United States General Accounting Office

GAO

Report to the Chairman, Committee on Veterans' Affairs, U.S. Senate

March 1989

VA HEALTH CARE

Language Barriers Between Providers and Patients Have Been Reduced

GAO/HRD-89-40

GAO

United States
General Accounting Office
Washington, D.C. 20548

Human Resources Division

B-234431

March 9, 1989

The Honorable Alan Cranston
Chairman, Committee on Veterans' Affairs
United States Senate

Dear Mr. Chairman:

On January 27, 1988, you requested that we determine whether the Veterans Administration (VA) has adequately addressed past problems regarding the English language proficiency of some of its health care providers, and whether further legislative or administrative action is needed to correct those problems. This request was, in part, a follow-up to determine compliance with Public Law 95-201, enacted in 1977. This law requires the Administrator of Veterans Affairs to ensure that VA health care personnel have the basic proficiency in spoken and written English to carry out their responsibilities satisfactorily.

We believe that VA's efforts since Public Law 95-201 was enacted have significantly reduced the English language proficiency problems among its direct health care providers. Since 1977, VA has developed and periodically updated policies and procedures to address the language proficiency of its health care providers. Further, discussions with patient advocates in 18 VA facilities, interviews with national service organizations that have an interest in this issue, review of VA's patient satisfaction questionnaires from prior years, and examination of pertinent documentation revealed only minor problems between patients and VA health care providers with respect to English language proficiency. VA patients at these 18 facilities were more concerned with the perceived lower quality of interpersonal relationships some foreign providers exhibit with their patients than with language problems. While the language situation has improved considerably, continued monitoring through precise questions on patient satisfaction questionnaires can provide VA management with necessary data to assure that language proficiency problems are quickly identified should they increase in the future.

Our review was conducted between May and November 1988 and performed in accordance with generally accepted government auditing standards. (See app. I for objectives, scope, and methodology.) VA provided written comments on a draft of this report. These are discussed on page 7 and are included in appendix V.

Effects of Public Law 95-201 on English Language Proficiency

Since the enactment of Public Law 95-201, language barrier problems within VA health care facilities have been reduced. Immediately after enactment of the law, VA instituted a program to ensure that all health care providers could meet acceptable standards of spoken English. This program required VA facility directors to determine the language proficiency of every person on their rolls who was acting in a direct patient care capacity. In addition to making such determinations, facility directors were required to develop a plan of action for bringing all persons identified as having a language problem up to acceptable standards. The plan was to include a description of the training program to be used, the estimated date by which proficiency could be expected, and the cost of training and testing. In a June 27, 1978, report to the Senate Committee on Veterans' Affairs, VA identified 369 providers who lacked proficiency in English. VA's report provided examples of training programs in six of its facilities, testing schedules of identified providers, and other steps hospitals were taking to bring providers up to acceptable standards. Also, VA provided guidance for its hospitals to assure that certain procedures are followed when foreign-born physicians who are graduates of foreign medical schools (hereafter referred to as foreign-born physicians) and other noncitizen health care providers are appointed.[1] Full details of this guidance are provided in appendix II.

During our review we contacted 38 service officers and patient representatives at 18 VA facilities that employ 771 foreign-born physicians and 617 noncitizen providers.[2] At these facilities, only six providers were identified as having an English language proficiency problem. Of the 38 service officers and patient representatives, 27 stated that they had received no complaints regarding language proficiency; 9 said that they had received a few sporadic complaints, but no significant ones; 2 identified problems regarding the six providers, but even in these cases we received conflicting reports. For example:

- The Veterans of Foreign Wars service officer at VA's Columbus, Ohio, outpatient clinic told us that he receives 8 to 10 complaints per week

[1]These providers include nurses, technicians, dentists, and physician and dental residents.

[2]Service officers are employees or volunteers for veterans' organizations, such as the Disabled American Veterans or the American Legion, who are responsible for ensuring that veterans receive the benefits to which they are entitled. Most VA facilities have part-time or full-time service officers from one or more veterans organizations. Patient representatives are employed by the VA and are responsible for resolving concerns or answering inquiries from patients and their families. Not all VA facilities have patient representatives. In such instances, other employees in positions, such as health benefits officer or administrative assistant, fulfill the role of a patient representative.

regarding the language proficiency of 4 of the 18 foreign-born physicians at this clinic. The health benefits officer at this same clinic stated that while she received numerous complaints when the 4 physicians were newly hired, she has received few complaints in the past year.

