minutes.

15 MR. LEWIS: Thank you.

16 COUNCILMAN OH: Thank you, sir,
17 for being here.

18 MR. LEWIS: My name is Al
19 Lewis --

20 COUNCILMAN OH: And I will ask
21 Joe Griffies to assist you with that
22 microphone, being that he's a radio
23 personality.

24 MR. LEWIS: I'm Al Lewis. I'm
25 the Commander of the County of

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2 Philadelphia. First I'd like to say
3 thank you to the Councilmen who take time
4 out of their busy schedule to hear our
5 complaints.

6 We had a meeting last week at
7 the VA. All the complaints and all were
8 registered. It's true that this is a
9 brand new director and his crew. My
10 thought is that let's give them the
11 opportunity to prove themselves. I
12 have -- I substantiate the complaints
13 that were given, because all of these
14 complaints come to me to see what we can
15 do, and the most important thing, the
16 disrespect that the veteran gets from the
17 employees.

18 Secondly, it takes months for
19 some appointments. I have been very
20 fortunate, though. I'm the new kid on
21 the block. I've only been a Marine since
22 1942, the first to leave Philadelphia for
23 the Montford Point Marines, and I've been
24 through these different things and know
25 that there are situations that have to be

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2 corrected, and I'm all for working
3 towards that. Any help I can get, any
4 help I can give, feel free to ask. And
5 thank you for this opportunity to say
6 thank you for those who are interested in
7 trying to help us.

8 COUNCILMAN OH: Well, sir,
9 thank you very much for being here, your
10 leadership and, of course, your service
11 and double service at that. So thank you
12 very much.

13 MR. LEWIS: Thank you.

14 COUNCILMAN OH: Mr. Griffies.

15 MR. GRIFFIES: Councilman Oh,
16 thank you for chairing this. I know we
17 spoke about this a few months ago, and it
18 didn't take you long to react.

19 Councilwoman, thank you for
20 being here, and my friend, Councilman
21 O'Brien, I hope he comes back, but I will
22 fill him in later on.

23 It would be very easy for me to
24 sit here and I could go on for days if we
25 want to beat up the VA. The VA is here.

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2 The VA is here to stay, and it doesn't
3 look like a lot of people are going to
4 get fired. Maybe we shouldn't fire them.
5 I know that's going to sound strange to
6 Director Hendee and Director Rubens, but
7 we've only fired two people so far, Chief
8 Counsel Bill Gunn, Air Force veteran,
9 graduated top of his class from the Air
10 Force Academy. He bit the bullet, and so
11 did General Shinseki, who is a wounded
12 Vietnam veteran. Isn't it strange in a
13 system that is perceived to be corrupt,
14 broken, run by hoods and thieves, the
15 only two people to lose their job are
16 veterans and one is a Vietnam veteran?

17 So I don't want to stand up
18 here and beat the VA, because it's here.
19 It does a lot of good. It's supposed to
20 do a lot of good.

21 Chase Utley made the All Star
22 Team this year because he batted 300.
23 That means every three times he gets to
24 the plate, he gets a hit. He strikes out
25 the other seven times. The VA is not

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2 allowed to do that. They got to bat 100
3 every day. There are going to be
4 mistakes, there are going to be failures,
5 there are going to be let-downs, but they
6 got to bat better than they're batting.

7 I think there's a lot of good
8 people in the VA. I think there's a lot
9 of bad people in the VA. I think they
10 got to be weeded out and they got to turn
11 around and do what's right. So rather
12 than get on and beat up the VA, I'd
13 rather tell a little story. I don't know
14 about Director Hendee, if he's familiar
15 with the Philadelphia area, coming from
16 Elsmere, Delaware, which isn't that far,
17 but I was talking to Diana Rubens this
18 morning and she said to me, Joe, I'm
19 still trying to navigate my way around
20 the City.

21 I'd like to give a little
22 history about our city, if that's all
23 right with you, Councilman Oh.

24 George Washington said it best,
25 if we take care of our veterans,

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2 everything else falls in place, we're
3 taking care of our country. He never
4 said that about any other group.

5 About six blocks from here,
6 Mr. Hendee and Ms. Rubens, is where
7 freedom started in our country. It's
8 about six or seven blocks from here.
9 It's a big building, and I'm sure they'll
10 be glad to give anybody a tour. Freedom
11 started by these men and women that not
12 only put our Constitution together, they
13 went out and fought for it.

14 George Washington came into his
15 camp in Valley Forge Park, which this
16 weekend we'll be dedicating a Gold Star
17 Memorial to the forgotten families of all
18 our wars. But right in that area,
19 General Washington came back to his camp
20 one night after a three-day battle and he
21 did three things when he always returned
22 into camp. He went around, made sure his
23 veterans ate, then he ate. He made sure
24 his veterans had clothing and equipment,
25 then he took what was left. And,

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2 thirdly, if they needed care, he was
3 attended to after their wounds were
4 covered.

5 He went over this one evening
6 and he sat down in his tent and he wrote
7 a letter to a Mrs. Carter, who had four
8 children. You see, the day before her
9 husband, Captain Carter, took a bullet
10 that was meant for General Washington.
11 And he sat down and he wrote a letter of
12 condolence expressing his sorrow over the
13 loss of his friend, of his aide, of his
14 confidant, and apparently his guardian
15 angel. But he also wrote in the letter
16 of his sadness and his condolences to his
17 wife and his four children. And before
18 the General turned around and sealed that
19 letter, he stood up and took a \$50 gold
20 piece out of his pocket, stuck it in the
21 envelope. History records this act as
22 the first benefit given to a veteran.

23 We should only go uphill from
24 that great incident that took place in
25 Valley Forge Park, what General

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2 Washington did.

3 So, like I said, the VA is here
4 to stay. There's a movie out, Article
5 99. I'm sure a lot of people have seen
6 it. It was banned for years. The
7 government tried to ban it from
8 Blockbuster admitting it. If you watch
9 that movie, we haven't come very far.
10 It's a very sad movie. It's a funny
11 movie. But it seems like it's depicting
12 what our VA is today. It shouldn't be
13 that way. It just shouldn't be that way.

14 I only have a few more topics
15 I'd like to talk about. My last year
16 exam took 11 months. It's a
17 communication problem. I don't think
18 it's a medical problem. I think it's a
19 communication problem that we serve. I
20 don't know if the VA Regional Office in
21 Philadelphia can communicate with the VA
22 Regional Office on Woodland Avenue.

23 They have to act as one team.
24 You can't call the hospital and they
25 blame it on the Regional Office. You

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2 can't call the Regional Office. You
3 know, when we were in a fire fight in
4 Vietnam, we didn't blame the Marines if
5 guys got killed, and the Marines didn't
6 blame the Army. We all were on one team.
7 If you work for the VA and you're one of
8 the 350,000 plus people that work there,
9 you should be on the same team. It
10 shouldn't be a blaming game.

11 Just a couple points.

12 Homelessness in the City of Philadelphia,
13 this is -- by the year 2015, I believe
14 General Shinseki's last press conference
15 he gave before he resigned was about
16 ending homelessness. The Vietnam War
17 ended in 1975. We're 40 years later and
18 the greatest city in the country is still
19 dealing with homelessness. Not
20 acceptable. Suicides. Not acceptable.
21 Long lines, long waits. It's not
22 acceptable.

23 You know, I heard a gentleman
24 turn around -- you know, Robert McDonald
25 is a great example of the bigger, the

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2 better. When he took over Procter &
3 Gamble, they were doing \$10 billion a
4 year, but his West Point leadership,
5 being in the Army, let him know that he's
6 like Walt Disney. Because you're great
7 today doesn't mean you're going to be
8 great tomorrow, so you keep having to
9 drive towards being better, being
10 greater.

11 When Robert McDonald resigned
12 at Procter & Gamble to come to the VA,
13 they were doing 10 billion when he was
14 hired. They did 88 billion the year he
15 left.

16 I hear too many excuses that
17 the VA is so big, we can't be that good.
18 The bigger they are, the better they
19 should be. They have unlimited funding.
20 I just want to see the VA get along.

21 I will be submitting to you,
22 Councilman Oh, my friend, and Scott
23 Brown, the Director -- I think he's a
24 fine director here in Philadelphia -- 15
25 points that I am putting together for

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2 Sloan Gibson; our new Director, Robert
3 McDonald; and for Lee Bradley, Chief
4 Counsel to the VA. Hopefully they'll be
5 done in about the next week or two, 15
6 simple things.

7 And in closing, I don't want to
8 go on much further, but I have another
9 issue. I'm going to take advantage of
10 the mic for another minute. Our new
11 Director, Robert McDonald, said we have
12 to start healing one veteran at a time.
13 I know a great way to start here in
14 Philadelphia - by putting Michael
15 Crescenzo's name on the VA Hospital. He's
16 the only Medal of Honor recipient from
17 the City of Philadelphia. We think there
18 might be another one from World War II,
19 maybe one from Korea. We can't find that
20 out. But even so, he's the only Medal of
21 Honor recipient from the Civil War. If
22 you want to start healing in the City of
23 Philadelphia, put Michael's name on that
24 building. And you know we're working on
25 it. We're going to get it done. We want

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2 to get it done peacefully. We don't want
3 to get it done because they're naming
4 other buildings in the City of
5 Philadelphia for lesser heroes than
6 Michael is. Eighty thousand
7 Philadelphians fought, from the
8 boundaries of Philadelphia, not the
9 suburbs, fought and served in Vietnam.
10 Six hundred and forty-six are buried down
11 there on Dock Street on that wall that's
12 guarded by the Vietnam Veterans Memorial
13 Fund. If you want to know what the
14 freedom of Philadelphia is all about,
15 stop on Dock Street, look at our Korean
16 memorials, look at our World War II
17 memorials. I'll tell you what, we
18 deserve better. Freedom started here.
19 We have to be the City of Brotherly Love,
20 not the city that has forgotten our
21 veterans.

22 Thank you, Councilman.

23 COUNCILMAN OH: Thank you very
24 much, Joe.

25 (Applause.)

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2 COUNCILMAN OH: I will state
3 that Council on Thursday, all members
4 signed and co-sponsored a resolution
5 urging Congress to complete its work on
6 two bills to name the Philadelphia VA
7 after Corporal Michael Crescenz, our
8 Medal of Honor recipient, and you had a
9 lot to do with that. Your constant
10 advocacy and great advocacy I think is
11 very important.

12 The second thing is that all
13 members of Council co-sponsored a bill to
14 increase the veterans tax credit from
15 \$2,000 each year for businesses that hire
16 returning veterans. So that's a total of
17 4,000. To increase that to 5,000 each
18 year for three years, that being 15,000,
19 to help our veterans, including National
20 Guard and Reserve, to be able to compete
21 for jobs here in our city.

22 So I do want to encourage
23 people that we do hear the voice of
24 veterans. We do as a body very much
25 respect the service of our military, and

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2 we try to embody that in the laws and
3 these hearings, and I appreciate all of
4 your advocacy.

5 MR. GRIFFIES: Councilman Oh, I
6 would just like to add one other thing.
7 I have a brother at home dying now that I
8 served with in Vietnam of Agent Orange.
9 We lost my niece, my godchild. She was
10 39 years old. Her body was just ravaged
11 with Agent Orange. We have to do a
12 better job. I think we can do a better
13 job.

14 COUNCILMAN OH: Yes. Thank
15 you.

16 And, Ms. Santos, would you
17 identify yourself for the record and give
18 us your testimony.

19 MS. SANTOS: Yes. I would like
20 to read my entire statement. I had taken
21 some time to kind of narrow it down I
22 think to just a couple of more minutes
23 than three.

24 COUNCILMAN OH: Okay.

25 MS. SANTOS: Good morning. Let

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2 me first thank the Committee and members
3 for the attention to this important
4 matter. The City of Philadelphia and its
5 residents have come a long way in taking
6 care of our veterans, and I especially
7 thank this Administration. Councilwoman
8 Blackwell, you've always been there for
9 us.

10 Councilman Oh, I appreciate all
11 that you've done to support the work that
12 I've been trying to do here for some
13 time. However, this discussion is
14 needed, and we have a ways to go yet.
15 I'd like to see us continue in this vein,
16 open up the opportunity for other
17 veterans to come and share some of their
18 experiences.

