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COMPTROLLER GENERAL OF THE UNITED STATES

WASHINGTON, D.C. 20548

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FEB 19 1975

The Honorable Edward Mezvinsky
House of Representatives



Dear Mr. Mezvinsky:

Pursuant to your July 18, 1974, request and subsequent discussions with your office, we examined the basis for the complaints made by certain veterans which were conveyed to you in a letter from the Third District Commander, Disabled American Veterans (DAV), Iowa. C.75'

To determine the specifics of the complaints and to identify the complainants, we interviewed the Third District Commander and the Adjutant, Chapter 2, DAV. The Adjutant described one veteran's hospital experience and gave us the names and addresses of four veterans and the landlady of a deceased veteran who had complained about the services provided by the VA hospital in Iowa City, Iowa. We located and interviewed each complainant.

We reviewed VA records and discussed the complaints with officials of the VA hospital and the VA regional office, Des Moines.

The results of our review are discussed below.

PROFESSIONAL SERVICES

Compensation and pension determinations

VA administers the veterans' compensation and pension program through its regional offices. At the request of a regional office, VA hospitals examine veterans and report their findings to the regional office for use in determining or redetermining a veteran's service- or non-service-connected disability.

In three cases the complaints were about the equity of the determinations or redeterminations of service-connected disabilities by the regional office on the basis of medical examinations at the Iowa City VA hospital. Our findings concerning these three cases follow.

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Case No. 1

--In June 1972 and in March 1973, the regional office determined that the veteran did not have a service-connected disability because his condition was classified as a constitutional or developmental abnormality--not a service-connected disability under the law. After he appealed and submitted additional evidence from a private physician, the regional office in July 1973 requested the VA hospital to admit the veteran for observation for several days and to evaluate his condition. The hospital, however, erroneously scheduled a 1-day psychiatric examination.

In September 1973 the regional office notified the hospital that the psychiatric examination was inadequate and reiterated its original request. The hospital admitted the veteran and observed and evaluated his condition in October 1973. On the basis of this evaluation, the regional office, in December 1973, determined that the veteran had been 50-percent disabled since March 1972 because of a service-connected mental disability.

Hospital officials acknowledged that because of the hospital's error the redetermination of the veteran's disability and his retroactive compensation payment were delayed for several months.

Case No. 2

--In June 1974 the regional office rating board reduced the veteran's disability rating from 30 to 10 percent because a medical examination at the Iowa City VA hospital indicated an improvement in his service-connected condition. The chief of staff at the hospital, at our request, reviewed the veteran's medical file and said he found no information which would change the disability rating decision.

Case No. 3

--The regional office reduced the veteran's disability rating from 50 to 20 percent in July 1973 because the veteran had no identifiable medical problems other than a complaint of aching forearms and had adjusted socially and occupationally, as evidenced by his employment record.

On the basis of evidence furnished by the veteran which he obtained from his private physician, the regional

office obtained another medical examination from the VA hospital in March 1974. According to documents at the VA regional office, the results of this examination supported the reduced disability rating.

In May 1974 the veteran filed a Notice of Disagreement protesting VA's action on his claim, the first step in appealing the decision to the Board of Veterans Appeals. By letter dated May 17, 1974, VA sent the veteran a Statement of the Case, which is required by law and explains how to complete his appeal.

We requested that both the hospital psychiatrist and the chief of staff review the veteran's medical file. The psychiatrist said the evidence in the psychiatric reports was not clear enough to determine whether the veteran's condition had improved. The chief of staff stated that he found no evidence in the medical reports of an appreciable change in the veteran's condition and in his opinion the veteran may have a basis for appeal.

On December 13, 1974, the regional office requested that the veteran be reexamined.

Medical examinations and outpatient treatment

Under the statute (38 U.S.C. 612) as amended by Public Law 93-82, approved August 2, 1973, VA is authorized to provide direct outpatient care to eligible veterans for non-service-connected disabilities. Before Public Law 93-82 was enacted, non-service-connected disabilities could not be treated on a direct outpatient basis; veterans with such disabilities had to be either scheduled for hospital admission or treated as inpatients and then transferred to outpatient care. 16

Hospital officials are planning to hold seminars for veterans' service officers (members of veteran organizations, such as DAV, whose function is to keep veterans advised of VA benefits) to explain the hospital's policy on outpatient treatment because the service officers continue to inform veterans that they can expect to be admitted and provided medical service as inpatients rather than as outpatients.