- At the Chicago (Westside), Illinois, medical center, VA's patient representative said she receives numerous complaints regarding the English language proficiency of two foreign health care providers. The American Legion representative at this facility stated that he receives approximately five complaints per month regarding the English language proficiency of a variety of physicians. However, he did not consider this to be a significant problem in comparison to other more serious patient complaints that take up the bulk of his time.

Officials of the Paralyzed Veterans of America, at their own initiative, contacted their service officers at 42 VA facilities (see app. III) to determine whether English language proficiency of VA health care providers is considered to be a problem with paralyzed veterans. The results of their inquiry indicated that it is not. Similar results were obtained in discussions with other individuals and organizations who have an interest in this subject. Specifically, service organizations, such as the Disabled American Veterans, informed us that the language barrier problems encountered in earlier years are now minimal. Also, private sector organizations, such as the Washington, D.C. and Florida psychiatric societies, stated that complaints about language deficiencies of foreign-born physicians (in this case, psychiatrists) have been reduced significantly in recent years. Finally, as part of VA's on-going concern for patient satisfaction, a survey was conducted in 1983 and again in 1985 in which inpatients were asked whether language barriers were a problem. Approximately 80 percent of the respondents in each survey indicated that language barriers were not a problem.

Our review did, however, identify problems with interpersonal relationships between patients and foreign providers. When the 42 service representatives of the Paralyzed Veterans of America responded to their national office's inquiry on English language proficiency, 25 stated that the most common communication concern is the lower quality interpersonal relations foreign providers have with their patients. Some examples of interpersonal relationship problems between foreign providers and VA patients include: (1) the lack of good bedside manners, (2) ignoring patient's emotional problems, and (3) the negative attitude of some veterans toward specific foreign providers.

At the facilities we contacted, we identified similar concerns regarding interpersonal relationships. An American Legion representative at VA's Allen Park, Michigan, facility stated that non-native English-speaking physicians lacked the rapport with patients that U.S.-born physicians possessed. The patient representative at VA's Brooklyn, New York, facility receives no more than 10 complaints per year about the "communication gap." The patient representative defined the communication gap as either the foreign provider talking too fast or the patient not wanting to listen to what the provider is saying. The Vietnam Veterans Service Officer at this same hospital reported that he received complaints about foreign physicians not spending enough time with patients. This service officer categorized this as a cultural problem and not an English language proficiency problem. Similarly, the patient representative at VA's West Los Angeles, California, facility receives complaints when foreign physicians do not spend enough time with their patients. The Paralyzed Veterans of America Service Officer at VA's Martinsburg, West Virginia, facility receives two to three complaints per month regarding communication or cultural problems.

Proportion of VA's Foreign Providers Declining

In proportion to VA's total employment of health care providers, the number of foreign-born physicians and noncitizen health care providers has declined since Public Law 95-201 was passed. In March 1988, VA employed over 150,000 direct health care providers in its medical facilities. Of these, approximately 7,100 were full-time physicians; 5,500 were part-time physicians; and 138,160 were nurses, technicians, dentists, dentist residents, resident physicians, etc. Foreign-born physicians who graduated from foreign medical schools represented 27 percent or 1,880 of the full-time physicians,[3] and noncitizens represented 1.1 percent or 1,545 of the other direct patient health care providers. Comparable data for 1977 show that 35 percent or 2,120 of VA's 5,998 full-time physicians were foreign-born physicians who graduated from foreign medical schools. Similarly, in 1981, noncitizen direct care providers in VA (excluding physicians) represented 1.4 percent or 1,675 of the 123,910 total direct care providers. The following table shows a breakdown of these noncitizen direct care providers in 1981 and 1988.

[3]See app. IV for a listing of the specialties of these providers.