19 The bill that's been
20 introduced, 140595, to address the level
21 of care and backlog of services for
22 veterans in the City of Philadelphia, I
23 do believe that we are being taken
24 seriously today. And I travel to
25 Washington, DC quite often. I'd like to

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2 try to bridge the gap in some of the
3 conversation between what I'm hearing in
4 Washington and some of the missing
5 conversations that are here. And I would
6 like to particularly bring the attention
7 to the bill that was signed by President
8 Obama on August 7th, HR Bill 3230, the
9 Veterans Access, Choice, and
10 Accountability Act of 2014. And the
11 three key points that this particular
12 bill addressed was to give the VA the
13 needs -- the resources that it needs,
14 ensuring timely care, and holding people
15 accountable. That's the particular area
16 of interest that I have for Philadelphia,
17 in that I believe there's a disconnect
18 between the services that we have, the
19 providers, and the process for ensuring
20 that that is done.

21 I think one of the previous
22 presenters alluded to something that they
23 were doing on the outside of the VA
24 system, but I do believe the VA has a
25 very unique platform that needs to be

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2 addressed particularly for veterans. And
3 I'd like to just kind of cover a little
4 bit of those things that I have been
5 studying and researching over the past
6 couple years.

7 My name is Cathy Santos and I
8 am a Gulf War era veteran, honorably
9 discharged as a victim of military sexual
10 trauma, had I been raped three times in
11 the military. When I transitioned back
12 to Philadelphia, it took some time to get
13 the much-needed attention I needed of my
14 particular issue. But we have began a
15 journey today of hope and healing and a
16 better quality of life, and for that, I'm
17 grateful, particularly to those who
18 helped me with advocacy, helped me to
19 address particular platforms that was
20 very, very difficult, but we are in a
21 different place today.

22 I founded the National Alliance
23 of Women Veterans, which is credited to
24 hosting the very first platform for
25 military women who were sexually

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2 assaulted in the country right here in
3 the City. We should be credited for
4 that. That was very important, because I
5 had people at that event from New York
6 City and several other states across the
7 East Coast, because they had never had
8 that happen. There was not a dry eye in
9 the place by women who had been raped and
10 never had the opportunity to share that
11 story with anybody. There was not a
12 platform to do that, even at the VA
13 Hospital. They were rejecting those
14 individuals. And my personal experience
15 was that I went to the VA Hospital for 15
16 years and there was not a record of it
17 documented in any of my records of that
18 occurrence. As a matter of fact, they
19 were telling me for 15 years that it
20 never happened and I was crazy. And I
21 have military documentation and a
22 Pentagon 15-6 investigation that they
23 were ignoring. So we are in a different
24 place today, because these are real
25 stories. There are 26,000 reported just

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2 in the last year alone.

3 I was at the Lackland Air Force
4 Base hearings in January just to hear
5 some of the stories of the women and the
6 investigation that was held by a
7 five-star general where he took four
8 hours to talk about the investigation and
9 the founded -- these are not post
10 military. This is in the service. But
11 we have to prepare for these people who
12 are coming home.

13 So just to add a little bit
14 more on what I believe my advocacy has --
15 it's important that we connect the dots
16 between what's going on at the federal
17 level and those discussions in Washington
18 and what is not happening here in the
19 City.

20 So I have spoke to this Council
21 in 2007 and I apprised our leaders of the
22 urgency preparing for the influx of
23 veterans returning from the war,
24 broadcasted on live radio WURD for five
25 years, addressing the wars in both Iraq

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2 and Afghanistan. I was going to
3 Washington, DC, sitting in on the Senate
4 Chambers and the House Chambers. I was
5 getting access just so I can find out,
6 first of all, how to get myself some
7 answers, but to bring it back. These
8 resources were very valuable, but
9 ignored. So I think that's important to
10 note. We need to connect those dots.

11 So this is seven years later,
12 and although we have made tremendous
13 progress on raising the awareness of our
14 veterans' needs, employment,
15 incarcerations, homelessness. First was
16 that mandate referring to end
17 homelessness by 2015. There are millions
18 of dollars that have been appropriated to
19 this city and veterans are still
20 homeless. It's inconceivable. But I do
21 know the answer to that question and why
22 that is, and we need to address that
23 realistically. But I also believe that
24 that was just the tip of the iceberg for
25 what we were experiencing through our VA

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2 system.

3 The many layers of issues and
4 concerns plaguing our veterans of
5 Philadelphia is occurring in every city
6 across the country. The recent reports
7 of deaths at the VA Hospital,
8 manipulating pictures, records, delayed
9 appointments are all happening at the VA
10 at 39th and Woodland Avenue. These are
11 our friends and family members, and we
12 must push harder to get to the root of
13 some of these problems, enmeshed in the
14 DNA of the VA system.

15 Since 2007, I have had the
16 opportunity to share my concerns with
17 many Washington, DC offices and
18 legislators, research symposiums where
19 veterans are coming and talking about the
20 research that they have been -- had blind
21 studies, experiments that they weren't
22 even aware of, that the adverse reactions
23 to these conditions that they're dealing
24 with, they're irreversible.

25 Cancer research, all of these

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2 different problems that veterans are
3 facing are being ignored here because
4 they're not dealt with realistically.
5 And I want to just go just a little bit
6 further just a few minutes because I
7 think it's very important that you hear
8 what Washington, DC is saying. It has to
9 hit home.

10 So I've spoken to DACOWITS, who
11 advises the Pentagon, and the Secretary
12 of State. I've given them all of this
13 information of my own experience, and
14 some of the missing pieces are that we
15 are not listening to our veterans. We're
16 not listening to them. I think we're not
17 affirming them for bringing factual
18 information. They do not have mental
19 illness in the context that they don't
20 understand what they're saying or
21 understand what they're doing. A
22 diagnosis of mental illness in the VA
23 system does not mean that a person who
24 has done 20 years in the military and has
25 overcome every major challenge having

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2 served our country come back to their
3 home of record and be diagnosed with a
4 mental illness and certainly they're not
5 functioning anymore. That's
6 inconceivable. These are some of the
7 highest trained people that exist in the
8 world right here in our cities, walking
9 amongst us, who are homeless. These
10 people have value, not only to themselves
11 but to our cities. They bring back skill
12 sets that are unimaginable.

13 My women veterans'
14 counterparts, they diffuse bombs. They
15 do chemical warfare. They know all of
16 these different things that we need to be
17 using in our systems of everyday life and
18 civilians today. But they're walking
19 around here homeless, and they're so
20 worried about the day-to-day living
21 conditions that they can't exercise their
22 abilities to be useful in a community
23 where it is even needed today post 9/11.

24 So these are the realities that
25 we're dealing with here in our cities.

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2 In my community I -- that come to my
3 house, that I opened the very first women
4 veterans facility, the Women Veterans
5 House of Faith, Hope, and Charity. These
6 women veterans will stop in my house, and
7 we try and pray together, because we had
8 no place else to go. These women were
9 somehow distracted from coming to me, and
10 I just saw one of the women the other day
11 talking to herself, disheveled, totally
12 lost. This woman is brilliant. We have
13 to do better for these military women,
14 particularly the women but the males
15 also.

16 But just to go a little bit
17 further, besides the homelessness and
18 incarcerations of our women veterans and
19 the veterans at large, I will tell you
20 there are so many options that are being
21 provided to us at the federal level that
22 are not being realized here. I served on
23 the Governor's Commission here in 2008
24 under Governor Rendell. We talked about
25 how do we offset homelessness. Eighty

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2 million dollars through the Stimulus Act
3 was appropriated to our state. None of
4 it was realized through any of the
5 veteran companies or businesses that I am
6 aware of. They raised the ceiling cap to
7 \$40 million and no veteran that I know
8 got any of that.

9 I'm a woman veteran business
10 owner. I participated in President
11 Obama's Be Wise initiative since 2009.
12 The objective is for women veteran
13 entrepreneurs to have federal set-aside
14 sole-source opportunities in federal
15 contracting. It is not realized here.
16 They don't even recognize that here
17 through the VA system or any other
18 federal agency. You can't get a contract
19 here in the City. And the two companies
20 that are listed as having received those
21 contracts are getting access through this
22 particular VA -- excuse me; through the
23 Council Chambers. The Philadelphia
24 Multiservice and Education Center are
25 leading the way with the restrictions

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2 that they're not even from the county.

3 So our resources are being accessed by

4 non-Philadelphia residents and they're

5 taking the resources to other places.

6 And this is one key point I'm going to

7 make: There are organizations that are

8 coming from other states because they

9 know of the lack of resistance here,

10 taking millions of dollars, and they're

11 taking the resources back to their home

12 states and leaving us with nothing. I

13 have all of their names. I have all of

14 the money that they're taking through

15 U.S. spending. It's federal grants,

16 federal contracts, that states are

17 sending people here because there's no

18 resistance here.

19 We are not commodities and we

20 are not for sale, and I refuse to sit

21 back and allow my 20 years of suffering

22 to be taken for granted because somebody

23 doesn't believe what we're saying is

24 truthful. You have to listen to the

25 veterans. We know what we're talking

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2 about under these circumstances.

3 And the one thing about Stand
4 Down, that is one very valuable resource,
5 four days out of a 365-day year. There's
6 another 361 days that we are here.

7 I came back here with a
8 Doctorate's Degree, and there is no
9 communication for my expertise that I
10 share. And I bring value to this city,
11 and it has been rejected by non-military
12 people. We have civilians that are
13 leading all of our organizations. Women
14 veterans rock. We reject that, because
15 the only rocking women veterans on the
16 mental health hospital are with the VA.
17 They're the only rocking women veterans
18 that -- we reject those platforms that
19 are set for us by civilian women, because
20 they are disrespectful to us. They are
21 blocking every opportunity that we have
22 as women veterans to move forward in our
23 own agendas. And this is very serious,
24 Councilman Oh, and it needs to be heard
25 here today. And my three minutes I know

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2 was probably up, but for me this is my
3 life and I only get one, and I've been
4 fighting for 20 years, and I have never
5 had the opportunity to move forward with
6 my life here in the City. And I'm
7 telling you, there's going to be a very
8 serious movement here if we don't respond
9 soon, because everybody is talking about
10 Philadelphia. In Washington they're
11 talking about Philadelphia. We are on
12 the map for moving things forward because
13 of the work that I'm doing, but it's not
14 even recognized.

15 Of the companies that have been
16 funded, there is not one single African
17 American company in this city that has
18 been funded to support the veterans
19 community. So I've been spending my own
20 money to keep myself in the conversation,
21 because it is just that important for me.
22 So I'm just saying to you, I need for you
23 to listen to me and hear me, because I
24 speak for every woman veteran that I have
25 ever met. They don't know how to

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2 navigate through this level of the
3 platform, but I go to Washington, DC. I
4 spoke at the Pentagon for the past three
5 years.

6 The African American agenda has
7 been buried under a bunch of bureaucracy
8 and foolishness and greed and corruption,
9 and we have to be realistic about it or
10 we're going to continue on in this day
11 and we're going to suffer and watch
12 veterans die. I owe my sisters who have
13 died who were in good health, but because
14 they advocated, they are dead. I've been
15 in 14 car accidents in this city, 14 car
16 accidents in this city. I've had both my
17 cars taken off my street where I got to
18 go find them, removed by the City of
19 Philadelphia. What is the problem here?

20 I'm just saying, you need to
21 hear what the obstacles are. The
22 obstacles are those who are at the helm
23 who are getting the information, they
24 have been sabotaged, harassed,
25 intimidated, and terrorized from going

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2 forward. It is very real here. And this
3 is no secret. I've been talking about
4 this for 20 years.

5 So I'm just saying today is a
6 good day for me. Today is a good day for
7 me. And I'm going to finalize and
8 conclude this on a good note here,
9 because I do believe we're going in the
10 right direction.

11 Councilman Oh, as a veteran to
12 another veteran, you understand
13 camaraderie. The civilians who desire to
14 capitalize off of our suffering has to
15 stop. That is the reality of this. And
16 I understand compassion, but as a result
17 of the compassion that's -- whether you
18 give a grant or a contract to your
19 friends that doesn't reach the veteran,
20 that's unrealistic. That's not help for
21 us. You can't tell us what we need. The
22 veterans should tell you what they need.
23 And it's not always healthcare. I don't
24 need healthcare. I am fine. But I know
25 a lot of other women who do. They open

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2 up the forum at the VA Hospital where
3 women veterans are coming to get help who
4 haven't been to the VA in 20 or 30
5 years -- it's inconceivable -- who are
6 complaining of recurring breast cancers,
7 ovarian cancers. A young lady is 30
8 years old. We have a generation of 18-
9 to 25-year-olds returning from Iraq and
10 Afghanistan who are having cancers that
11 are undiagnosed, and by the time that
12 they're diagnosed, they're irreversible
13 and they're terminal.

