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Report to Congressional Committees

May 2024

VETERANS AFFAIRS

Actions Needed to Improve Access to Care in the U.S. Territories and Freely Associated States

GAO-24-106364

GAO Highlights

Highlights of GAO-24-106364, a report to congressional committees

May 2024

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Why GAO Did This Study

Citizens from the U.S. territories and FAS generally enlist in the military at higher per capita rates than some U.S. states. As veterans, they are eligible for certain VA benefits. However, GAO has previously found that veterans living in the remote Pacific U.S. territories and abroad can face unique and sometimes substantial challenges accessing their VA benefits.

The Honoring our PACT Act of 2022 includes a provision for GAO to review veterans' access to their benefits in the U.S. territories and FAS. This report examines, among other objectives, how VA estimates the population of veterans in the U.S. territories and FAS and VA efforts to help address challenges these veterans face accessing VA health care services.

GAO conducted site visits to all five territories and Hawaii, reviewed documentation, and interviewed officials from VA and DOD program offices as well as from local and regional offices of each of these agencies. GAO analyzed data such as veteran demographics and health care service utilization. GAO also interviewed non-federal stakeholders, such as FAS embassy staff.

What GAO Recommends

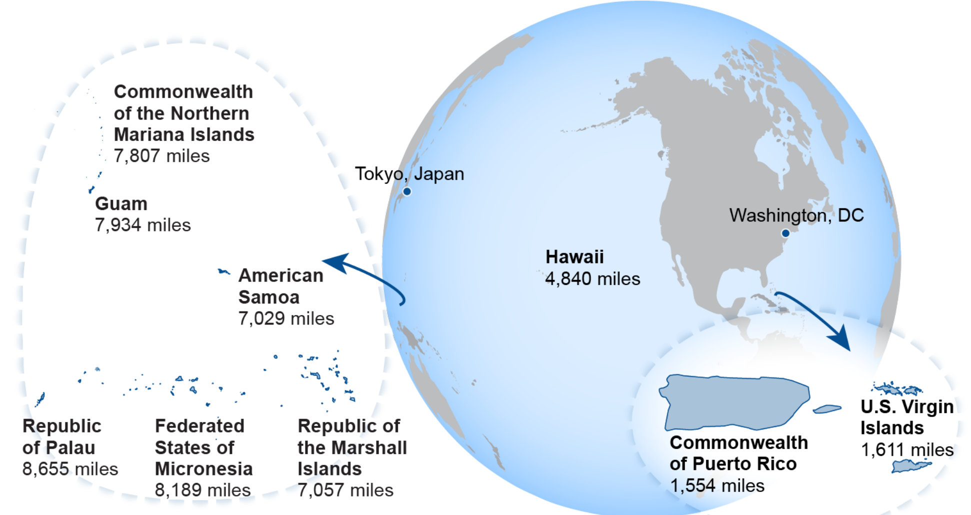
GAO is making five recommendations to VA and one to DOD. These include recommendations that VA assess (1) the data sources in its model for estimating the veteran population in the U.S. territories and FAS and (2) its travel benefits policies for territory veterans and amend its regulations as appropriate. VA and DOD concurred with GAO's recommendations and identified steps the departments will take to address them.

View GAO-24-106364. For more information, contact Sharon M. Silas at (202) 512-7114 or silass@gao.gov.

What GAO Found

In addition to serving veterans in the 50 U.S. states and District of Columbia, the Department of Veterans Affairs (VA) is responsible for providing health care and other benefits to veterans in the three foreign countries in the Pacific collectively known as the freely associated states (FAS) and in the five U.S territories.

U.S. Territories and Freely Associated States and Their Distances from Washington, D.C.



Source: GAO analysis; Map Resources (individual islands); Yevhenii/stock.adobe.com (globe). | GAO-24-106364

VA uses a model to estimate the size of the veteran population to inform resource allocation and outreach needs. However, VA lacks assurance that the model's estimates are accurate for territory and FAS veterans—for example, one major data source for the model does not include data on most of these locations. Further, local stakeholders from these areas consistently stated that VA's estimates were low. Assessing the model's data sources and availability of other data sets, and making changes as appropriate, could help VA ensure the accuracy of its data for the territories and FAS.