Table 1: Noncitizen Direct Care Providers in VA (1981 and 1988)

	Number	
Type of provider	**1981**	**1988**
Nurses	428	291
Technicians	28	34
Dentists and dentist residents	15	13
Resident physicians	1,204	1,207
Total	**1,675**	**1,545**
All direct care providers in VA, excluding physicians	123,910	138,160
Percentage of noncitizen providers to total providers	1.4	1.1

Source: Information provided by VA from its Personnel Accounting Integrated Data System.

VA Efforts to Assess Providers' Ability to Speak and Write English

VA has criteria that it believes assure that newly hired health care personnel have the ability to communicate effectively in English. (See app. II.) If a physician, dentist, podiatrist, optometrist, nurse, nurse anesthetist, or physician's assistant applying for employment at a VA facility does not meet these criteria or if the applicant's language proficiency is questionable he/she will be required to successfully complete, within 1 year of employment, the Test of English as a Foreign Language, administered by the Educational Testing Service. This test assesses an applicant's listening and reading comprehension, vocabulary, and written expression. It does not, however, assess an individual's ability to speak English. A separate test (e.g., Test of Spoken English) is administered by the Educational Testing Service for this purpose, but VA does not require this test to be taken as a condition for employment.

In February 1988, VA initiated a requirement that the method used to assure that an applicant meets the English proficiency criteria be documented. Before then, such methods were not always documented and, therefore, we were unable to assess whether VA's English proficiency criteria were being effectively implemented. The documentation now required consists of a notation on an employee's official request for personnel action stating how the applicant met the proficiency criteria.

Our review of 99 foreign-born physicians' and noncitizen health care providers' personnel files at two VA facilities (Bonham and Houston, Texas) illustrates the limited reliance that can be placed on available information. We found that 63 of the files did not contain documentation verifying VA's determination of the applicant's English language proficiency. Personnel officials at the Houston and Bonham VA facilities stated that they had never required an individual to take the Test of

English as a Foreign Language examination for English language proficiency determination because all successful applicants met the VA criteria and in the opinion of the interviewing official were proficient in spoken English.

To become a resident physician in the United States, a foreign medical school graduate must pass an English proficiency examination as part of the test administered by the Educational Commission for Foreign Medical Graduates. Further, in order for a graduate of a foreign nursing school to obtain a nonimmigrant occupational visa in the United States, he/she must pass an English proficiency test as part of the test administered by the Commission on Graduates of Foreign Nursing Schools. Officials of both organizations contend that their tests minimize English language proficiency problems for all hospitals, including VA's. The examinations, which were developed by the Educational Testing Service, measure English vocabulary, comprehension, and written structure. However, like the Test of English as a Foreign Language, they do not test an individual's ability to speak English.

VA is developing a patient satisfaction questionnaire that will be distributed this year. In a draft (November 1988), a question has been included about the patient's ability to communicate with VA health care providers. As presently structured, the question asks each inpatient to rate between very poor and very good the "communication with your doctor (language, accent, etc.)." But the question does not clearly state whether the respondent is rating the provider's or the patient's ability to communicate, nor does it specifically define communication as English language proficiency.

VA Efforts to Provide Bilingual Staff When Needed

Patient representatives and service organization personnel stated that most veterans speak English and, consequently, facilities receive few requests for bilingual staff. Further, none of the 18 VA facilities where we conducted interviews had received complaints about the availability of bilingual staff. All reported that sufficient bilingual staff is available for non-English speaking patients. For example, at the Bronx, New York, VA facility, 16 percent of its health care providers speak Spanish. This has proven beneficial because some of its patient population is of Puerto Rican descent for whom English is a second language. In critical care situations, many of these patients prefer to speak their native language and, thus, require a bilingual doctor. This hospital has received many requests for Spanish-speaking doctors and has been able to meet each one.

Conclusion

We believe that VA's efforts to establish and update criteria and its ongoing monitoring of patient satisfaction regarding language barriers have significantly reduced English language proficiency problems. The one area of potential vulnerability in VA's efforts is that foreign-born physicians and noncitizen applicants for health care provider positions are not specifically tested on their ability to speak English effectively. While testing is an option VA should consider, we are not recommending that it be required at this time—primarily because English language proficiency does not appear to be a major problem. Other available options, such as monitoring the language proficiency of providers through patient satisfaction questionnaires, can provide early warning of a possible language proficiency problem, and appropriate action can be taken at that time (e.g., requiring a test of spoken English).