14 I met the research doctor in
15 Washington, DC at the research forum, and
16 he said the VA is not accepting his
17 research findings in that these women who
18 are coming from Afghanistan and Iraq and
19 coming up to our cities, they are not
20 being treated for their illnesses. How
21 evil and wicked is that? Why can't we
22 get some realistic conversations here?
23 And my recommendations, which I'll end,
24 we need to have some real town hall
25 meetings with the veterans, unrestricted,

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2 uninvited. Just open up a platform where
3 these veterans can come and share, and
4 I'm sure they would welcome the platform.
5 They are not as angry as you think.
6 They're frustrated because they're being
7 disrespected.

8 Respect the veterans. They
9 need to be affirmed in what they're
10 saying is factual. Nobody has time to be
11 sitting back making up these stories.
12 They are real. These are real people.

13 Councilwoman Blackwell, you
14 understand what I'm saying.

15 Councilman Oh, you understand
16 what I'm saying.

17 And for those veterans here,
18 thank you for your service, and I know
19 you understand what I'm saying. I know
20 you hear my frustration, but I'm in a
21 different place. I am healing. I'm on a
22 different path today as I was when I was
23 here before in 2007. But I'm grateful
24 that the opportunity exists for us to
25 connect the dots. There are millions of

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2 dollars that are sitting back in
3 Washington, DC because no veteran is
4 applying for sole-source set-aside
5 federal contracting opportunities. My
6 company was selected out of 30 for a
7 3,000 attendee event in November to
8 showcase a national conference for women
9 veterans in business. That's a whole
10 other world than homelessness.

11 We have to present the options
12 so that the women can have some balance
13 in their choices for what can be done in
14 their lives. You understand what I'm
15 saying? Homelessness is not our only
16 way, but the developers who have gotten
17 part of the \$162 billion or the \$500
18 billion that's been appropriated to
19 Pennsylvania post 9/11, everybody is not
20 homeless and some of those properties
21 that are being appropriated, most of us
22 as veterans, we have been given a
23 certificate of eligibility to build our
24 own homes. We don't need you to build
25 our houses. We want to build our own

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2 homes. Give us the resources so that we
3 can do what we need to do ourselves.

4 Thank you so much for this
5 time, and please allow me to --

6 COUNCILMAN OH: Thank you very
7 much.

8 MS. SANTOS: Please allow me to
9 keep the conversation open for the
10 Washington, DC discussions, because that
11 needs to be told what's going on in
12 Washington so that all women veterans can
13 have access to the same information and
14 resources that I have taken for myself.

15 COUNCILMAN OH: Thank you very
16 much.

17 MS. SANTOS: Thank you.

18 COUNCILMAN OH: And all of you,
19 thank you for your testimony.

20 Clerk, would you call the next
21 panel of witnesses.

22 COUNCILWOMAN BLACKWELL: May I
23 say --

24 COUNCILMAN OH: I'm sorry.
25 Councilwoman Blackwell.

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2 COUNCILWOMAN BLACKWELL:

3 Absolutely.

4 May I say, Cathy Santos, thank
5 you. We know about all your programs
6 over the years. We thank you.

7 And, Mr. Lewis, you know, you
8 folks who knew the late and great Lucien
9 Blackwell have my full love and respect.
10 Thank you for all your commitment.

11 Thank you, Ms. Santos, too.
12 Thank you.

13 COUNCILMAN OH: Thank you,
14 Councilwoman.

15 THE CLERK: Larry Holman, Mike
16 Huml, Kenneth O'Donnell.

17 (Witnesses approached witness
18 table.)

19 COUNCILMAN OH: If we are
20 missing a witness, then I will ask that
21 we move on to the next witness so that we
22 will have three to testify up front. So,
23 Clerk, would you read the next witness.

24 THE CLERK: Al Vitiello.

25 (Witness approached witness

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2 table.)

3 COUNCILMAN OH: Thank you very
4 much.

5 And, Mr. Holman, would you
6 please identify yourself for the record
7 and provide us your testimony.

8 MR. HOLMAN: Yes. My name is
9 Larry Holman and I'm a Vietnam veteran.
10 I'm here on behalf of Vietnam veterans
11 today.

12 I have submitted my testimony
13 in writing earlier.

14 COUNCILMAN OH: Yes. Thank
15 you.

16 MR. HOLMAN: So in the interest
17 of time, I'm going to just touch on those
18 most important parts.

19 My education, I have a
20 Bachelor's of Science in healthcare
21 administration, and I also have graduate
22 degrees in human resources and
23 organization and management. And so when
24 I hear about problems with delivering
25 services to veterans, that part of my

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2 brain kicks in and I try to find
3 solutions that can be recommended.

4 To begin with the subject of
5 services to over 80,000 veterans who
6 reside in Philadelphia, it's important to
7 acknowledge the various governmental
8 echelons devoted to that goal. At the
9 local level, we have the Philadelphia
10 Veterans Advisory Commission operating
11 under the authority and oversight of the
12 Philadelphia City Council. In other
13 counties in Pennsylvania, there is a
14 County Director of Veterans Affairs with
15 duties as spelled out in state law.

16 At the state level, there is
17 the Philadelphia Department of Military
18 and Veterans Affairs, DMVA, commanded by
19 The Adjutant General, TAG, who reports to
20 the Governor. Reporting to TAG is the
21 Deputy Adjutant General for Veterans
22 Affairs, DAGVA, who administers all
23 Commonwealth veterans programs in
24 accordance with Title 51. The Veterans
25 Affairs and Emergency Preparedness

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2 Committees of both chambers of the
3 Pennsylvania General Assembly have direct
4 oversight and funding responsibilities.

5 At the federal level, there is
6 the Department of Veterans Affairs, which
7 is presided over by the Secretary of
8 Veterans Affairs, who reports to the
9 President of the United States. The DVA
10 consists of three administrations, the
11 Veterans Health Administration, the
12 Veterans Benefits Administration, and the
13 National Cemetery Administration. The
14 Veterans Affairs Committees of both
15 houses of the U.S. Congress have direct
16 oversight and funding responsibilities.
17 In Philadelphia, there is the VA Medical
18 Center at 3900 Woodland Avenue and the VA
19 Regional Office, 5000 Wissahickon Avenue.
20 There are also various community-based
21 outpatient clinics and VA vet centers.
22 The VA Medical Center reports to the VA
23 Integrated Service Network No. 4 in
24 Pittsburgh.

25 Now, if every echelon did all

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2 that is expected and is fully funded to
3 do all that is expected, there would be
4 no deficiencies in services provided. If
5 one echelon fails to perform a particular
6 aspect of their duties up to the standard
7 expected, then the other echelons are
8 expected to rally to the task of
9 corrective action. If there is a
10 systemic and long-term failure on the
11 part of one echelon, that signals the
12 failure of either or both of the other
13 two echelons.

14 At each governmental echelon,
15 there are echelons of the various veteran
16 service organizations that are to be in
17 liaison with the corresponding
18 governmental echelon. For example, most
19 VSOs have a county echelon, consisting of
20 several posts or chapters or districts
21 within that county. Most VSOs have a
22 state and department echelon, consisting
23 of all counties or districts within that
24 state or department. Most VSOs have a
25 national echelon, consisting of all

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2 states or departments within the nation.
3 Each VSO echelon should collaborate with
4 the corresponding governmental echelon,
5 provide feedback, and communicate with
6 and on behalf of their membership. These
7 VSOs expand the outreach capacity of the
8 governmental echelon.

9 For example, in Pennsylvania,
10 Act 66 of December 12, 2007 changed Title
11 51 to create the Service Officer Grant
12 Program. The Commonwealth provides funds
13 to compensate VA-accredited veteran
14 service officers who are service
15 representatives of a particular VSO, such
16 as the American Legion, VFW, VVA, et
17 cetera. There is a requirement that
18 participating VSOs be congressionally
19 chartered and a member of both the
20 Pennsylvania War Veterans Council and
21 Pennsylvania State Veterans Commission.

22 In addition, all Pennsylvania
23 Directors of Veterans Affairs are
24 required to assist veterans and their
25 families in filing their claims for

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2 veterans benefits, disability
3 compensation, pension, et cetera. Also,
4 the staff at the DMVA performs those
5 functions.

6 VSOs are another part of the
7 feedback loop in the control function of
8 management. When there are systemic
9 failures of one or more government
10 echelons, then the VSOs must do a
11 self-evaluation as to their effectiveness
12 as veterans advocates.

13 One of the more important
14 functions performed by VSOs is the
15 advocacy with legislators through
16 letter-writing, telephone calls, and
17 testimony before hearings, all on behalf
18 of their membership and consistent with
19 resolutions passed at the conventions of
20 their various echelons. Another
21 important function of VSOs is educating
22 their membership on the laws, policies,
23 and benefits that apply to their
24 situations through newsletters and
25 website and social media postings.

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2 Whereas employees of a
3 bureaucracy within the government may not
4 be able to easily alert their legislators
5 or their legislative overseers of funding
6 shortfalls and counterproductive
7 policies, the VSOs can easily bring these
8 matters to the attention of appropriate
9 legislators and press to have corrective
10 actions taken.

11 Considering the above
12 realities, it is imperative that a
13 veterans needs assessment be performed
14 for Philadelphia. Such a study at the
15 state level is currently underway, if not
16 already completed, by Penn State
17 University Harrisburg. Perhaps the same
18 investigators could be commissioned to
19 perform the same study on a more limited
20 basis for just Philadelphia.

21 In any event, in order for
22 anyone to perform a control function,
23 certain data based on various performance
24 and productivity measures must be
25 collected and analyzed. Therefore, the

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2 VAMC and VA Regional Office and the vet
3 centers in Philadelphia should be
4 requested to publish all the statistics
5 regarding their operations. Such data
6 should include the total number of
7 veterans treated in each VAMC clinic or
8 on each service in the VAMC during each
9 month, the total number of appointments
10 requested during each month, the total
11 number of appointments scheduled during
12 each month, and the waiting time of each
13 scheduled appointment. The data should
14 also include the number of claims
15 received from the Philadelphia residents
16 by the VA Regional Office during each
17 month, the number of those claims
18 adjudicated by the VA Regional Office
19 during each month, the total dollar
20 amounts awarded for those claims during
21 each month, the number of unprocessed
22 claims sitting in the queue to be
23 processed at the end of each month, the
24 average age of each claim processed
25 during each month, and the average age of

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2 each unprocessed claim sitting in the
3 queue to be processed at the end of the
4 month. The data should also include the
5 number of applications for educational
6 benefits received, processed, and dollar
7 amounts involved. The data should also
8 include the number of insurance products
9 placed, claims processed, amounts
10 disbursed, et cetera. The data should
11 also include the number of home mortgage
12 loans processed during each month and
13 dollar amounts involved. Any other
14 pertinent data should also be published.
15 There should also be a method of
16 gathering and publishing all data
17 regarding employment and unemployment
18 among veterans in Philadelphia. Such
19 data may be under the purview of the
20 Department of Labor; regarding the number
21 of veterans enrolled in the education
22 programs by educational institutions
23 within Philadelphia, along with the
24 completion rates; regarding the number of
25 veterans from Philadelphia that are

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2 incarcerated and institutions in which
3 they are incarcerated; regarding the
4 number of homeless veterans in
5 Philadelphia and the number of homeless
6 veterans provided housing in
7 Philadelphia; regarding the number of
8 veteran suicides, veteran suicide
9 attempts, and successful suicide
10 interventions in Philadelphia each month;
11 regarding the number of Philadelphia
12 veterans diagnosed with a substance abuse
13 disorder during each month and how many
14 successfully completed a rehabilitation
15 program; regarding the number of veterans
16 arrested during each month; regarding the
17 number of deceased veteran burials during
18 each month and the name and location and
19 place of interment; regarding the number
20 of suicides, suicide attempts, arrests,
21 losses of housing, and substance abuse
22 diagnoses issued among veterans who were
23 waiting for a claim for VA disability to
24 be processed and/or for an appointment
25 for veterans who were waiting for a claim

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2 for VA -- excuse me; for healthcare from
3 the VA; and the amount of bonuses paid to
4 VA managers on a monthly basis and the
5 justification for the awards; in other
6 words, the savings claimed. Note that it
7 may be alleged that the major method
8 whereby the VA saves money is by
9 withholding services from veterans.

10 This data should be readily
11 available from the VA managers who have
12 functional responsibility for the
13 particular data elements. Some data may
14 require some efforts to initiate
15 collection and reporting.

16 If any reviewing individuals or
17 entities notice that the data do not
18 reflect the desired quantity or quality
19 of service being rendered to veterans,
20 then they may make further inquiries to
21 determine the appropriateness of certain
22 corrective actions. Based on the results
23 of those inquiries, they can pursue the
24 matter up the echelon chain of command or
25 to the oversight committee of the

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2 Legislature.