Additionally, VA efforts have not sufficiently addressed veterans' access to care challenges in the territories and FAS. For example, due to VA's eligibility criteria for its travel benefits program, as of March 2024, FAS veterans and a large portion of territory veterans do not qualify for VA travel benefits, though they generally need to travel long distances to access VA care. Regarding FAS veterans, legislation enacted in March 2024 explicitly authorized VA subject to certain agreements to reimburse them for travel related to eligible health care services, but VA has not yet implemented this legislation. Additionally, the enabling law that authorized VA to reimburse certain veterans' travel also authorized VA to make payments to any person not explicitly covered in the law, pursuant to regulations. VA may be able to improve access to care for veterans living in the territories by assessing whether it is feasible and advisable to expand eligibility for certain veterans in these areas, as well as by amending its regulations as appropriate.

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Abbreviations

CNMI	Commonwealth of the Northern Mariana Islands
DOD	Department of Defense
FAS	freely associated state
USVI	U.S. Virgin Islands
VA	Department of Veterans Affairs
VAPIHCS	VA Pacific Islands Health Care System
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration

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U.S. GOVERNMENT ACCOUNTABILITY OFFICE

441 G St. N.W.
Washington, DC 20548

May 23, 2024

The Honorable Jon Tester
Chairman
The Honorable Jerry Moran
Ranking Member
Committee on Veterans' Affairs
United States Senate

The Honorable Mike Bost
Chairman
The Honorable Mark Takano
Ranking Member
Committee on Veterans' Affairs
House of Representatives

The Department of Veterans Affairs (VA) is responsible for providing benefits to veterans, their families, caregivers, and survivors. One VA component agency—the Veterans Health Administration (VHA)—is charged with providing health care benefits to more than 9.1 million enrolled veterans, while another component agency—the Veterans Benefits Administration (VBA)—provides non-health care benefits, such as disability compensation, to veterans and their families.

In addition to the 50 U.S. states and the District of Columbia, VA provides benefits to veterans in the five U.S. territories, which comprise the Pacific territories of American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands (CNMI) and the Caribbean territories of the Commonwealth of Puerto Rico and the U.S. Virgin Islands (USVI). The U.S. also maintains compacts of free association with three foreign countries in the Pacific—the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau—collectively known as the freely associated states (FAS). Under these compacts, citizens of the FAS can enlist in the U.S. military and therefore are eligible for certain VA benefits. According to enlistment data, citizens from the territories and FAS generally enlist in the military at higher per capita rates than most

U.S. states. For example, in 2022, Guam's enlistment per capita rate was more than double the highest U.S. state's rate.[1]

In recent years, we, along with VA's Inspector General, have continued to identify significant deficiencies in VA's oversight and operations—all of which can affect health care and other benefit programs for eligible veterans.[2] These deficiencies may be heightened for veterans who live outside the 50 U.S. states and the District of Columbia. For example, in 2018, we found that veterans who lived in the Pacific territories experienced added challenges accessing VHA health care due to the areas' remoteness.[3] In 2020, we found that veterans living in foreign countries faced challenges accessing timely and quality disability medical exams.[4]

The Honoring our PACT Act of 2022 includes a provision for us to review, among other things, the number of veterans living in the U.S. territories

[1]In 2022, the top five enlistment rates per capita for the 50 U.S. states and D.C., five U.S. territories, and FAS were, in order, Guam, CNMI, USVI, American Samoa, and the Republic of Palau. Enlistment rates per capita were determined using calendar year 2022 DOD Military Entrance Processing Command enlistment data for the Army, Air Force, Marine Corps, Navy, and Space Force, compared to population estimates from the U.S. Census and World Bank from 2022.

