

WASHINGTON OFFICE:
1213 LONGWORTH HOUSE OFFICE BUILDING
(202) 225-2615 FAX: (202) 225-2154

SAN JUAN OFFICE:
157 AVENIDA DE LA CONSTITUCIÓN
ANTIGUO EDIFICIO DE MEDICINA TROPICAL
ALA DE ENFERMERIA 2DO PISO
SAN JUAN, PUERTO RICO 00901
(787) 723-6333 FAX: (787) 729-7738

Congress of the United States
House of Representatives
Washington, DC 20515-5401

April 28, 2014

The Honorable Eric K. Shinseki
Secretary
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Shinseki:

I write regarding the Department of Veterans Affairs' operations in Puerto Rico, in particular the sufficiency of the mental health services that are being provided to veterans at the main VA Medical Center (VAMC) in San Juan and at the VA clinics in Arecibo, Ceiba, Comerio, Guayama, Mayagüez, Ponce, Utuado and Vieques.

When you and I met in September 2009, you informed me that you had visited Puerto Rico when you were the Chief of Staff of the Army, and that you had tremendous respect and appreciation for the service that men and women from Puerto Rico have rendered to this nation in the armed forces since World War I. As I said during our meeting, and as I reiterate now, I hope you will have the opportunity to return to Puerto Rico during your tenure as Secretary, so you can witness firsthand where VA operations are succeeding and where improvements may be in order. The veterans community in Puerto Rico is large, numbering well over 100,000. Moreover, veterans service organizations (VSOs) on the island are active and engaged, providing oversight of the VA system and calling for corrective action when deficiencies are identified. Finally, there are about 4,000 VA employees in Puerto Rico, making it the largest federal employer on the island. I know that veterans, VSOs and VA employees in Puerto Rico would welcome a visit from you, the Department's top official.

Naturally, the mental health of veterans—particularly veterans of the conflicts in Iraq and Afghanistan, but also veterans of earlier eras—has been a subject of ongoing concern to federal officials in the executive and legislative branches. The recent shooting at Ft. Hood has amplified these concerns, although it must be emphasized that this incident involved an active-duty soldier who was receiving health care through the TRICARE system, not through the VA system. A consensus has emerged among policymakers that, as a nation, we must do everything within reason to ensure that both current and former servicemembers can obtain the psychological care they require, without being stigmatized or having to navigate excessive bureaucracy.

The VA recently released a report showing that, between 2001 and 2013, a total of 2,595 veterans in Puerto Rico who served in Iraq or Afghanistan have been diagnosed with Post-Traumatic Stress Disorder (PTSD). While I have no reason to believe that the rate of PTSD among recent veterans from Puerto Rico is appreciably different than the rate among recent veterans from other U.S. states or territories, this figure is nonetheless concerning. My unease is heightened by the fact that, in the

past several years, multiple suicides by older Puerto Rico veterans have occurred on the premises of the VAMC, most recently in February of this year.

In light of my concerns, I have taken a careful look at the level of resources that the VA is dedicating to mental health services in Puerto Rico. The data I requested and received from the Department show that, on an annual basis, Puerto Rico veterans make approximately 19,000 visits to VA facilities for mental health services. The data further demonstrate that, in the last couple of years, the number of psychiatrists working at (or about to be assigned to) VA facilities in Puerto Rico has been increased from approximately 49 to 53, the number of psychologists has been increased from approximately 36 to 43, the number of social workers has been increased from approximately 39 to 64, and the number of substance addiction therapists has either remained stable at around eight or been increased modestly (the chart that the VA provided me is not entirely clear on this point). In total, then, the number of mental health professionals at VA facilities in Puerto Rico has increased from approximately 132 to 168—which is a nearly 30 percent boost.