3 The Philadelphia Veterans
4 Advisory Commission should consider as a
5 model the manner in which the
6 Pennsylvania State Veterans Commission
7 was formed and in which it functions.
8 For example, the Pennsylvania State
9 Veterans Commission at each of its
10 meetings reviews the details of the
11 activities of the Pennsylvania Department
12 of Military and Veterans Affairs as
13 pertains to various benefits and services
14 provided to veterans by the Commonwealth.
15 If such a model were to be adopted, it
16 would be the function of the Philadelphia
17 Veterans Advisory Commission to collect
18 all the data, to analyze it, to compile
19 it into a meaningful and informative
20 report, and to publish the report so that
21 it could be accessed by all governmental
22 and VSO echelons. The analysis of such
23 data should include an attempt to compare
24 the data to that applicable to other
25 similar locales in Pennsylvania such as

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2 Pittsburgh.

3 It would also appear important
4 for this data to be getting collected by
5 the Pennsylvania Department of Military
6 and Veterans Affairs and getting rolled
7 up into a statewide report. The DMVA
8 will then, to a greater extent, be
9 fulfilling the intent and spirit of its
10 charter. Perhaps collaboration between
11 the Philadelphia Veterans Advisory
12 Commission and the Department of Military
13 and Veterans Affairs will result in this
14 outcome.

15 In conclusion, some have said
16 what gets measured gets done or what gets
17 measured gets managed. Peter Drucker and
18 W. Edwards Deming may have originally so
19 postulated. Sometimes we get too
20 enamored with leadership at the expense
21 of commonsense management. For more on
22 the difference between leadership and
23 commonsense management, see "Management
24 is (Still) Not Leadership" by J.P.
25 Kotter.

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2 Finally, I'd like to thank this
3 Committee for allowing me to testify on
4 these critical issues. I look forward to
5 working with members of this Committee
6 and City Council to help ensure that
7 essential controls are put in place to
8 maintain a high level of accountability.

9 Thank you very much, sir.

10 COUNCILMAN OH: Thank you very
11 much.

12 I'm going to say at this point
13 in time that I have let the testimonies
14 go on because you've been sitting here a
15 long time and each of you have been, to
16 my knowledge, leaders for many years in
17 veterans issues. I will, however, have
18 to start speeding up things because we
19 cannot sit here all day, and I just got
20 notice about how many more witnesses we
21 have and it's kind of a lengthy list.

22 I will note that Dr. Spraggins
23 has to catch a train, and so I'll ask her
24 to come up and sit where Mr. Holman is
25 seated and we'll move down our list and

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2 then she'll be right after these two
3 gentleman.

4 So would you begin your
5 testimony. Just identify yourself for
6 the record and give us your statement.
7 Thank you.

8 MR. HUML: Good afternoon. My
9 name is Mike Huml. I would like to say I
10 had written a speech and wrote it out as
11 good morning, but sometimes it doesn't
12 always work that way. So I will say good
13 afternoon, Council. I appreciate you
14 letting us come here to testify.

15 Again, my name is Mike Huml. I
16 have been a lifelong resident of
17 Philadelphia. Once drafted, I spent two
18 years of active duty in the Army. One of
19 those years was with the 11th Armored
20 Cavalry Regiment who fought in both
21 Cambodia and Vietnam.

22 Upon my return from Vietnam, I
23 visited the center on Wissahickon Avenue.
24 I needed dental work. There were not an
25 awful lot of dentists out in the jungle,

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2 and my dentist advised me to see the VA
3 to see if they would assist in payment,
4 and I did. The VA provided me with
5 paperwork. The dentist completed the
6 paperwork, and within two or three weeks,
7 he received it back and my private
8 dentist forwarded me to another dentist
9 down in Tacony, who was actually an oral
10 surgeon, who removed the teeth, and
11 everything, as well as teeth extraction
12 can be, went fine.

13 I also entered Community
14 College through the VA. The checks, I
15 could honestly say, were reasonably on
16 time. However, the school was not --
17 Community College did not push the
18 veterans at that time. If the check was
19 late, the school itself worked very well
20 with us. So I did not consider that a
21 major problem. They eventually got their
22 money. I eventually even graduated and
23 went on and continued my education at
24 LaSalle and did complete in 1983.

25 Approximately four years ago I

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2 was diagnosed with lung cancer, COPD, and
3 emphysema. I remember several people
4 telling me that lung cancer could be
5 caused by Agent Orange and that I should
6 file with the VA. I did take the
7 recommendation and filed. I supplied the
8 VA with a copy of my DD-214, which
9 indicated that I was in the Republic of
10 Vietnam, in addition to being combat
11 decorated.

12 I had spent a great deal of
13 time in recovery from the lung cancer
14 surgery. I was not sure the exact amount
15 of time, but I was advised by the VA that
16 the information was received and that I
17 would be hearing from them in the near
18 future.

19 Within a few weeks, not months
20 or years, I was advised that I was
21 approved for a disability. This was
22 great news to me and as much as my
23 employer's vacation time and sick leave
24 ran out. I continued to see the doctors
25 and professional staff at the VA. They

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2 are experienced and attentive to my
3 concern. My primary contact with the VA
4 does not hesitate to issue referrals to
5 the health issues I have.

6 I would like to take this
7 opportunity for thanking you to allow me
8 to present my feelings on the VA. Like
9 all large organizations, they all have
10 problems. We as citizens and veterans
11 must attempt to work with them and assist
12 them to correct them.

13 Thank you very much.

14 COUNCILMAN OH: Well, thank you
15 for your testimony, for your service, and
16 for your testimony about the very good
17 treatment that you've received, and it's
18 certainly very encouraging for us to hear
19 that. So thank you, sir, for taking this
20 time out to do that.

21 MR. HUML: You're welcome, sir.

22 COUNCILMAN OH: Would we be
23 able to go to Dr. Spraggins. Would you
24 let that -- so she can catch her train.
25 Thank you very much.

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2 DR. SPRAGGINS: Good afternoon,
3 Councilman David Oh and Councilwoman
4 Jannie Blackwell and Councilman Dennis
5 O'Brien. My name is Dr. Joi Spraggins.
6 I'm President of Legacy Pathways-Legacy
7 Bridges. I am an economic diversity and
8 workforce development consultant that
9 creates and facilitates sustainable
10 private-public evidence-based best
11 practice models. I am a veteran-friendly
12 employer and a lot of my employees are
13 veterans.

14 I dedicate my testimony today
15 to my family, City Council members, and
16 all of the veterans that serve our
17 country. I stand today in the footprints
18 of my uncle, Cecil Raymond, a veteran, a
19 man of faith, civil rights leader,
20 community and youth advocate who recently
21 died while waiting many years to receive
22 veterans benefits. Due to his
23 frustration with the VA, he died without
24 receiving the benefits due to him. My
25 family ensured that he had a highly

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2 respectable and high-level dignity
3 funeral that reflected his pride of being
4 a veteran. He truly was a legacy leader.

5 I also dedicate my testimony to
6 my other uncle, Alvin Majors. He is a
7 veteran who is suffering from double
8 cancer disease due to exposure to Agent
9 Orange.

10 Councilwoman Blackwell -- and I
11 am so honored to live in your district --
12 and Councilman Dennis O'Brien and
13 Councilman Oh, thank you for your legacy
14 leadership role in our communities. Your
15 compassion and consistent public servant
16 leadership help our city and the world
17 hear the voices of the many who serve our
18 cities, law enforcement officers,
19 veterans, and the family members, which
20 include myself.

21 I'd like to share with you for
22 a moment a very personal story, and it's
23 the first time in public. Yesterday was
24 my birthday, so I know this moment is God
25 driven.

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2 As an economic diversity and
3 workforce development consultant on the
4 Juvenile Justice Center under the
5 leadership of Councilwoman Jannie
6 Blackwell, along with Deputy Mayor
7 Everett Gillison and the Department of
8 Public Property and the Office of OE0 --
9 and I have to give credit also to Maceo
10 Cummings, the former Vice President of
11 the Temple Group -- I customized my
12 Legacy Pathways and Footprints model for
13 the Juvenile Justice Center, and my role
14 was to ensure that we increase minority
15 participation for minority women and
16 veterans-owned business, as well as
17 workforce development opportunities. The
18 model as recognized is a national
19 demonstration model.

20 At the conclusion of the
21 construction project at our last
22 community meeting, I was so proud,
23 because it took a unified force to really
24 have the type of impact. Moments later,
25 I received a phone call that my father

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2 committed suicide. We did not know at
3 the time that he suffered from post
4 traumatic stress. Needless to say, the
5 phone call stressed all of us out. He
6 was a veteran, and we missed the signs.

7 They say in order to heal
8 yourself, it is best to heal others, and
9 so I had to pull all my life together.
10 And, Councilwoman, that's pretty much why
11 the people in the community say, Where
12 have you been? I've been healing.

13 I've been talking to veterans
14 to help understand how could this be. By
15 the greatness of God, I have learned to
16 hear so many stories about the post
17 traumatic stress. I've even talked to
18 commanders who say that employers -- some
19 of the veterans are afraid to talk about
20 post traumatic stress with their
21 employers because they get fired. I'm an
22 employer and am proud to hire any veteran
23 that's looking for a job.

24 I stand here today in a legacy
25 leadership role. I would like to

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2 continue the journey to customize my
3 Legacy Pathways and Footprints model to
4 help serve, to work with the City Council
5 members, and to work with the veterans,
6 because together we can solve the
7 problem. It is not just one person's
8 solution. It is a collaborative
9 solution. And I thank you today because
10 today I was headed to Harrisburg, which
11 I'm going to do, but God asked me to give
12 your office a call, and I'm so glad that
13 I'm here. And I want you to know that I
14 thank you for your leadership role. I
15 thank the veterans every day that I get
16 up, and I am proud to be an American and
17 to stand forward in honor of all of my
18 family and the veterans and to share the
19 voices that's heard. It is important
20 that we build trauma-informed care
21 centers in the community and partner with
22 the families who care most.

23 Thank you and God bless you.

24 COUNCILMAN OH: Thank you very
25 much for your testimony --

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2 (Applause.)

3 COUNCILMAN OH: -- and sharing
4 that very personal and obviously very
5 difficult story, but I think your
6 testimony will effect a lot of positive
7 good. Many times we have to hear that,
8 the public and the City, we have to hear
9 those stories to understand what
10 motivates you and what can happen and how
11 important it is for us to do this job
12 right. So thank you for staying. I know
13 you were busy. You're on your way to
14 Harrisburg, and I appreciate, as I do
15 believe that all of our Council and
16 Administration appreciates, your
17 commitment and service.

18 DR. SPRAGGINS: Thank you.

19 COUNCILWOMAN BLACKWELL: Let me
20 add, thank you, Dr. Joi. We work
21 together on many, many issues. This is
22 the first time we've heard this, and God
23 bless you, keep you.

24 DR. SPRAGGINS: Thank you.

25 COUNCILMAN OH: Sir, would you

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2 identify yourself and then give us your
3 statement.

4 MR. VITIELLO: Yes. My name is
5 Al Vitiello, but before I begin, I'd just
6 like to ask the Council a rhetorical
7 question. Am I the only one that
8 received the memo on casual dress today?

9 COUNCILMAN OH: No. You are
10 fine. You look wonderful.

11 MR. VITIELLO: All right.
12 Thank you.

13 As I said, my name is Al
14 Vitiello. I'm originally from New
15 England, but every day that goes by, I'm
16 learning a new love for the City of
17 Philadelphia. And I found out just
18 recently and that it truly is the City of
19 Brotherly Love.

20 I'm going to tell you a little
21 bit about my background, but I'm not
22 going to speak about myself in regards to
23 the VA for two reasons. I'm here as an
24 advocate for veterans, but also I'm here
25 on behalf of the VA.

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2 When I was barely 18 years old,
3 I volunteered to go to Southeast Asia in
4 the Marine Corps. When I was being
5 discharged from the Marine Corps at the
6 end of my duty, I took my discharge
7 physical, and at that discharge physical,
8 I was told by a naval captain that I had
9 physical deficits that I didn't have
10 prior to coming into the Marine Corps,
11 and he said that I should apply for my
12 health benefits before I leave the Marine
13 Corps. And I said, That's fine. Could
14 you please give me the forms to fill out
15 and I'll fill them out now.

16 And he just laughed at me and
17 he said, Oh, no, Marine. He said, You'll
18 be in the Marine Corps another three to
19 six months.