[2]See GAO, *High-Risk Series: Efforts Made to Achieve Progress Need to Be Maintained and Expanded to Fully Address All Areas*, GAO-23-106203 (Washington, D.C.: Apr. 20, 2023). See also Department of Veterans Affairs Office of Inspector General, *Fiscal Year 2022 VA Inspector General's Report on VA's Management and Performance Challenges*. The VA Inspector General identified its top management and performance challenges as health care services, benefits, stewardship of federal dollars, information systems and innovation, and leadership and governance.

[3]See GAO, *Veterans Health Administration: Opportunities Exist for Improving Veterans' Access to Health Care Services in the Pacific Islands,* GAO-18-288 (Washington, D.C.: Apr. 12, 2018). We made four recommendations to VA to improve veterans' access to care in the Pacific, including two recommendations to address deficiencies in VA's referral process to a military treatment facility on Guam, and one recommendation to evaluate the effectiveness of VA recruitment and retention strategies. VA has since implemented these recommendations.

[4]See GAO, *VA Disability Benefits: VA Should Continue to Improve Access to Quality Disability Medical Exams for Veterans Living Abroad,* GAO-20-620 (Washington, D.C.: Sept. 21, 2020). We made five recommendations to VA to improve foreign veterans' access to quality disability exams. VA agreed with those recommendations and have since implemented them.

and FAS, and any barriers they face in accessing VA benefits.[5] This report

1. examines how VA estimates the number of veterans in the U.S. territories and FAS;
2. examines how VHA monitors veterans' use of and access to health care services at VHA facilities in the U.S. territories;
3. examines challenges veterans face in accessing VHA health care services in the U.S. territories and FAS and any VA efforts to help address the challenges; and
4. describes VBA's efforts to address challenges processing disability claims for veterans in the U.S. territories and FAS.

Across all four objectives, we conducted in-person and virtual site visits, reviewed documentation, and interviewed officials from VHA, VBA, and DOD program offices as well as local or regional offices of each of these agencies regarding oversight and delivery of VA benefits in the U.S. territories and FAS.[6] These regional and local entities included two VHA medical centers and seven associated outpatient clinics, five Vet Centers providing readjustment counseling services, and two regional VA network offices; seven VBA regional and local offices; and two DOD military treatment facilities.[7]

In addition, we reviewed documentation and interviewed officials from two VA contractors, local government offices in most of the territories, public health offices in each of the FAS, four selected community hospitals in

[5]Pub. L. No. 117-168, § 508, 136 Stat. 1759, 1790-91 (2022).

[6]We conducted virtual site visits to Puerto Rico and the U.S. Virgin Islands (USVI) in March 2023, and in-person site visits to Honolulu, Hawaii; American Samoa; Guam; and the Commonwealth of the Northern Mariana Islands (CNMI) in April and May 2023.

[7]VHA provides readjustment counseling services at Vet Centers and satellite locations—referred to as outstations—that are overseen by, and separate from, their associated Vet Centers. Readjustment counseling services focus on counseling for problems related to military stressors, such as combat theater trauma or military sexual trauma, and can include individual, couples, family, or group counseling.

VA and DOD collaborate through sharing agreements to provide health care services to VA and DOD beneficiaries, reimbursing each other for the services provided. DOD military medical treatment facilities include military hospitals, ambulatory care clinics, and dental clinics and may be staffed by military personnel (including active and reserve), federal civilian personnel, and private sector contractor personnel. As of November 2022, DOD's Defense Health Agency has administration and management responsibilities for every military medical treatment facility.

the Pacific territories, local veteran service organizations in three of the territories and each FAS, and a non-profit organization representing public health agencies regarding various topics, including any unique barriers veterans face accessing VA benefits in the territories and FAS.