VA's proposed patient satisfaction questionnaire can provide VA management with appropriate language proficiency data if the questions are specific enough to allow accurate interpretation. The results of such a patient questionnaire, together with the opinions of the patient representatives and service organization officers, should allow VA and other interested parties to determine with a relatively high degree of accuracy whether there is a problem in this area and exactly where it is. The ability to speak English should not, however, be confused with the problems with interpersonal relationships between foreign providers and VA patients. This involves such issues as bedside manner, perceived compassion, attitude toward patients, and information sharing—all of which can lead to poor communication, but are not problems of spoken English.

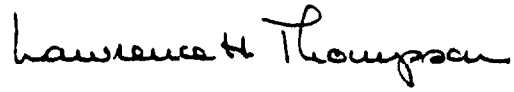
Agency Comments

VA made no comment on the facts presented in a draft of this report. It did, however, refer to our observations about the interpersonal relationship problems some foreign providers had with their patients and explained how this problem is dealt with when it is identified. Specifically, VA physicians and other health care providers are evaluated, at least annually, on their performance: this includes an assessment of their interpersonal relationship skills. According to VA, if an individual is found to be weak in this area, he or she is to be counseled and offered suggestions for improvement.

Copies of this report are being sent to appropriate congressional committees; the Administrator of Veterans Affairs; the Director, Office of Management and Budget; and other interested parties.

This report was prepared under the direction of David P. Baine, Director, Federal Health Care Delivery Issues. Other major contributors are listed in appendix VI.

Sincerely yours,



Lawrence H. Thompson
Assistant Comptroller General

Contents

Tables

Abbreviations

GAO	General Accounting Office
VA	Veterans Administration

Objectives, Scope, and Methodology

In your January 27, 1988, letter, you requested us to examine the following issues:

1. To what extent are there still VA employees with direct patient care responsibilities who do not have the basic English language proficiency necessary to carry out their health care responsibilities?

2. Has VA been successful in reducing its reliance on graduates of foreign medical schools and other health care professionals and technicians who do not have basic proficiency in English?

3. Did the English language proficiency requirement for new appointees, effective January 1, 1978, help address the language barrier problem?

4. Has VA addressed the question of how to assess adequately and fairly the proficiency of prospective appointees in oral and written English?

5. Did VA, in 1978, successfully identify persons who were qualified to test and train VA health care workers in English language proficiency?

6. Has the VA Administrator identified sufficient bilingual staff to bridge linguistic and cultural differences in VA health care facilities where substantial numbers of veterans have limited English proficiency?

To address these issues, we examined pertinent VA regulations and directives, and interviewed VA officials at the VA Central Office; directors, associate directors, and/or patient representatives at 18 VA facilities; officials of national service organizations, including the American Legion, Disabled American Veterans, and Paralyzed Veterans of America, at their headquarters and at the 18 VA facilities contacted; and personnel in private psychiatry societies—Washington Psychiatry Society, New York County Branch of American Psychiatry Association, Florida Psychiatry Society, and University of Arkansas Psychiatry Department. Further, in August 1988 the Paralyzed Veterans of America conducted a survey of their service officers at 42 VA facilities (see app. III) about language proficiency and provided us with the results.

Our selection of the 18 VA facilities was based on the following: Bonham, Texas, and Martinsburg, West Virginia, VA facilities to address your request for particular emphasis on providers at rural VA facilities; Boston, Massachusetts, and San Juan, Puerto Rico, to address your questions regarding nurses hired from Puerto Rico; and the others because

the facilities employed the highest number or highest percentage of foreign-born graduates of foreign medical schools and noncitizen direct health care providers (see table I.1). Although the Manila outpatient clinic in the Philippines also employed a high percentage of foreign-born direct patient care providers (4 of 15 providers or 27 percent), we did not contact officials at this facility because of its location (e.g., outside the continental United States).