20 And I said, No, I won't. I
21 just finished taking my discharge
22 physical. I go home next week. And I
23 went home the following week. That was
24 40 years ago, more than 40 years ago.
25 And I haven't had much to do with the VA

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2 up until about five years ago. And I was
3 taking a course at one of the veteran
4 centers and I fell and broke my ankle
5 and, of course, as a veteran, they sent
6 me to the VA Hospital. That was my first
7 occurrence or involvement with the VA.
8 And, as I said, one of the reasons why
9 I'm here is because I believe in what the
10 VA does. I believe that the VA here
11 in -- the Philadelphia VA Medical Center
12 is probably one of the best hospitals
13 I've been to, and I'm going to give you a
14 little bit about my background.

15 After I got out of the VA, I
16 went to college, and thanks with the help
17 of the GI Bill at the time, I was able to
18 get three degrees from Northeastern
19 University, a degree in criminal justice
20 and forensic science, a degree in law
21 enforcement, and a degree in safety and
22 security administration.

23 I worked for three large
24 multi-billion-dollar corporations, one
25 corporation now known as Tyco

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2 International. Back then it was called
3 Tyco Laboratories. And I worked directly
4 for the Chairman of the Board as a
5 troubleshooter. When there was a problem
6 with one of the divisions, I would go to
7 that division and do some
8 troubleshooting, find out what the
9 problems were, report back to the
10 Chairman of the Board, and we would come
11 up with a solution to the problem. And
12 that's why I'm here.

13 I grew up me being told by my
14 parents and my grandparents -- and I am
15 going to try to be as brief as possible.
16 I grew up being told by my parents and my
17 grandparents that if you're not part of
18 the solution, you're part of the problem.
19 And I think that's one of the problems at
20 the VA Hospital. There are some
21 employees there that feel as though
22 they're entitled to just show up for work
23 every day and collect a paycheck every
24 two weeks. Whether they do their job
25 proficiently or professionally or with

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2 respect doesn't really matter much to
3 them. But there's a much greater
4 number -- it's not a large number, but
5 it's still a significant number, but
6 there are a much greater number of
7 employees, doctors, nurses, support
8 staff, that work at that hospital. And I
9 could name a bunch of them. I just want
10 to name a few.

11 Dr. Robinson, who is in charge
12 of physical rehab department, the whole
13 second floor, and cognitive therapy and
14 rehab therapy, a tremendous doctor, very
15 compassionate. He's also at the CLC
16 building and he's always going back and
17 forth. I've never seen a person walk so
18 fast as he does. And he's there from
19 early in the morning until late at night.
20 I've been there early in the morning when
21 he has already been there for an hour and
22 late at night when he was going out one
23 of the doors. Tremendous man. He was
24 responsible for my physical therapy after
25 I had three strokes. Well over a year

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2 ago, I had three strokes, one of which
3 was actually misdiagnosed, but I won't
4 talk about that. And I went to my
5 physical therapy there.

6 Dr. Yagnik in the neurology
7 department; Dr. Gustafson, a U of Penn
8 doctor who also works at the VA,
9 tremendous doctors. Dr. Grodecki, my
10 primary care doctor, and a whole school
11 of other doctors and nurses.

12 The VA I feel as a veteran has
13 gotten a bad rap. I've talked to a lot
14 of veterans that are serviced at the
15 Veterans Administration Hospital, and I
16 really believe that a lot of people are
17 easy to jump on the bandwagon. They
18 don't look at the good that's been done.

19 I met with a group of veterans
20 that were actually talking about -- they
21 were so angry, more about their benefits
22 than about their healthcare they've been
23 given, but more angry about their
24 benefits, and they were planning on
25 picketing the VA in Philadelphia, and I

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2 said to them, What is that going to
3 accomplish but other than getting some
4 bad publicity for the VA here in
5 Philadelphia that will last for a week.
6 But they're not going to remember the
7 good things. They're not going to know
8 the good things that happen in this VA,
9 how many lives have been saved here, how
10 many veterans have been serviced. This
11 is an old hospital. It's a very old VA.
12 I believe it was built around 1927, maybe
13 1947. I'm not sure, but it's an old
14 hospital and it is very broken.

15 The new staff that runs that
16 hospital, including our Director,
17 Mr. Hendee, they're all very new.
18 They've inherited a very broken facility,
19 and it's broken in very many ways. Many
20 departments are broken. Some of the
21 things that are broken is the continuity
22 in the employees, the difference between
23 some of the really great employees that
24 we have there and some of the people that
25 are just there to collect a paycheck.

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2 I'm going to try and sum it up
3 as best I can in three words that will
4 summarize probably something everybody
5 that has spoken today has mentioned.
6 There are two major problems in that
7 facility other than the fact that it's
8 old and it needs to be updated and we've
9 got a new staff there. They need the
10 support of not only the veterans and all
11 their employees, but of the community.
12 As Mr. Hendee said, we had two meetings
13 last week. One was a town meeting, and
14 he offered to all the veterans that were
15 there a chance to speak up and tell us
16 what's on your mind, be open and be
17 honest. Unfortunately, what he forgot to
18 say is be brief.

19 But in any case, I attended
20 that meeting, and the meeting almost got
21 out of control, and all the veterans that
22 spoke -- most of the veterans that spoke
23 and every veteran that spoke spoke about
24 their own occurrence and their own bad
25 experiences in terms of getting their

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2 benefits or in some cases getting the
3 healthcare they needed. Well, I
4 wonder -- and there's probably no way to
5 do it because of the HIPAA laws and
6 because of the data would almost be
7 impossible to obtain -- to compare the VA
8 Hospital and how it should resolve its
9 veterans from a very broad area, the
10 Greater Philadelphia area, going into
11 numerous counties, Southern New Jersey,
12 Central New Jersey, Delaware, and even
13 some come up from as far as Maryland and
14 some even come from West Virginia. But I
15 was wondering how we would compare with
16 other hospitals in terms of how well we
17 do. I don't think we get the credit it
18 deserves. I don't think the staff has
19 been given a chance. I think let's give
20 them a chance. And they've already
21 figured out by now -- and I'm going to
22 summarize what probably just about
23 everybody has touched on that has spoke
24 today. There's three major -- three
25 problems. Two of them are major problems

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2 in that facility. And one is
3 accountability. Not everybody takes
4 accountability for their actions. The
5 other one is communications. There's a
6 very big lack of communication between
7 the administration of the hospital, the
8 employees, and among the employees of the
9 hospital as well as among the veterans.
10 And then in between those two, there's a
11 smaller problem called training. And I
12 think if there was better training with
13 some of the support staff, the VA would
14 run much more effectively.

15 I want to bring up one last
16 issue, and the last issue is the
17 Behavioral Health Department in that
18 hospital is a model department, and the
19 reason why it's a model department is, we
20 have such an accumulation of professional
21 doctors and staff, including the support
22 staff. And one thing that's overlooked
23 is, the support staff in many cases are
24 the people that first veterans coming to
25 that VA facility, the support staff at

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2 the front desk are the first people they
3 encounter. If they have a bad experience
4 with their first encounter with a support
5 staff person at the VA, that's what's
6 carried with them through their
7 experience at the VA, and they end up
8 doing what's called the VA shuffle, which
9 means you go from one department to
10 another to another to find out where
11 you're really supposed to be.

12 In any case, I just want to
13 state that the Behavioral Health
14 Department in that hospital is probably
15 the biggest, if not one of the biggest,
16 departments in that hospital and it's an
17 excellent hospital and it should be the
18 model for the rest of the departments in
19 that hospital. I think the VA facility
20 is a great facility. And I don't want to
21 talk about what it was. I want to talk
22 about now, what it is now and what it
23 could be, and I think it could be a great
24 medical facility.

25 Thank you very much for your

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2 time.

3 COUNCILMAN OH: Thank you very
4 much for your testimony.

5 Thank you both, gentlemen.

6 And I'll ask the Clerk to read
7 the next list of witnesses.

8 THE CLERK: Carl Moore, Al
9 Willis, Tracy Blackwell.

10 (Witness approached witness
11 table.)

12 COUNCILMAN OH: And then after
13 Tracy Blackwell?

14 THE CLERK: Soni Hodgis -- Suni
15 Hodgis.

16 MS. HODGIS: Sonya.

17 THE CLERK: Sonya Hodgis.

18 COUNCILMAN OH: And after Sonya
19 Hodgis?

20 (Witness approached witness
21 table.)

22 COUNCILWOMAN BLACKWELL: Mr.
23 Chairman, may I note that Ed Speller is
24 here. We've been talking about Stand
25 Down and his leadership and all that he

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2 does, and I thank him for honoring his
3 honor for me and so many others and just
4 the leadership he provides.

5 COUNCILMAN OH: Thank you very
6 much, Councilwoman.

7 THE CLERK: Robert Robinson,
8 Glenn Eric Cuff.

9 COUNCILMAN OH: And one more
10 after that?

11 THE CLERK: That's it.

12 COUNCILMAN OH: This is our
13 last panel.

14 THE CLERK: This will be our
15 last panel. Carl Moore stepped out.
16 He'll be right back.

17 COUNCILMAN OH: Who stepped
18 out?

19 THE CLERK: Carl Moore.

20 COUNCILMAN OH: Okay. Carl
21 Moore. And then if Ed Speller would like
22 say something, certainly we'll end there.

23 So you're not the last panel,
24 but please provide us with your
25 testimony. So we'll start from the left

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2 and move to the right. So please state
3 your name and provide us your testimony.
4 Thank you.

5 MS. HODGIS: I'll be very
6 brief. My name is Sonya Hodgis. I was
7 in the military. I got out in 2008. I
8 wasn't going to speak today, but I
9 changed my mind.

10 I have a psychiatrist and a
11 psychologist. I've been in therapy since
12 2011. I have PTSD. I will tell you why
13 I don't trust the Director of the
14 Hospital or the administration.

15 In 2010, I was sexually
16 harassed by a doctor. I didn't tell
17 anybody because I was afraid, and
18 sometimes in the military when you're
19 sexually harassed or assaulted and you
20 speak out, things get worse.

21 So this was my doctor during my
22 C&P for my physical exam that was very
23 inappropriate. He didn't expose himself,
24 but he said some things that were very
25 inappropriate. So when I had my C&P

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2 for -- because you're in the military, so
3 you know what I'm saying.

4 When I had my C&P for my psych,
5 it was like a godsend. I was so sad and
6 I was so scared, and he encouraged me to
7 go to Patient Advocacy and to report this
8 inappropriate behavior. But
9 unfortunately, in 2010 they just
10 completely abandoned me. This doctor, he
11 wasn't paid off. That's not the right
12 terminology, but he was given a package
13 to leave, because he had been there for
14 30 years.

15 I've been going to my therapy
16 every two weeks since 2011, and they
17 really are my friends. And he is right
18 about Behavioral Health. They're really
19 great up there. That's pretty much the
20 only place I really like.

21 I suffer from homicidal
22 thoughts, violent thoughts. So around
23 May, June, I was suffering again and I
24 was very angry and upset, and there were
25 some people I wanted to hurt. So I told

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2 my therapist if these thoughts do not
3 dissipate, leave me, I will go to the 7th
4 floor and check myself in. Now, the
5 people I wanted to hurt were actually
6 doctors at the VA Hospital who treated
7 me, tried to treat me. One was a doctor.
8 I had a hysterectomy. Another one was in
9 the ER.

10 So when I went to the 7th floor
11 and I told them, I'm having homicidal
12 thoughts, I need help -- and I'm not
13 ashamed to admit this anymore. I need
14 help.

15 So I checked myself in. You
16 have to wait a couple hours. You go to
17 the 7th floor. It is atrocious the lack
18 of respect, the lack of care that I
19 received. Not only me -- I don't have
20 the paperwork, but I am more than happy
21 to bring it to your desk -- nine of us
22 received.

23 When they checked me into my
24 room on the psych ward, I'm already
25 emotionally disturbed. I'm coming to you

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2 to get help so I won't hurt myself or
3 hurt anybody else.

4 They checked me into a room.

5 The nurse -- after you do your
6 in-process, they ask you all these
7 questions, then you go to your room. The
8 nurse was so nice. So we go in the
9 bathroom and I see like a little thing of
10 soap. I said, I don't think they cleaned
11 this room. So I wasn't going to say
12 anything. I said, I'll throw it in the
13 garbage. Well, I went to go use the
14 restroom. There was dried urine, a pubic
15 hair on the toilet seat. I said,
16 unbelievable. I lost it, literally lost
17 it. I didn't attack anybody, thank God,
18 but I lost it. I said, How could you --
19 besides the VA Hospital, this is a
20 hospital. You're checking me into a room
21 with dried urine and one pubic hair on
22 the toilet seat, shampoo in the shower,
23 trash is not empty.