Further, we analyzed data from various program offices within VHA and VBA related to veteran demographics, facility staffing, veteran travel benefits, and utilization and timeliness of selected VA benefits. We reviewed the data to identify any obvious errors and omissions and interviewed relevant VHA and VBA officials about the data. We determined that data on facility staffing, veteran travel benefits, and selected VBA benefits' utilization and timeliness were sufficiently reliable for the purposes of providing information on veterans' access to VA benefits in the U.S. territories and FAS. We identified potential limitations with the veteran demographic data reported by VHA and discuss these limitations later on in this report.

We assessed:

- VA's process for estimating the number of veterans residing in the U.S. territories and FAS against goals within VA's Equity Action Plan and against federal internal control standards—specifically the principle that management should use quality information to achieve its objectives;[8]
- VHA's methods for monitoring access to VHA health care for veterans living in the territories against data use and management goals in VA's 2022-2028 strategic plan and federal internal control standards related to the use of quality information and internal communication of that information;[9]
- VHA's ability to provide access to health care services and medical equipment and supplies to veterans in the territories against goals in

[8]See Department of Veterans Affairs, *Equity Action Plan*, published Apr. 15, 2022. VA released an updated Equity Action Plan on Feb. 14, 2024, with similar goals.

Internal control is a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved. See GAO, *Standards for Internal Control in the Federal Government*, GAO-14-704G (Washington, D.C.: Sept. 2014).

[9]See Department of Veterans Affairs, *Fiscal Years 2022-28 Strategic Plan*.

VA's strategic plan and VHA policies on beneficiary travel and supply chain management;[10] and

- VHA and DOD's resource-sharing efforts in the Pacific region against their agreements and goals in the departments' 2022-2027 Joint Strategic Plan.[11]

See appendix I for further details on our objectives, scope, and methodology, including the stakeholders we interviewed and the data we reviewed.

We conducted this performance audit from November 2022 to May 2024 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

VHA Health Care in the U.S. Territories and FAS

VHA provides health care services to eligible veterans at various VA medical facilities located in the five U.S. territories. In addition, eligible veterans in the territories can also receive care from community providers when they face certain challenges accessing care at VA facilities through VA's Veterans Community Care Program. In fiscal year 2022, the VA Caribbean Healthcare System coordinated health care for an estimated 61,000 enrolled veterans at the San Juan VA medical center and 10 outpatient clinics across Puerto Rico and USVI. (See table 1 below for the breakdown of facility type by location.) The VA Pacific Islands Health Care System (VAPIHCS) consists of a VA medical center in Honolulu, Hawaii, that coordinated health care for veterans in Hawaii and an estimated 7,200 enrolled veterans from three outpatient clinics in American Samoa, Guam, and CNMI that year.[12] In addition, VHA

[10]See Department of Veterans Affairs, Veterans Health Administration, *VHA Directive 1601B.05 – Beneficiary Travel* (Washington, D.C.: Jan. 20, 2022) and Department of Veterans Affairs, Veterans Health Administration, VHA Directive 1761 *Supply Chain Management Operations* (Dec. 30, 2020).

[11]See Department of Veterans Affairs and Department of Defense Joint Executive Committee, *Joint Strategic Plan Fiscal Years 2022-2027*, Washington, D.C.

[12]According to VAPIHCS officials, 57,195 total veterans were enrolled with VAPIHCS in fiscal year 2023.

provides readjustment counseling services—individual, couple, family, and group counseling focused on problems related to military stressors—at various Vet Centers and Vet Center outstations in the territories.

Table 1: Number of Veterans Health Administration Facilities in the U.S. Territories

VA health system	Territory	Medical treatment facilities: VA medical center	Medical treatment facilities: Community-based outpatient clinic[a]	Medical treatment facilities: Other outpatient clinic[b]	Vet Center and Vet Center outstations[c]
Caribbean Healthcare System	Puerto Rico	1	5	3	3
	U.S. Virgin Islands	0	0	2	2
VA Pacific Islands Health Care System	American Samoa	0	1	0	1
	Guam	0	1	0	1
	CNMI	0	0	1	1

Source: GAO review of Department of Veterans Affairs (VA) documentation. | GAO-24-106364

Note: There is a VA medical center in Honolulu, Hawaii, that oversees the local outpatient clinics in the Pacific territories of American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands (CNMI).