Table I.1: Number of Health Care Providers at Facilities Contacted by GAO, as of March 1988

Facility	Foreign-born foreign medical graduates (full and part time)	Noncitizen health care providers[a]	Total number of health care providers at facility
Facilities with the highest number of foreign providers:			
Miami, FL	70	96	2,023
Hines, IL	92	56	2,437
Brooklyn, NY	75	54	2,068
West Los Angeles, CA	45	62	2,777
Houston, TX	43	61	2,192
New Orleans, LA	37	61	1,308
Allen Park, MI	56	34	1,164
Bronx, NY	43	45	1,475
Chicago Westside, IL	51	36	1,528
North Chicago, IL	58	28	1,514
Long Beach, CA	57	29	2,543
Facilities with the highest percentage of foreign providers:			
Columbus, OH	18	1	126
Los Angeles, CA	19	•	244
Wilkes-Barre, PA	31	25	833
Miscellaneous facilities:			
Bonham, TX	6	•	243
Boston, MA	25	27	1,512
Martinsburg, WV	25	•	802
San Juan, PR	20	2	1,421
Total	**771**	**617**	**26,210**
Percentage of total	2.9	2.4	

[a]Noncitizen nurses, technicians, dentists, dentist residents, and physician residents, and noncitizen graduates of U.S. medical schools (physicians and residents).

Source: Information provided by VA from its Personnel Accounting Integrated Data System.

As of March 31, 1988, these 18 facilities employed 1,388 or 28 percent of all foreign-born physicians and other noncitizen health care providers in VA. We visited 3 of the 18 facilities and contacted the other 15 by telephone. At the 3 facilities we visited (Bonham and Houston in Texas,

and New Orleans), we reviewed complaint files and quality assurance committee meeting minutes; we interviewed personnel managers, patient representatives and service officers; and interviewed U.S.-born health care providers who work with the foreign-born physicians and other foreign-born providers. At the Bonham VA Medical Center, we reviewed all personnel files for health care providers whose primary language was not English to determine whether providers' language proficiency was verified. At the Houston VA Medical Center, we randomly selected personnel files based on all individuals that we could identify whose primary language was not English. We also interviewed patient representatives and service officers at the 3 facilities. We conducted telephone interviews with patient representatives and service officers at the remaining 15 facilities.

The VA Central Office does not maintain records on the English language proficiency status of employees or on providers whose primary language is not English. Thus, to determine the extent to which VA has reduced its reliance on foreign-born physicians we obtained information from VA's automated personnel records regarding the number of full-time foreign-born physicians on VA roles as of March 31, 1988, and compared this information to similar data given in hearings before the Senate Committee on Veterans' Affairs on July 1, 1977. Our comparisons were limited because no information on part-time physicians who are foreign-born graduates of foreign medical schools was available from the 1977 hearings. We also obtained the number of noncitizen health care providers in VA as of March 31, 1988, and compared this information to the same data from June 30, 1981, the earliest data we could obtain from VA on the subject.

During our review we could not identify any individuals in the VA Central Office or at the facilities visited who could recall whether VA had, in 1978, identified personnel who were qualified to test and train health care workers in English language proficiency. But the steps taken at that time by VA to train personnel who had language deficiencies (see p. 22) would have required the identification of such individuals.

We performed our review in accordance with generally accepted government auditing standards. Information for this report was obtained between May and November 1988.

VA Criteria for Determination of English Language Proficiency

The following criteria with noted exceptions (*) have been used since 1977 to determine English language proficiency of all applicants for VA health care positions:

1. The applicant's primary and native written and spoken language is English.

*2. The applicant has completed a combination of 4 or more years of education and/or experience (revised in Feb. 1988) as follows:

(a) Education in the United States or in any school in which the basic curriculum is conducted in English, which may include any time spent in graduate and postgraduate training.

*(b) Successful work experience in a health care facility in which the primary written and spoken language is English, and in which the individual is required to communicate in English (added in Feb. 1988).

3. For physicians, any of the following additional criteria may be considered as qualifying for English language proficiency:

(a) Graduation from a medical school accredited by the Liaison Committee on Medical Education (*as listed in the current Association of American Medical Colleges' Directory [added Feb. 1978]).