24 So they said, Calm down, calm
25 down, calm down. They had to tell me

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2 that several times after about ten
3 minutes. We'll take you to another room.

4 So I went around the corner.

5 They said, Calm down, we're going to call
6 housekeeping. We're going to clean the
7 room. You'll be okay. You're safe.

8 Because, you know, PTSD, you want to feel
9 safe, and I didn't feel safe, and I
10 couldn't leave because you can't leave
11 the psych ward. You have to sign a
12 72-hour to leave.

13 The second room, I was fine. I
14 got my belongings. I put them in the
15 room. I had to use the restroom. The
16 second room had dried urine on the floor,
17 because you could tell it was a male when
18 males, you show, shake it off and
19 everything. I really lost it. I said,
20 This is the second room that you're
21 checking me into that has dried urine --
22 drops of urine, not urine everywhere.
23 It's drops of urine -- on the floor and
24 the toilet seat. This is the psych ward.
25 Do you want people to kill themselves?

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2 Do you want people to become more
3 violent?

4 So now they call housekeeping.

5 A man comes over. And I left, so I'm
6 standing at the nurse's station. He
7 comes in. He's in brown. I follow him.
8 I want to see what he's going to do.
9 You're going to scrub the shower. I
10 don't want to get any type of fungus.
11 You're going to clean this room. And I
12 wasn't very nice about it. I was very
13 hostile and probably said some very
14 violent things towards him.

15 He goes into the closet. He
16 doesn't have a broom or mop. He goes
17 into the closet. He gets like a baby
18 wipe. He goes into the first room that
19 they assigned to me, lifted up the toilet
20 seat, cleans off the toilet seat. I lost
21 it. I said, What are you doing?

22 He says, It's not my job. I
23 don't have to clean this room.

24 I said, It's not your job? I'm
25 getting a little hostile when I think

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2 about it.

3 He says, It's not my job, and
4 then he left.

5 So they got another woman. I
6 don't know where she was from. She
7 wasn't in brown. She was in a purple
8 uniform. She cleaned the whole room. I
9 went to sleep that night. When I woke up
10 in the morning -- because it was dark.
11 It's dark in those rooms. You can't open
12 the blinds. You know, it's the psych
13 ward. You can't really see in there. I
14 was laying in dirty sheets. Just
15 imagine, not the psych ward, you go on
16 vacation, you go down to the shore, you
17 go in your hotel room, it's dirty. Now,
18 multiply that ten times if you're in the
19 psych unit. You're going into a room
20 that's dirty. You're pushing people over
21 the edge.

22 So I signed a 72-hour. I said,
23 You're going to let me out of this psych
24 ward. I'm not getting help in here. I'm
25 getting worse. I have PTSD. I have

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2 anger issues, homicidal thoughts. I came
3 in here because I wanted to kill,
4 literally shoot, two doctors at the VA
5 Hospital. I don't feel that way now.
6 I'm saying why I went into the hospital.
7 And now you're putting me in a dirty room
8 with dried urine and pubic hairs.

9 They can't let you out, so you
10 got to stay for 72 hours. So I talked to
11 some other vets. I said, What was your
12 experience? And I will get you this
13 piece of paper. Nine of us, nine vets,
14 admitted at different times at the
15 Philadelphia Hospital, it was around May
16 or June, we all were admitted into dirty
17 rooms, urine on the toilet seat, pubic
18 hairs. One guy had feces on his wall.

19 Now, I'm not blaming the
20 Director of the hospital, but what I
21 believe is there's a lot of covering up.
22 I can't blame him for those dirty rooms,
23 but I blame him because I believe they're
24 pushing things underneath the table and
25 they're really not being honest.

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2 You were in the military; I was
3 in the military. You have got to accept
4 responsibility and say, You know what, I
5 messed up, but I'm going to do better, or
6 better yet, make it happen, because I
7 know what that means. Make it happen.
8 You make it happen. They don't care how
9 it gets done, but when they come back, it
10 better be done. So why can't we just
11 make it happen? Why can't we make it
12 happen at the VA Hospital? I don't
13 understand that.

14 That's all I wanted to say.

15 COUNCILMAN OH: Well, thank you
16 for sharing that and I appreciate your
17 testimony, and it does -- I'll just say
18 that I think it's very frustrating for a
19 lot of military, especially career
20 military, who -- there is no "that's not
21 my job," and to come across that type of
22 attitude is new and difficult.

23 I would also like to say that I
24 need help. I'm weak, and I'm not ashamed
25 to say that either. I go to church every

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2 Sunday because I'm weak and I need help,
3 and that's the life I live, right? So
4 thank you for sharing that.

5 Ma'am, would you identify
6 yourself and give us your testimony.

7 MS. BLACKWELL: He can go next.

8 COUNCILMAN OH: All right.

9 Sir.

10 MR. MOORE: My name is Carl S.
11 Moore. I was a member of the 86th
12 Airborne Division and a member of Special
13 Forces. I'm a 100 percent disabled vet.
14 I'm blind in one eye, crazy, disabled,
15 mentally, got all the things that a
16 person will have.

17 In my military career, I was
18 EOD, bombs ordnance. So basically I
19 still am a dangerous individual right
20 there. The meds I take, I stopped taking
21 some of them.

22 My experience with Veterans
23 Administration, period, from the benefits
24 point of view and all, when I first
25 applied for my benefits when I got out of

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2 the service, I was sort of being
3 reevaluated by a doctor and all. He
4 evaluated me. He was telling my wife
5 certain times when he was evaluating me,
6 he was telling my wife that he thinks I
7 was bullshitting. He said all the
8 injuries I think and that I'm talking
9 about he said is not so. But yet and
10 still in my military records, it shows
11 all the injuries I got, head injuries,
12 shots and everything else.

13 It took me seven years to get
14 benefits. In some sense, I was ashamed.
15 I could not go to a psychiatrist at home
16 because I was ashamed of myself. Thank
17 God for the era of civil rights and all.
18 I was able to participate. I'm
19 frustrated and I could deal with some of
20 this frustration by taking out -- bidding
21 out some of those things.

22 The Councilperson up there,
23 Jannie Blackwell, her husband, very
24 diligent man, outspoken man. I dealt
25 with him and I dealt with her. I dealt

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2 with politics here in the City of
3 Philadelphia, and it was my only sense of
4 how to maintain some sort of sense of
5 sanity. But as the Councilperson know
6 me, I was fit to go off. I would go off
7 on somebody in a minute. I would whoop
8 ass and all. I was very fortunate enough
9 to have some good lawyers that's behind
10 me and all.

11 Veterans Administration, the
12 benefits portion took me through holy
13 hell. The doctors out there at the
14 hospital, I went to see a doctor and I
15 explained to him that my eye was
16 totally -- it was all bloodshot and all.
17 He told me after he examined me that it
18 would go away. A year later, I came back
19 to him. I said, The blurry is still
20 there.

21 He said, It's still going to go
22 away.

23 Thank God that my wife, she
24 works for the City. I was able to go to
25 Wills Eye right down there. The minute

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2 the doctor saw me, he operated on me
3 right away to get the blood out. I'm
4 totally blind in my left eye, totally
5 blind.

6 Other things I went to Veterans
7 Hospital right there to see about my
8 prostate. First when I got there, a
9 young doctor with a nurse and all,
10 another female doctor, first thing she
11 want to do was stick a tube down my
12 penis. I was totally objected to it.
13 She said, I got to find out the problem.
14 She never found out the problem.

15 Next time I came back, they
16 talk about sticking another tube down
17 there. I said, That's it, you guys ain't
18 seeing shit. You know, you seen enough
19 of me.

20 My problem, basically I'm still
21 having it. My head wounds, which is --
22 when I go out there, I see a person that
23 deal with the brain and all. Every time
24 I go out there and see, people prescribe
25 drugs to me. I'm constantly in pain.

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2 It's to the point where I have to treat
3 myself by going to herbs and different
4 other things, acupuncture and every
5 other.

6 I do have a problem now. I
7 always did. Now that I'm older, it's
8 really serious. I do have dementia. I
9 do have forgetfulness and all.

10 Veterans Administration
11 Hospital is like a factory to me. They
12 see patients as if you are in a factory
13 line. Next come on in, next come on in.
14 They did have one doctor I did. His name
15 was Dr. Franklin, and he was able to deal
16 with some of my particular problems. He
17 was able to help me. But all the rest of
18 those doctors are full of crap shit.
19 Okay.

20 Now, in Veterans Hospital, they
21 got what you call nurse practitioner.
22 Hey, if I want to see a medic, I see a
23 medic to me. She prescribes -- tell me,
24 you're going to go see (unintelligible).
25 And they is useless.

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2 Veterans Hospital out there
3 told me about getting my teeth. I'm
4 teethless to this day. I'm 71 years old.
5 I got out of the service in 1964. They
6 give me teeth that look like Jack and
7 Jill made them and all. I told them take
8 those teeth and give it to a dummy. And
9 they give me another set, another set.
10 So now I don't go to them no more. I can
11 get teeth, but now I don't need them. My
12 gums got hard.

13 Veterans Administration
14 Hospital out there is a joke. The
15 doctors are a joke. Everybody come there
16 talking about the different bomb care
17 they got. Yes. They do give -- some
18 doctors out there do care. Some of them
19 do provide things, but I did have several
20 friends that committed suicide, and they
21 was in the military. They all coming out
22 of a group in Edison High School where
23 most veterans served in Vietnam
24 throughout this whole nation. They dead.
25 Majority of them are dead. Some of them

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2 still alive.

3 But what I'm saying to you,
4 thank you, Councilman Oh. Thank you,
5 Councilwoman Jannie Blackwell. She's my
6 Councilperson, and she sees a lot of me,
7 because I'm still out here fighting for
8 one cause or another. Now that y'all had
9 these hearings and all, yes, I say I want
10 to testify.

11 I went out to the VA to testify
12 at their hearings. That was a joke.
13 They call it a town hall meeting. The
14 place was not even big as this right
15 there. You could fit about 50, 60 people
16 in there, and they said they want to hear
17 from me. Hear from me? Sir,
18 Councilwoman Blackwell, Councilman Oh,
19 they're a bunch of liars. And people
20 come up there with remedies and all like
21 that. This is going on and on and on.

22 I got out of the service in
23 1964 and I saw it then. This is 2014.
24 Hey, can you imagine? You're a young
25 man. I try to stand up out there. They

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2 give you an appointment. You come on out
3 there to your appointment and sit there.
4 They said 10 o'clock. You don't be seen
5 until at least 12 o'clock, maybe 1
6 o'clock. And then they stand. They get
7 nasty. As they say, You ought to be glad
8 we seeing you right there. I curse them
9 out. I'm nasty. I'm one nasty son of a
10 bitch you ever want to see out there, and
11 I don't bite my tongue. If they was here
12 today, I heard everybody testify. Some
13 people said, hey, how wonderful it is.
14 They're not wonderful. A selected few
15 are wonderful.

16 You have to do something. I'm
17 glad you're doing this. I'm glad you're
18 standing up to them. I'm glad you're
19 saying something, but you want to know
20 something? Pennsylvania Hospital has the
21 contract to deal with the doctors.
22 That's what I assume. They send their
23 little interns or whatever it is you want
24 to call them out there. They don't know
25 a cat from a cat's ass. Some of them do.

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2 They bring the other doctors in.

3 My eye doctors, hey, it's a
4 joke. It's a joke. I'm still blind. I
5 asked him, What did my eye problem come
6 from? Hey, they didn't know. They still
7 don't know, but I know because I went to
8 the other private doctor. It's because
9 of my injuries from the military. I'm
10 going blind in my right eye right there.
11 And from time to time, hey, I don't know
12 my name. From time to time, I get lost.
13 From time to time, I can't remember day
14 from one. I do have a problem. I have a
15 very serious problem. They send me out
16 to a psychiatrist. I said, I cannot talk
17 to her.

18 She said, Well, I'm going to
19 give you some drugs.

20 I can't sleep at night. It's
21 been like that ever since I got out. I
22 do have nightmares. Thank God I got a
23 wife that understands. I get up in the
24 middle of the night at 2 o'clock, 3
25 o'clock in the morning and I have to get

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2 up and walk around there. She was laying
3 next to me for many a times of me
4 shaking, shivering. The only good thing
5 about having my wife is about that I
6 don't use my military training to blow up
7 some of those son of a bitches. And
8 there's a time I really do want to do it.
9 And sitting here right now listening to
10 these people out here, hey, there's
11 another day.