According to the Iowa City hospital officials, the direct outpatient care amendment has increased the hospital workload by about 2,500 patients a year. During fiscal year 1974 the hospital handled 43,465 outpatient visits.

In three cases complaints were about the adequacy of outpatient medical treatment received by the veterans for non-service-connected disabilities.

Case No. 1

--The veteran visited the hospital on April 9, 1974, because of a skin condition and to see about getting some dental work done. He said he was given several laboratory tests and was given an appointment to see a dermatologist. On April 23, after a dermatologist had examined him, the attending surgeon (not the dermatologist) told him that his laboratory tests had not been completed. However, the attending surgeon prescribed medication, including a prescription for chlorthalidone. Several days later, because of dizziness, the veteran, whose wife was a diabetic, tested his urine at home and found he had a high sugar count. He visited his private physician who diagnosed his condition as diabetic and placed him in a private hospital for 13 days. The veteran discontinued taking the chlorthalidone.

According to the chief of staff, the VA laboratory tests showed the veteran's sugar count was borderline abnormal, the attending surgeon did not have the laboratory tests available to him when he prescribed the chlorthalidone, and chlorthalidone may adversely affect diabetics.

The chief of staff also said the VA hospital was not authorized to perform dental work for the veteran on an outpatient basis because he did not need such work in connection with a service-connected disability.

Case No. 2

--The landlady of a deceased veteran told us that the veteran had periodically visited the Iowa City hospital since 1971 for his heart condition. According to her, the veteran visited the VA hospital on July 5, 1974, and requested admission because he didn't think he would live until July 30, when he was scheduled for open heart surgery. He was examined on July 5 and sent home with additional medication. On July 8 he suffered a fatal heart attack.

The chief of staff told us that he had followed the veteran's deteriorating heart condition with concern for several years and that as a last resort had scheduled him

for open heart surgery on July 30. The medical records, the chief of staff explained, showed the veteran's heart condition was relatively stable when he was examined on July 5 and did not then warrant hospitalization. He further advised us that it cannot be determined whether the veteran would have survived the heart attack if he had been hospitalized when it occurred.

Case No. 3

--A 79-year-old World War I veteran went to the hospital on May 20, 1974, for a scheduled examination; he wanted to stay in the hospital for about 2 weeks while VA examined his eyes, ears, legs, and teeth. On the day of arrival, he received several laboratory tests. He stayed in the hospital overnight, received additional tests the following day, and was released without receiving the attention that he expected or staying 2 weeks in the hospital as planned.

In reply to later correspondence from the veteran, the hospital director advised him that another visit to the hospital had been scheduled for September 10 and that a decision on whether he should be admitted for inpatient care would be made after the medical staff had taken his medical history and examined him.

The chief of staff told us that, upon examination on September 10, the veteran was admitted to the hospital, not because of his complaints which had previously been evaluated, but because of a cardiac vascular disturbance which apparently was not present when he was previously examined. According to the chief of staff, before the veteran is released, he will probably be interviewed by a VA social worker who will decide whether he can return to live alone in his hotel room or whether he should be placed in a VA long-term-care facility.

ADMINISTRATIVE SERVICES

In our interviews, one or more of the veterans complained about the following hospital administrative services:

Complaint No. 1

--The hospital did not provide them with noon meal tickets even though they arrived at the hospital in the morning and did not complete their medical examinations until late afternoon.

VA policy is to provide meals to veterans held over for VA's convenience. According to the hospital's policy statement, the hospital is responsible for a meal for veterans scheduled for special tests without breakfast or for morning or afternoon appointments which are not completed before 1 p.m., or 5 p.m., respectively. Hospital officials told us, however, the staff is instructed to issue meal tickets upon request and acknowledged that, if a veteran did not ask for a ticket, he probably did not get one.

Complaint No. 2

--The hospital did not reimburse them for travel expenses to and from the hospital.