(b) Graduation from a foreign medical school whose curriculum was taught and examined in English.

(c) United States citizenship by birth and graduation from a foreign medical school.

(d) Certification by the Educational Council for Foreign Medical Graduates with a certificate dated 1976 or later.

(e) Successful completion of the Visa Qualifying Examination.

*(f) Certification by an American Specialty Board (added Feb. 1978).

*(g) For residents appointed to an integrated graduate training program (i.e., accredited in the name of an affiliated institution), certification by the Dean's Committee or Medical Advisory Committee of having met the written and spoken English proficiency requirements (added Feb. 1978).

4. If a physician, dentist, podiatrist, optometrist, nurse, nurse anesthetist, or physician assistant does not meet the above criteria or if proficiency is questionable even though one or more criteria are met, the candidate must successfully complete the Test of English as a Foreign Language before a determination of proficiency is made.

5. If an individual in any occupation not listed above does not meet the proficiency criteria or if proficiency is questionable even though one or more criteria are met, the facility director will determine, on an individual basis, whether the individual is sufficiently proficient for the assignment involved.

Number of Health Care Providers at Facilities Contacted by Paralyzed Veterans of America, as of March 31, 1988

Facility[a]	Foreign-born foreign medical graduates (full/part time)[b]	Noncitizen health care providers[b]	Total Number of health care providers at each facility[b]
Albuquerque, NM	12	6	1,154
Alexandria, LA	18	4	609
Atlanta, GA	22	47	1,663
Baltimore, MD	11	12	743
Bay Pines, FL	43	5	1,456
Biloxi, MS	14	0	1,047
Boston, MA[c]	25	27	1,512
Buffalo, NY	51	19	1,515
Columbia, SC	20	5	918
Denver, CO	2	11	1,389
Gainesville, FL	11	12	1,472
Houston, TX[c]	43	61	2,192
Indianapolis, IN	20	17	1,197
Jackson, MS	20	5	980
Little Rock, AR	19	21	2,193
Long Beach, CA[c]	57	29	2,543
Los Angeles-Wadsworth, CA[c]	19	0	244
Louisville, KY	19	11	858
Martinsburg, WV[c]	25	0	802
Memphis, TN	16	21	1,730
Miami, FL[c]	17	96	2,023
Muskogee, OK	7	0	443
Nashville, TN	11	10	989
New Orleans, LA[c]	37	61	1,308
New York-7th Ave., NY	32	44	1,943
Oklahoma City, OK	17	21	1,014
Orlando, FL	•	•	•
Philadelphia, PA	19	28	1,116
Phoenix, AZ	21	3	967
Pittsburgh, PA	15	0	770
Portland, OR	8	8	1,750
Richmond, VA	36	7	1,739
Roanoke, VA	•	•	•
San Antonio, TX	19	8	1,539
San Diego, CA	14	15	1,347
San Juan, PR[c]	20	2	1,421
Seattle, WA	7	22	1,312

(continued)

Facility[a]	Foreign-born foreign medical graduates (full/part time)[b]	Noncitizen health care providers[b]	Total Number of health care providers at each facility[b]
Tampa, FL	52	17	1,760
Waco, TX	25	0	1,000
Washington, DC	39	34	1,526
Wichita, KS	6	2	394
Wilmington, DE	18	3	517
Total	**940**	**694**	**51,095**
Percentage of total	1.8	1.4	

[a]Information on language proficiency of health care providers was obtained by the Paralyzed Veterans of America.

[b]Information provided by VA from its Personnel Accounting Integrated Data System. The providers for the Orlando, Florida, facility are included in the provider figures for Gainesville, Florida. The Roanoke, Virginia, facility is a regional office and does not have direct health care providers.

[c]GAO obtained information from VA patient representatives or other service officers at this facility through direct interview. This information is in addition to the data obtained through the Paralyzed Veterans of America.