12 But I know you two will
13 continue on to try to fight. But they're
14 bullshitting. I saw that you have
15 somebody from the service right there.
16 He doesn't know his head from his ass,
17 and he's coming here talking. None of
18 them sitting hear anything. Veterans go
19 out there and try to get benefits and get
20 benefits, and they're washed underneath
21 the rug right there.

22 I have a brother-in-law. He
23 came out. He has a serious mental
24 problem, got out of the service and all,
25 but whatever it is he did in there, he

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2 had to go to jail for killing an
3 individual. He got out. He tried to get
4 his educational business. They told him
5 you waited too late. You have to pay. A
6 lot of them don't have the patience,
7 don't have the time. Only reason I'm the
8 way I am is because I'm mad and I'm angry
9 and because I just want to give back. I
10 came here today to give back, give back
11 for all the brothers that went with me.

12 I had getting up and walking
13 problems and all. I talk about my
14 experience. So they told me being a
15 paratrooper, which you already know, when
16 you're a paratrooper and you land, it's
17 like you're jumping out of a building
18 three stories, and that's the impact that
19 you get when you hit the ground. That's
20 the reason why you roll. And you try to
21 explain that to somebody out there. They
22 don't understand. My legs are killing
23 me. My back is killing me. My whole
24 body kills me at times, and I take all
25 kinds of herbs. Knowing the VA, what

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2 they want to give me, they give me

3 Percocet. I don't take Percocet. I know

4 I'm already crazy, and that makes me more

5 crazy. Oxycontin, I don't take that,

6 because I'm crazy. And I know that's all

7 a bit crazy. If a crazy man tell you

8 that these drugs are making you crazy,

9 then what were they? And plus, I mean,

10 the doses and how the different things.

11 I believe that, yeah, they're generic,

12 but guess what? The generic, they cut

13 back on them.

14 We as veterans are being

15 treated like shit, and the American

16 public is allowing this shit to continue

17 on. You're standing up. You're bringing

18 it to the light. VA comes here and tells

19 you all those other things. Yeah.

20 Someone said I'm a veteran. Yeah, you're

21 a veteran, but you sitting back here, you

22 not going to open up your mouth but so

23 wide because you got a job and you don't

24 want to lose it. None of them want to

25 lose it. None of them got the guts to

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2 stand up.

3 Thank you for standing up.

4 Thank you, lady, for standing up too.

5 They told me -- people walk up
6 to me, Oh, you're a veteran. Thank you
7 for your service. I tell them crap shit.
8 When I came home, you called me a damn
9 baby killer. You called me a dooper. You
10 told me you was a dope.

11 My experience in dealing with
12 this, being a city government, one time
13 one of the Councilmembers at one time
14 said, Carl, I heard you was on drugs.

15 I'm on drugs? I said, I'm not
16 on drugs, no, because she was concerned
17 with how I behave. But I have prostate
18 problems. You're going to the bathroom.
19 He must go and take a hit. Right.

20 So then I have to deal with all
21 these things, all these things throughout
22 my whole damn life, and you wonder why I
23 have.

24 I want to say thank you, VA,
25 Veterans Hospital, you did a wonderful

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2 job. You ain't did shit. And when I
3 went to the meeting, I told them that.
4 They want to have a town hall. If they
5 want to have a town hall meeting, they
6 could have got somebody (unintelligible).
7 The public liaison person told me, Well,
8 maybe you can talk to City Council about
9 giving us a cheap rating in public. I
10 said many of the churches, organizations,
11 Temple, University of Pennsylvania, they
12 got places where you can invite them all.
13 You do a good PR.

14 They don't want to do nothing.
15 Now I'm going to sit back, hoping it's
16 going to blow over. Hey, I may be dead.
17 When I die, I will come back and haunt
18 they ass. And that's no joke.

19 Thank you very much.

20 COUNCILMAN OH: Thank you very
21 much.

22 All right. Would you --

23 MR. MOORE: Oh, one other
24 thing. They did send me to school. I do
25 have a college education. I have a

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2 Master's. I have a Ph.D. All of that
3 didn't count nothing towards my problem
4 with healthcare.

5 MS. BLACKWELL: Hello. My name
6 is Tracy Blackwell. I'm a retired U.S.
7 Army veteran with disabilities. Today I
8 just want to bring a little insight into
9 how the HUD-VASH program is one at the VA
10 Hospital here in Philadelphia.

11 I've been a participant of the
12 HUD-VASH program since February of 2009.
13 Since that time, I've had six social
14 workers. The third social worker and my
15 last social worker didn't feel
16 comfortable getting between me and PHA,
17 although that is their job, to be an
18 intermediary. The second social worker I
19 fired, and the last social worker I fired
20 for making that statement to me.

21 I'm up against a very short
22 clock, a very loudly ticking clock with
23 regard to retaining my PHA voucher. I
24 was hoping to hold on to it for one more
25 year so that I could buy a home next

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2 year. However, the federal funding for
3 PHEAA, I think the matching fund, you can
4 only take advantage of that when the one
5 door of opportunity opens, and this year
6 we noticed a pattern. Last year they
7 gave us notice, a letter dated the
8 beginning of April, and we received it
9 the last week in April, telling us that
10 we had to find a house, find financial
11 backing and go to closing by the end of
12 July. I don't know about you, but I
13 don't think buying a house in less than
14 90 days is a good idea. So a lot of
15 veterans weren't able to take advantage
16 of that opportunity.

17 The issues that I have and many
18 of the other fellow veterans in the
19 program have revolve around the facts
20 regarding protocols and procedures for
21 HUD-VASH program, PHA recertification in
22 addition to homeownership under PHA.
23 Both PHA and the VA social work
24 department tell us ad nauseam what our
25 responsibilities are, and for the most

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2 part, most of the veterans follow through
3 to the letter because we don't want to be
4 homeless again. However, when it comes
5 to explaining our privileges and our
6 entitlements under both programs, they're
7 either ill-informed, misinformed or they
8 don't have a clue, and their constant
9 response is, I don't know at this moment,
10 let me do some research and I'll get back
11 to you. That's the VA. If you're PHA, I
12 don't know, but I'll talk to my
13 supervisor and I'll get back to you. And
14 they never get back.

15 Recently --

16 COUNCILWOMAN BLACKWELL: Excuse
17 me, if I might, because unfortunately I
18 have to -- I got a meeting at two
19 schools, but if you come to my office,
20 we'll try to help you with your PHA. I'm
21 right at the end of the hall, 408.

22 MS. BLACKWELL: Okay. Are you
23 available tomorrow, any time this week?

24 COUNCILWOMAN BLACKWELL: I'm
25 available every day and I have a person

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2 named Penny, like a penny, who is the
3 best.

4 MR. MOORE: And she's good.

5 COUNCILWOMAN BLACKWELL: And
6 has been dealing with it for 20 years.
7 If you come, we'll try to help you.
8 Okay?

9 MS. BLACKWELL: And your office
10 hours?

11 COUNCILWOMAN BLACKWELL: 8:30
12 to 5:00.

13 MR. MOORE: Could I just say
14 just one more thing and then I'll get out
15 of here? Veterans who apply for 100
16 percent disabled veterans, trying to get
17 the tax exemption, the City of
18 Philadelphia take us through holy hell.
19 I can't get it. I'm more than 100
20 percent. I'm 300 percent. They give us
21 hell. I can't get it. They come with
22 some kind of excuse, you know.

23 COUNCILWOMAN BLACKWELL: We'll
24 try to work with you. My guy, Chris, is
25 at a meeting, and certainly Councilman

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2 Oh's office does the same. We'll try to
3 help if you come by and, Carl, you know.

4 MR. MOORE: I know you will.

5 COUNCILWOMAN BLACKWELL: Okay.

6 Thank you.

7 MR. MOORE: But I'm just
8 talking about the rest of the veterans,
9 we have to go through it.

10 COUNCILWOMAN BLACKWELL: Yes,
11 sir. Absolutely.

12 Mr. Speller, thank you. Thank
13 you. And thank you. So I hope those of
14 you who are left to testify will forgive
15 me. I got two more schools who are
16 waiting for me with school supplies.
17 Thank you all.

18 COUNCILMAN OH: Thank you very
19 much, Councilwoman.

20 COUNCILWOMAN BLACKWELL: Thank
21 you, Mr. Chairman.

22 COUNCILMAN OH: Thank you.

23 MS. BLACKWELL: Councilwoman
24 Blackwell, could you bear in mind my
25 deadline is October the 31st. So it

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2 doesn't give me a lot of time.

3 COUNCILWOMAN BLACKWELL: Come

4 see us. We'll work with you.

5 MS. BLACKWELL: Thank you.

6 May I continue?

7 COUNCILMAN OH: Yes. Would you
8 please.

9 MS. BLACKWELL: Recently in
10 June of this year, I went on the VA.gov
11 website, the PHA.gov website, and HUD.gov
12 website and found most of my answers that
13 I and my fellow veterans had been asking
14 since 2009 were there for the public
15 viewing. A lot of us because of our
16 homelessness, because of our income,
17 because of the digital divide, we didn't
18 know it was that simple. We just went to
19 these agencies, these organizations,
20 these representatives who tell us to come
21 and they're there for us and they will
22 help us out. They didn't. And for
23 whatever reason at the end of the day,
24 when I confronted them as recent as, I
25 don't know, three weeks ago, I just gave

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2 up from going from one person to another,
3 following their chain of command in both
4 organizations. When I confronted them
5 with the information that I found on the
6 website, the first thing they wanted to
7 know, where did you get that from? How
8 do you know? What was the revision
9 there?

10 I don't know. It wasn't
11 posted, but these are PHA notice dates
12 and these are HUD notice dates of the
13 information.

14 Well, a lot of things have
15 changed.

16 Interesting. What's changed?

17 Dead silence. And the thing
18 that kills me is how can you ask me what
19 is -- how can you respond that a lot has
20 changed and when I ask you what has
21 changed, you can't answer it because you
22 don't even know what the original policy
23 was. So how are you going to tell me
24 about the changes? And what you can't do
25 to a military person is talk about

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2 government documents, because anybody
3 knows, the federal government is not
4 going to print a five-pound book on
5 policy and procedures and every time they
6 change something every year, we print the
7 same book. You get a couple of pages.
8 They make you make pen and ink changes in
9 the back of the book. You put your
10 changes on the top as they come in. So
11 that tells me you don't know your manual.

12 The thing that really upsets me
13 with the social workers is that
14 everything pertaining to the HUD-VASH
15 program, their mandate, what PHA does,
16 all the policies, everything, it's on
17 five pages in the first chapter. If you
18 and I did a PowerPoint presentation, it
19 could be done in three slides. So it's
20 not rocket science, and it's written in
21 layman terms, but for whatever reason,
22 they didn't inform us. And I take great
23 issue with them. All of us do.

24 The thing -- the other issue
25 that we have, number one is that the

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2 federal government has a position for all
3 HUD-VASH programs. It's called a housing
4 specialist, to help veterans find
5 apartments and homes that can be rented
6 out by people who will accept the
7 HUD-VASH voucher. Right now the VA,
8 their idea of providing us help is making
9 veterans go to the perimeter on the third
10 floor down at the Philadelphia
11 Multiservice Education Center. You go
12 there. You go to the third floor every
13 Wednesday. They load up as many vets as
14 they can in this one van and they keep
15 taking you to the Northeast and North
16 Philadelphia. That's it. That's all.
17 You tell them where you want to live.
18 They take you to the Northeast and North
19 Philadelphia. Here's the thing: If my
20 voucher is good throughout Philadelphia
21 County and I tell you what part of the
22 City that I want to live, why do you keep
23 insisting that I go where you want me to
24 live? Because after all, we're talking
25 about my safety, my security, my right to

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2 choose. I know you live in the
3 Northeast. You like it. You have a car.
4 You have a government car. But I don't,
5 and I'm disabled. And when the weather
6 is bad, you're not going to chauffeur me
7 around. I can't afford a cab.

8 It's like they're not thinking.
9 So I don't know if they're marginalizing
10 us. I don't know if they're segregating
11 us, but I'm not having it, and a lot of
12 other veterans are not having it. And
13 because we don't go along, shut up, go
14 along with the program and make their job
15 easier and smoother, we're labeled as
16 troublemakers and rabble-rousers, as my
17 grandparents would say.