While I strongly support these increases, I would like to receive additional assurance that the VA has sufficient resources in place to handle the mental health caseload in Puerto Rico in an effective and efficient manner. Therefore, I hope the VA can respond to the following questions, either in writing or in a briefing to my office:

- How does the number of mental health professionals at VA facilities in Puerto Rico compare to the number of mental professionals at VA facilities in those states that have caseloads similar to Puerto Rico?
- Is the VA planning to make further increases in the number of psychiatrists, psychologists, social workers, and/or substance addiction therapists in Puerto Rico? If so, how many and when? If not, why not?
- The community-based outpatient clinic (CBOC) in Arecibo received 1,100 mental health visits in Fiscal Year 2013, but the clinic has no addiction therapists, one social worker, one psychologist and only two full-time psychiatrists. Does the VA believe this level of staffing is sufficient?
- The VA clinics in Mayagüez and Ponce each received over 3,000 mental health visits in Fiscal Year 2013, but both have fewer than 15 mental health professionals on staff. Does the VA believe this level of staffing is sufficient? Will this staffing increase once the new facilities in both municipalities are inaugurated?
- Earlier this month, the VA Inspector General released a report entitled: *Combined Assessment Program Review of the VA Caribbean Healthcare System San Juan, Puerto Rico*. The report identified multiple deficiencies at the VAMC, including deficiencies at the mental health unit. What is being done to ensure that the Inspector General's various recommendations are implemented as quickly as possible?
- The VA provides disability compensation—in the form of a monthly cash benefit—to veterans who have incurred an injury or disease contracted in, or aggravated by, active military service, with the amount of the benefit determined by the extent of the disability.

PTSD and other mental health conditions can serve as the basis for disability compensation. According to a 2013 VA report, the San Juan Regional Benefit Office—which adjudicates claims for disability compensation made by veterans in Puerto Rico—had a “rating accuracy grade” of 82.5 percent, which is the sixth-lowest of the VA’s 58 regional benefit offices throughout the United States and 7.4 percent below the national average. Has the San Juan Regional Benefit Office’s performance improved since this report was issued and, if not, what additional steps will the VA take to ensure that it does?

- In 2013, the VA Inspector General released a report in which it examined 44 disability claims adjudicated by the San Juan Regional Benefit Office, and found that 26 of those claims—59 percent—had been inaccurately processed. Has the San Juan Regional Benefit Office’s performance improved since this report was issued and, if not, what additional steps will the VA take to ensure that it does?
- With respect to the process for a veteran to appeal the denial of his or her claim for disability compensation, I understand that a veteran may choose to proceed with the traditional method of review through the Board of Veterans’ Appeals (BVA) or may elect to have a Decision Review Officer (DRO) at the local VA office review the case. Seeking DRO review does not preclude the veteran from pursuing the traditional review process and, if the veteran is not satisfied with the DRO’s decision, the veteran may proceed with the traditional review process and have the appeal heard by the BVA. Can you inform me how many DROs the San Juan Regional Benefit Office currently has on staff, how this number compares to other regional offices with similar caseloads, and whether there are any plans to increase the number of DROs in San Juan? In addition, I understand that board members from the BVA may conduct hearings in-person at the local regional office, instead of via teleconference or in Washington, DC. Can you confirm that BVA officials travel to the regional office in San Juan to hear appeals with roughly the same frequency that they travel to regional offices in the states for this purpose?

I thank you and the hard-working VA employees in Puerto Rico for the terrific work you do for our military veterans and their families, and I look forward to receiving a response to my questions in writing or via a briefing from VA officials.

Sincerely,



Pedro R. Pierluisi
Member of Congress

cc: Robert A. Petzel, Under Secretary for Health, Department of Veterans Affairs
Allison A. Hickey, Under Secretary for Benefits, Department of Veterans Affairs
Joleen Clark, Network Director, VISN 8, Department of Veterans Affairs
DeWayne Hamlin, Director, VA Caribbean Healthcare System, Department of Veterans Affairs
Marlon P. Waldrop, Director, San Juan Regional Benefit Office, Department of Veterans Affairs