According to hospital officials, if veterans request reimbursement for travel expenses, VA can issue authorizations to pay veterans' travel expenses for treatment of service-connected disabilities and for treatment of non-service-connected disabilities of veterans who certify they need financial assistance for travel expenses.

According to hospital officials, the veteran must present his travel authorization to the travel clerk in the hospital lobby to obtain the reimbursement. They stated that, unless this had been done, he probably was not reimbursed.

Complaint No. 3

--One veteran complained that the hospital did not provide him a wheelchair and escort service.

According to hospital officials, the staff is instructed to be alert for veterans who may need assistance in moving through the screening process and to the clinics for medical examinations or treatment; an adequate number of wheelchairs and an escort service--staffed by volunteers--are available for this purpose. Hospital officials acknowledged, however, that, if the staff did not recognize a veteran's difficulty, he would not be given assistance unless he asked.

Complaint No. 4

--A veteran said he was scheduled for an examination on July 30, 1974, and that he visited the hospital on that date but hospital personnel had no record of his appointment and rescheduled his examination for the next month.

According to hospital officials, the veteran arrived at the hospital on July 30, 1974, and stated that the receptionist of his private physician had called the hospital on July 29 and scheduled the visit; the hospital had no record of the call and did not know whom the receptionist talked with.

The hospital scheduled an examination for August 30 and examined the veteran on that date.

Complaint No. 5

--The hospital staff is callous toward patients. According to hospital officials, because persons working with health problems do tend to become callous, VA has established a Training in Group Effectiveness Relationships Program. At the Iowa City hospital, 180 employees attended this 3-day voluntary course in the past year and the course will be provided for another 200 employees in the current year. Hospital officials' long-range objective is to have all employees periodically attend such training.

SPECIFIC COMPLAINTS IN THE
COMMANDER'S LETTER

The Commander's letter referred to a case when a "bed fast" veteran had to relieve himself in bed because no one brought him a bedpan. Because neither the Commander nor the Adjutant identified the veteran, we could not determine whether this actually happened.

Regarding the allegation of discrimination toward Vietnam veterans, the Commander could cite only one case. This involved a Vietnam era veteran who had served 8 months in the U.S. Navy before being released and placed on temporary disability, diagnosed as a Schizophrenia, Paranoid Type. The alleged discrimination, according to the Commander, was that the veteran, while at the VA hospital, was forced to finish a bingo game against his will.

Our discussions with the veteran and hospital officials showed that the veteran voluntarily entered a room (closed ward for mental patients) to participate in the game activities. After completing a game of bingo, the veteran told a staff member that he wanted to leave but the door was locked. The staff member told the veteran that he could not leave the room until the game period was over because the hospital did not want to take the risk of mental patients leaving the area.

A hospital official told us that it seemed reasonable that the staff member would not unlock the door and disrupt the games until the game period was over. The veteran said he was not forced to participate in the games. He stated that the whole nature of this experience was the basis for his discrimination complaint. The veteran said it was a personal feeling that he was discriminated against because he was a Vietnam veteran. He is currently drawing 50-percent compensation for his service-connected disability.

In our opinion the Vietnam veteran in this instance was not discriminated against. On the contrary, in interviews with veterans we found no indication that discrimination toward Vietnam veterans was a problem or an issue at the Iowa City VA hospital.

The complaints regarding compensation and pension determination and medical examination and outpatient treatment, for the most part, involve medical opinions and decisions by treating physicians. Hospital officials acknowledged, in one case, that the compensation award of a veteran was delayed for several months because of an error in scheduling the type of examination requested by the regional office, and, in another case, the medication prescribed by a surgeon before receiving the results of laboratory tests may have adversely affected a veteran's diabetic condition.

With regard to complaints involving administrative services, we believe that the hospital may be at fault for not adequately advising veterans about the need to request meal tickets and travel reimbursement.

As your office requested, we did not obtain written comments from VA on the matters in this report. However, we met with VA officials to obtain their oral comments, which have been considered in finalizing this report.

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A copy of this report is being sent to the Administrator of VA; however, we plan no further distribution unless you agree or publicly announce its contents.

Sincerely yours,



 Deputy Comptroller General
of the United States