18 The other issue we have is that
19 many veterans have been denied
20 portability. They've lied to several
21 veterans and told them that when they put
22 a freeze on -- when Philadelphia PHA put
23 a freeze on issuing vouchers, they also
24 put a freeze on portability. That's not
25 true. It wasn't mentioned on any of the

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2 websites. Usually when PHA has a policy,
3 they send us a letter informing us of
4 that. They sent us a letter informing us
5 of the freeze on vouchers. They noted
6 nothing about portability. So you have
7 to -- I mean, it begs the question why
8 would you go tell the veterans that they
9 can't port out if they want portability?
10 What is there to gain? It's not about
11 money. But wait a minute. Maybe it is,
12 because the bottom line is this: When a
13 vet ports out or a civilian ports out and
14 it's not frozen, if the absorbing PHA
15 doesn't have a voucher for you, you take
16 your voucher with you. You take your
17 voucher with you, and they bill
18 Philadelphia PHA. They don't want to
19 pay. It's not their money, but they
20 don't want to have to deal with the
21 paperwork and they'd rather keep their
22 vouchers here.

23 A lot of veterans have been --
24 have had their vouchers stripped from
25 them for being over income. Here's the

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2 thing about that: Most of us never ever
3 received income adjustments for having
4 dependents, for being disabled or for our
5 medical expenses, and the social workers
6 and the PHA representatives never want to
7 tell us exactly what the deduction amount
8 is. A lot of people -- and this means
9 that most veterans pay more rent than
10 they were responsible for.

11 When we have changes in our
12 income because we lose benefits or
13 because we're denied benefits or because
14 we lose alimony or child support or
15 what-have-you, when we go, we're supposed
16 to tell them immediately. They take
17 forever to change it. We're still
18 responsible to pay our portion of the
19 rent.

20 If we have an increase, the
21 social workers insist that we go to PHA
22 and notify them immediately. If PHA has
23 not increased our rent immediately, it's
24 because within 90 days they just did
25 recertification.

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2 The other issue we have is that
3 none of us were told about the live-in
4 aide program. A live-in aide program
5 allows a veteran or anyone on PHA to stay
6 in their home, to get someone to come
7 into their home and to assist them with
8 activities of daily living, in addition
9 to regular errands, shopping, doctors
10 appointment, that sort of thing. But
11 that's out of pocket. That's a cost and
12 an expense that you have to pay on your
13 own. In addition to that, yes, being
14 married, two can live as cheaply as one,
15 but not when you're the sole provider of
16 your live-in aide. You're paying them a
17 salary. You're paying your landlord more
18 money for having an extra person on your
19 lease. Their income, meaning they can
20 have another job and being your live-in
21 aide, doesn't count to help you, but when
22 veterans get awarded, say, 100 percent,
23 you're no longer eligible for any
24 subsidies whatsoever, gas, electric,
25 water, food. I have to provide all of

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2 that for my live-in aide. And here's the
3 thing: I had someone relocate from
4 Atlanta to be my live-in aide, because I
5 was supposed to be out of my apartment
6 August the 31st. They still came
7 September the 1st. Why? Because they
8 quit their job to relocate here to be my
9 live-in aide and find new employment. If
10 I don't get my voucher, which I should
11 have had in May, the end of May, by
12 August the 31st I have to live wherever I
13 can afford to live.

14 COUNCILMAN OH: Well, let me
15 interrupt to just reemphasize what
16 Councilwoman Blackwell said. She was on
17 the PHA Board the last go-around. So
18 please go see her. I will tell you she
19 has quite a bit of expertise on her staff
20 who can help you. Okay?

21 MS. BLACKWELL: Okay. The
22 other thing is that when we're not told
23 about programs like live-in aide, a lot
24 of veterans lose their independence.
25 Some of them are able to live with family

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2 members, begrudgingly taking advantage of
3 or welcomed arms. Others are forced into
4 group homes, nursing homes, and some of
5 them just wind up back on the street. So
6 that's a very important program for us to
7 just know that it's out there. You may
8 not need it today, but who knows several
9 years while you're on PHA you might need
10 it. So it's good to know that it's out
11 there.

12 The other issue is that they
13 don't want to tell us what the income
14 limits are for different family sizes
15 with regard to your income, your
16 dependents' income, your spouse's income,
17 how that's factored in. Your children's
18 income, it doesn't count, but your
19 spouse's income does count. So if you're
20 disabled and your spouse is retired and
21 they want to work part time, if they work
22 too many hours but enough hours to
23 continue to receive their Social Security
24 benefits, if they make too much money as
25 far as PHA is concerned, then they lose

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2 their voucher.

3 COUNCILMAN OH: Let me
4 interrupt for one second because the
5 human beings that we are, we might have
6 to take a break pretty soon. Are you
7 close to finishing?

8 MS. BLACKWELL: Yes, I am.

9 The other thing is, the fair
10 market value of apartments, we need to
11 know that. We need to know what the fair
12 market value of an apartment is versus
13 one, two, three, four bedrooms. We also
14 need to be made aware that under the
15 Reasonable Housing Accommodation Program
16 with PHA, PHA can approve a house or an
17 apartment if it's 1 to 10 percent over
18 the fair market value. That's
19 Philadelphia PHA. Pennsylvania can
20 approve 11 to 20 percent above the fair
21 market value. That opens up options for
22 us. We need to know about our options.
23 We don't want to be marginalized in
24 low-income areas where we're forced to
25 fend for ourselves with our disabilities.

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2 At the end of the day, what I
3 want to say is that we as vets, we don't
4 know where this obvious disconnect comes
5 from. We don't know if it's systemic,
6 organizational, the leadership, if it's
7 due to incompetency, ignorance,
8 indifference or just ill-informed,
9 uninformed, unprofessional professionals,
10 and please understand that, you know, we
11 know we can survive. We're veterans.
12 But we actually have the audacity to want
13 to thrive in the communities of our own
14 choosing, and at the end of the day, most
15 of us don't want promises, we don't want
16 platitudes, praise or even your
17 gratitude. However, we believe that we
18 deserve actual realtime facts so that we
19 can adjust, adapt, and overcome.

20 COUNCILMAN OH: Okay. Thank
21 you.

22 MS. BLACKWELL: Thank you for
23 your time.

24 COUNCILMAN OH: Thank you very
25 much.

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2 We have a stenographer. While
3 we've been sitting here talking, she's
4 been working her fingers the whole time,
5 so we're going to take a break, just a
6 five-minute break.

7 Let me just inquire, how many
8 witnesses do we have left to testify?
9 One. Is that it? So what we'll do,
10 we'll take a five-minute break and we'll
11 come back and finish up with the
12 testimony.

13 (Short recess.)

14 COUNCILMAN OH: Thank you very
15 much. We're going to resume our hearing.
16 I believe we have one witness and that is
17 it. So, sir, would you identify yourself
18 for the record and give us your
19 testimony.

20 MR. CUFF: Good afternoon,
21 Councilman. I guess you could call me
22 Tail-End Charlie. My real name is Glenn
23 Eric Cuff, and I am fortunate. I get to
24 see the VA in three different ways.
25 Number one, I'm a volunteer. I've been a

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2 volunteer at the VA, I guess, for the
3 past ten years. Number two, I work with
4 Veterans Court where the VA is actually
5 in the courtroom with Judge Dugan. And,
6 number three, I also go there for my
7 medical needs.

8 I've also been served by three
9 different VA hospitals. Dallas, Texas,
10 when you go there, you think you're in a
11 five-star hotel. Omaha, Nebraska where,
12 I mean, they really excel in customer
13 service. If you sit somewhere longer
14 than an hour, someone asks you if you're
15 hungry, if you want a meal. They have a
16 cart. They go around and give you a
17 bagged lunch, which I had never seen
18 before. And then there's Philadelphia.

19 One of the major problems that
20 Philadelphia has, I call it the shell
21 game, and the shell game is the eye
22 clinic. And if you've ever been to the
23 eye clinic, it is the largest waiting
24 area at the Philadelphia VA, and what's
25 unique about the eye clinic is, like one

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2 of the other people that testified said,
3 you can get an appointment at 12 o'clock,
4 yet they know that the doctor is not
5 coming until 3:30 because he's at Scheie
6 Institute at Presbyterian Hospital. So
7 you're going to sit there from 12 o'clock
8 to 3:30. Then once you get -- they call
9 your name, you think you're going to be
10 seen by the doctor. You go to waiting
11 Room B, which is set off to the side, and
12 you sit and you could be there another
13 half an hour to an hour. Then they
14 dilate your pupils and you go to waiting
15 Room C. And there have been numerous
16 occasions where I have closed up the
17 place. They put the gate down. They
18 turn off the lights. The guy is buffing
19 the floor and I still haven't been seen,
20 and you're sitting there from 12:30 to
21 maybe 6:30 or 7 o'clock at night.

22 I will say that they've done
23 wonders in the pharmacy. The pharmacy
24 area used to have about maybe a four- or
25 five-hour wait, and now I've seen it's

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2 maybe less than an hour. The only
3 problem I have with medication is, it
4 keeps changing. When I first started
5 getting the medication, you could order
6 it online yourself and you could get a
7 six-month's supply. That changed to
8 three-month's supply, which changed to
9 30-day supply, which now is a 28-day
10 supply. Now, on a 28-day supply, you
11 have to call the week before it runs out,
12 and you call your nurse provider and you
13 tell them, you know, that you need the
14 medicine. Perfect example is today. I
15 called on Monday saying that my
16 medication will run out on Wednesday and
17 I'd like to pick it up at the pharmacy
18 window. Well, apparently that system
19 fails. They don't check the phone. So
20 when you get there on Wednesday, the
21 medication is not there. And they
22 changed the policy now where you can't
23 get same-day service. So that means you
24 come on the day that you're told
25 sometimes that your prescription will be

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2 there. It's not there. So they have to
3 run around to find a doctor that will
4 fill out a script for you, and you can't
5 get it the same day because there's no
6 more same-day service, which means you
7 can wait 24 to 48 hours for medication
8 that you don't have anymore.

9 So, like I said, there have
10 been vast improvements that I've seen.
11 The eye clinic has hired another doctor
12 now, so we don't have to wait for a
13 physician from Scheie. But there's
14 still -- that's still the largest waiting
15 area. You can go any time and there's
16 still like 40 people there. And I think
17 they should be more realistic in their
18 appointments. Still, if you have a
19 12:30, you're not going to be seen until
20 like 2:30, which means the doctor is not
21 going to see you until maybe 4 o'clock.
22 So, you know, if they give you more
23 realistic appointment times so that you
24 wouldn't be spending your whole day
25 there.

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2 But, like I said, it's a great
3 place. They have identified problems.
4 And I'll give another example. They
5 really do care. Like one of the other
6 people that testified said the first
7 person you see is the receptionist, and I
8 remember my primary care physician had
9 been changed and when I told them who I
10 was there to see, they all started
11 laughing. They said, You had the
12 five-minute man.

13 And I said, What?

14 They said, Don't worry about
15 it. There's no chair in there.

16 I said, Well, why isn't there a
17 chair?

18 You won't be in there long
19 enough to sit down. And they were
20 correct. You go and stand and he'd say,
21 Is everything all right?

22 And you'd say, Yeah.

23 He'd say, Well, I'll see you in
24 six months, and that was it. Well, I
25 complained that I didn't feel as though I

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2 was getting the proper care, and just
3 like that, I was given another primary
4 care physician. And that physician is no
5 longer at the VA Hospital.

6 So they really do listen and
7 they really are making strides, but
8 everything takes time. So, you know,
9 like I said, I see it in three different
10 ways and, you know, I'll be there to
11 help. Like somebody else said, if you're
12 not part of the solution, you're -- you
13 know what I mean. So I'm there to help.

14 And, Councilman Oh, I thank you
15 for this opportunity to testify. Thank
16 you for being my faith footprint, and I
17 look forward to serving you and
18 constituents. Thank you very much.

19 COUNCILMAN OH: Thank you very
20 much for your testimony and for sitting
21 here and, of course, for all your
22 service, both in and outside of the
23 military. So thank you very much.

24 I believe that concludes our
25 witness list, and so with that, I'll just

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2 simply state that we will take this
3 testimony, the transcript. We will then
4 go through it in terms of just making
5 sure that we have connected with everyone
6 and then we'll take this testimony and
7 send it to those representatives and
8 administrators that I believe are the
9 right parties to hear this, along with
10 some of our -- just a summary of what is
11 happening here.

12 So I thank everybody for their
13 participation, and we'll conclude this
14 hearing. Thank you very much. And I
15 will just continue this hearing to the
16 call of the Chair.

17 Thank you.

18 (Committee on Global
19 Opportunities and the Creative/Innovative
20 Economy concluded at 2:15 p.m.)

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CERTIFICATE

I HEREBY CERTIFY that the
proceedings, evidence and objections are
contained fully and accurately in the
stenographic notes taken by me upon the
foregoing matter, and that this is a true and
correct transcript of same.

MICHELE L. MURPHY
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