[a]A community-based outpatient clinic is a VA-operated, VA-funded, or VA-reimbursed site of care, which is located separately from an affiliated VA medical facility. A community-based outpatient clinic can provide primary, specialty, mental health, or any combination of health care delivery services that can be appropriately provided in an outpatient setting.

[b]Other outpatient services sites—referred to in this report as "clinics"—are sites in which veterans receive services that do not meet VA's criteria for a community-based outpatient clinic or health care center.

[c]VA provides readjustment counseling services at Vet Centers and satellite locations—referred to as outstations—that are overseen by, and separate from, their associated Vet Centers. Readjustment counseling services focus on counseling for problems related to military stressors, such as combat theater trauma or military sexual trauma, and can include individual, couples, family, or group counseling.

In the Pacific, specialty care services available at VHA outpatient clinics in American Samoa, Guam, and CNMI are limited; instead, specialty care from VHA providers is generally provided through telehealth, traveling providers from other VAPIHCS facilities, or by referring the veteran to the Honolulu VA medical center. Unlike in the Caribbean, the Honolulu VA medical center does not have an inpatient hospital. Instead, VAPIHCS has partnered with two local military treatment facilities through resource sharing agreements with DOD to provide inpatient services and some specialty care.[13] In particular, VAPIHCS partners with Tripler Army Medical Center (Tripler)—co-located with the Honolulu VA medical center—and U.S. Naval Hospital Guam (Naval Hospital Guam)—located

[13]A sharing agreement ranges in complexity and scope from sharing a single service to agreements that govern the sharing of multiple services.

next to the Guam outpatient clinic. In addition to utilizing DOD facilities, staff at the Honolulu VA medical center are responsible for coordinating American Samoa, Guam, and CNMI veteran referrals to community providers.[14] In fiscal year 2023, Honolulu VA medical center staff completed:

- 1,622 specialty care referrals to Naval Hospital Guam,
- 6,681 mental health and specialty care referrals to Tripler, and
- 85,598 primary, mental health, and specialty care referrals to Community Care Network providers.[15]

Unlike in the territories, VHA does not have any medical facilities located in the FAS. See appendix II for more information on (1) the availability and utilization of VHA health care and readjustment counseling services offered at each VHA facility in the territories, (2) staffing levels at these facilities, and (3) information on the health care landscape in the FAS.

VBA Benefits in the U.S. Territories and FAS

VBA provides a variety of benefits to service members, veterans, and their families.

Availability of VBA Benefits in the U.S. Territories

VBA benefits available to eligible veterans in the U.S. territories include the following:[16]

- **Disability compensation**—a monthly benefit payment to veterans with service-connected disabilities (i.e., injuries or diseases incurred or aggravated while on active military duty). To assess whether a veteran is eligible for this compensation, VBA staff may request that the veteran undergo a disability medical exam, known within VA as a compensation and pension exam, to provide evidence of disabilities and their connection to military service.

[14]Staff at the Honolulu VA medical center coordinate community care for eligible veterans living in American Samoa, Guam, and CNMI using VA's Community Care Network Region 4—one of five regional community provider networks under the Veterans Community Care Program. Similarly, San Juan VA medical center staff coordinate referrals for community care for eligible veterans living in the Caribbean through VA's Community Care Network Region 3.

[15]Honolulu VA medical center staff similarly coordinate community care and DOD referrals for Hawaii veterans—referral data was not broken out by veteran location.

[16]Other VBA benefits that veterans may be eligible for are life insurance and veteran readiness and employment services, such as employment assistance, job training, and supportive rehabilitation services. VBA offers several group life insurance options.