Number of Full-Time and Part-Time Foreign-Born Foreign Medical Graduates by Specialty, as of March 31, 1988

Specialty	Number of full time	Number of part time	Total
Surgery			
Anesthesiology	88	47	135
Surgery	81	76	157
Gynecology	0	0	0
Neurological surgery	3	15	18
Ophthalmology	4	21	25
Orthopedic surgery	14	19	33
Otolaryngology	3	23	26
Plastic surgery	0	17	17
Colon and rectal surgery	0	0	0
Thoracic surgery	6	20	26
Urology	21	44	65
Medicine			
Medical oncology	6	16	22
Hematology	22	16	38
Infectious diseases	3	5	8
Dermatology	5	11	16
General internal medicine	367	200	567
Other	81	50	131
Allergy and immunology	1	2	3
Cardiovascular diseases	47	56	103
Gastroenterology	17	36	53
Pulmonary diseases	49	22	71
Nephrology	28	30	58
Rheumatology	4	5	9
Endocrinology and metabolism	16	16	32
Preventative medicine	0	0	0
Psychiatry and Neurology			
Neurology	38	70	108
Psychiatry	360	175	535
Other Physician Specialties			
Substance abuse fellow	0	4	4
Anatomic pathology	9	5	14
Clinical pathology	3	2	5
Geriatric fellow	0	4	4
Clinical scholar-RWJ	0	0	0
Spinal cord injury fellow	0	1	1
Radiology-diagnostic	112	70	182
Radiology-therapeutic	18	11	29

(continued)

Specialty	Number of full time	Number of part time	Total
General practice	14	4	18
Paraplegia	22	5	27
Pathology	150	49	199
Physical medicine and rehabilitation	131	61	192
Radiology-therapeutic and diagnostic	30	14	44
Nuclear medicine	32	20	52
Research-career development	0	0	0
Research	0	3	3
Family practice	14	4	18
Administrative Medicine			
Admitting physician	33	11	44
Chief of staff	18	0	18
Chief of staff trainee	0	0	0
Associate chief of staff-education	4	1	5
Associate chief of staff-research and development	4	1	5
Director	0	0	0
Other physicians in the office of the director or Chief of staff	11	7	18
Assistant chief of staff	1	0	1
Associate chief of staff for ambulatory care	10	0	10
Associate chief of staff-extended care	0	1	1
Total	**1,880**	**1,270**	**3,150**

Source: Information provided by VA from its Personnel Accounting Integrated Data System.

Comments From the Veterans Administration

Office of the
Administrator
of Veterans Affairs

Washington DC 20420

Veterans
Administration

JAN 1 1989

Mr. Lawrence H. Thompson
Assistant Comptroller General
Human Resources Division
U.S. General Accounting Office
Washington, DC 20548

Dear Mr. Thompson:

This responds to your request that the Veterans Administration (VA) review and comment on the General Accounting Office (GAO) December 14, 1988, draft report VA HEALTH CARE: Language Barriers Between Providers and Patients Have Been Reduced. Your review sought to determine VA's compliance with Public Law 95-201 which requires that health care personnel have a basic proficiency in spoken and written English.

GAO did not make any recommendations because, as the report states, VA has significantly reduced English language proficiency problems since the law was enacted. The report notes that VA policy now requires that English proficiency determinations be documented for individuals who are appointed to direct patient care positions.

Your report indicates that a number of complaints were noted about the interpersonal relationship skills of foreign-born or noncitizen health care providers. Current VA policy requires that the performance of physicians and other health care providers be evaluated at least annually, and that this evaluation include an assessment of interpersonal relationship skills. Employees found to be weak in this or any other area are to be counseled and offered suggestions for improvement.

We appreciate the opportunity to review the draft report.

Sincerely,

THOMAS K. TURNAGE
Administrator

Major Contributors to This Report

Human Resources Division, Washington, D.C.

David P. Baine, Director, Federal Health Care Delivery Issues, (202) 275-6207
James A. Carlan, Assistant Director

Dallas Regional Office

Jeanne M. Barger, Evaluator-in-Charge
Deborah M. McQuiddy, Evaluator

United States
General Accounting Office
Washington, D.C. 20548

Official Business
Penalty for Private Use $300

First-Class Mail
Postage & Fees Paid
GAO
Permit No. G100