- **Pension**—a monetary benefit available to low-income wartime veterans who are age 65 and older and meet certain service requirements, or who are permanently and totally disabled as a result of conditions unrelated to their military service. Veterans are unable to receive disability compensation and pension at the same time; instead, if a veteran is eligible for both, VBA pays whichever benefit is the greater amount.
- **Education and training.** Through the GI Bill and other programs, VBA provides resources to pay for college, graduate school, and training programs. Education benefits include, among other things, tuition assistance, reimbursements for licensing or professional exams, and resources to cover supplies while in an apprenticeship.[17]
- **Home loan guaranty.** VBA provides home loan guaranty, Specially Adapted Housing grants, and other housing-related programs to help veterans, service members, and eligible surviving spouses buy, build, repair, retain, or adapt their home for personal occupancy.

Availability of VBA Benefits in FAS

FAS veterans can be eligible for many VBA benefits, although home loan guarantees can generally only be used for property in the U.S. or its territories and possessions. See table 2 below for the number of veterans in the U.S. territories and FAS who received these selected VBA benefits from fiscal year 2021 through fiscal year 2023.

Table 2: Number of Unique Veterans Living in the U.S. Territories and Freely Associated States Who Received Selected VBA Benefits, Fiscal Years 2021-2023

	Disability compensation			Pension			Education			Home loan guaranty		
	Fiscal year											
Territory	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023
Puerto Rico	30,175	32,925	34,866	5,894	5,447	4,872	1,448	1,572	1,725	1,219	717	728
U.S. Virgin Islands	923	1,060	1,150	36	39	34	59	69	63	55	0	21
American Samoa	806	849	907	6	6	7	33	33	33	0	0	0
Guam	3,670	4,264	4,631	46	43	39	301	305	255	577	300	231
Commonwealth of the Northern Mariana Islands	304	383	412	3	5	4	24	27	30	0	0	3

[17]For the purposes of this report, we will refer to these programs as “education benefits.” In some cases, availability of VBA’s education benefits is contingent upon attending a VA-approved higher education program.

Territory	Disability compensation 2021	Disability compensation 2022	Disability compensation 2023	Pension 2021	Pension 2022	Pension 2023	Education 2021	Education 2022	Education 2023	Home loan guaranty 2021	Home loan guaranty 2022	Home loan guaranty 2023
Freely associated state												
Federated States of Micronesia	72	90	90	1	1	1	15	14	5	N/A	N/A	N/A
Republic of the Marshall Islands	11	11	13	1	1	1	3	3	1	N/A	N/A	N/A
Republic of Palau	23	33	50	0	0	0	4	3	5	N/A	N/A	N/A

(Column groups are by fiscal year.)

Source: Veterans Benefits Administration (VBA) data. | GAO-24-106364

Notes: “N/A” refers to veterans located in the freely associated states who are ineligible for VBA’s home loan guaranty benefit. VBA’s home loan guaranty program can generally only be used for property in the U.S. or its territories and possessions.

VBA has two regional offices located in San Juan and Honolulu that are responsible for processing claims based on a national queue for all veterans across the 50 states and territories, and for providing outreach activities to territory veterans. The VBA regional office in Pittsburgh, Pennsylvania, is responsible for processing VBA claims from FAS veterans, and the regional office in Manila, Philippines, is responsible for outreach in the FAS. In addition to staff in the regional offices, there is also on-island representation by VBA staff in each of the territories, either through permanent staff or traveling staff. VBA does not have any on-island representation in the FAS. See appendix II for more information on (1) the availability and utilization of VBA benefits in the U.S. territories and FAS and (2) staffing levels of VBA facilities in the territories.

VA Uses a Model to Estimate the Veteran Population in the U.S. Territories and FAS, but Lacks Assurance of Accuracy

VA uses a model—the Veteran Population Projection Model (VetPop)—to estimate the size of the veteran population living in the 50 U.S. states and the District of Columbia, five territories, and FAS. According to VA documentation, the VetPop model uses data from three main sources to estimate the number of veterans by certain demographic characteristics

and across geographic areas through fiscal year 2050.[18] These three data sources are:

1. VA's U.S. Veteran Eligibility Trends and Statistics database,
2. DOD separation projections, and
3. the U.S. Census Bureau's American Community Survey.[19]

VA officials stated that the model's population estimate is used for budgeting, resource allocation, and determining outreach needs for new VA benefits or programs. See table 3 below for the estimated veteran population in the U.S. territories and FAS from fiscal years 2020 through 2022.

Table 3: VA Estimates of the Number of Veterans in the U.S. Territories and Freely Associated States, Fiscal Years 2020-2022

Location		Fiscal year 2020	Fiscal year 2021	Fiscal year 2022
U.S. territory	Puerto Rico	81,275	76,908	73,146
	U.S. Virgin Islands	3.833	3,725	3,625
	American Samoa	2,850	2,786	2,723
	Guam	13,323	13,054	12,800
	Commonwealth of the Northern Mariana Islands	1,025	1,010	995
Freely associated state	Federated States of Micronesia	134	132	129
	Republic of the Marshall Islands	33	33	32
	Republic of Palau	81	80	79

Source: Department of Veterans Affairs (VA) Office of Enrollment and Forecasting data. | GAO-24-106364

[18]The most current model is VetPop2020 using end of fiscal year 2020 data as the base population. The model also accounts for mortality, migration, and military separation assumptions. For example, once VetPop is used to estimate the starting population of veterans at the baseline date, VA then adjusts this population estimate by subtracting out the estimated number of veteran deaths based on mortality assumptions. Mortality assumptions are based on mortality information from VA's U.S. Veterans Eligibility Trends and Statistics and U.S. general population mortality data produced by the Social Security Administration.

[19]The American Community Survey is an ongoing annual survey by the Census Bureau conducted in every county across the 50 U.S. states, D.C., and every municipality in Puerto Rico. The survey samples approximately 3 million households each year, collecting demographic, social, economic, and housing information. Within the survey, "veteran status" is self- or proxy-reported while administrative records contain empirical indicators of veteran status. According to VA documentation, the American Community Survey is a high-quality benchmark for veteran data.

Notes: A veteran is generally defined as a person who (1) served in the active military, naval, or air service, and (2) was discharged or released from service under conditions "other than dishonorable." According to VA, these data are estimates based on base year 2021 data.

Our analysis shows that VA lacks assurance that the model's population estimates are accurate for these locations. VA officials who are responsible for using VetPop to produce these population estimates described data limitations specific to the territory and FAS locations. VA officials told us that the U.S. Veteran Eligibility Trends and Statistics database likely includes information on veterans from all U.S. territories and FAS, but that the other two major data sources—DOD separation projections and the American Community Survey—do not. According to VA officials, DOD separation projections do not include geographic information and the American Community Survey is not conducted in any of the U.S. territories or FAS except for Puerto Rico. VA officials also stated they were unsure about the reliability of their modeling approach for the FAS due to their small veteran population.[20]

In addition, when presented with VA's population estimates, local stakeholders we spoke with from seven of the eight U.S. territories and FAS—such as local government offices that assist veterans and veterans service organizations—said the VA estimates were lower than their own estimates. Some of the local stakeholders described the data sets that informed their estimates.[21] For example:

- The Guam Office of Veterans Affairs estimated that more than 23,000 veterans lived in Guam as of April 2023, based on Guam records for veterans' registrations of drivers' licenses and license plates, compared to VA's estimate of 12,800 veterans for fiscal year 2022.
- The USVI Office of Veterans Affairs estimated its veteran population was at least 8,000 as of July 2023, based on a list of veteran registrations that the office maintains and updates based on activities

[20]In addition to these limitations, we reported in July 2023 that VA officials noted that there is limited available race data on veterans from certain racial groups, including Native Hawaiian/Pacific Islander veterans, as these veterans may live in remote areas such as the U.S. territories. We recommended VA develop a plan to address limitations with race and ethnicity data for veterans from historically disadvantaged racial and ethnic groups. VA agreed with this recommendation and as of February 2024, was in the process of implementing it. See GAO, *VA Disability Benefits: Actions Needed to Further Examine Racial and Ethnic Disparities in Compensation*, GAO-23-106097 (Washington, D.C.: July 26, 2023).

[21]We did not review any local data sets to assess their accuracy or reliability because it was not within the scope of our review.

it hosts for veterans throughout the year, compared to VA's estimate of 3,625 veterans for fiscal year 2022.[22]

VA officials stated that they have the capability to work with state and local veteran affairs offices to review local data sets for potential inclusion as a data source in VetPop; however, officials stated that this option has not been used to date.[23]

VA's Equity Action Plan states the importance of addressing long-standing issues with certain demographic data—including for Pacific Island and FAS veterans—and of providing these data for all veterans regardless of whether they use VA services.[24] In addition, federal internal control standards state that management should use quality information to achieve the entity's objective—in this case, VA's stated focus on improving data quality of the veterans it serves.[25] Assessing VetPop's underlying data sources to identify limitations associated with territory and FAS data including by working with local stakeholders to identify and validate additional datasets that could be used in VetPop, and making changes as appropriate to VetPop's data sources, could help ensure the accuracy of VA's population estimates for these locations. Accurate population estimates will allow VA to be better informed in decision making regarding resource allocation and program outreach for veterans in these areas.

[22]The USVI official confirmed that when a veteran dies, that veteran is removed from this list, but the official could not confirm if veterans who move away from USVI are reliably removed.

[23]VA officials stated that this type of data sharing would likely require a sharing agreement between VA and the state or local office, which could be perceived as a barrier to participating.

[24]See Department of Veterans Affairs, *Equity Action Plan* (Apr. 15, 2022). VA's Equity Action Plan acknowledged a lack of demographic data on Pacific Islander and FAS veterans including citizenship status, discharge characterization, and benefits and services utilization.

[25]See GAO-14-704G.

VHA Monitors Utilization of, and Access to, Care Based on Site of Service, but Does Not Account for Travel Distance

VHA monitors utilization of and access to its health care services using data that are generated based on the VHA facility where the care is delivered. VHA further relies on these utilization data, which depict numbers of veterans using VHA health care services, to determine where resources are needed across its health care system. Utilization data that VHA can generate include the numbers of completed appointments and unique veterans with completed appointments. Additionally, VHA relies on its access data, which depict how long veterans had to wait for appointments, to assess and report on its ability to provide timely care for veterans. Such timeliness data that VHA can generate include the average number of days elapsed from the "patient-indicated date" or other reference date to the appointment date, separately for new and established patients.

Example Illustrating the Effect of Measuring Data by Facility

A Guam veteran must travel approximately 3,800 miles to the Honolulu Department of Veterans Affairs (VA) medical center to access VA-provided specialty care services that are not available at the local VA outpatient clinic, such as for cardiology.

Because VA monitors utilization and timeliness of services based on the VA facility at which the care took place, data on Guam veterans receiving cardiology and other services at the Honolulu VA medical center are aggregated with all veterans who receive care there—the majority of whom reside in Hawaii, according to VHA officials. Therefore, the Honolulu VA medical center's data do not capture the distance veterans have to travel from Guam (or from the other Pacific territories).

Source: GAO analysis | GAO-24-106364

In the territories, VHA's data show where veterans receive care—in general at local VHA clinics, such as the Guam outpatient clinic. However, because VHA's monitoring focuses on where veterans receive care, it does not capture the distances veterans in the territories may have to travel to receive services not available at their local clinics, such as certain specialty care services like cardiology.[26] For services such as these, veterans living in the territories generally travel long distances to receive the services at the closest VA medical center, which for veterans in the Pacific territories is located in Hawaii. (See sidebar.)

Since veterans who live in the territories are likely to travel great distance to receive some services, monitoring utilization and access to care for veterans in the territories using data that accounts for where veterans live—veteran location—would be more accurate than VHA's current approach of using data based on where veterans receive care.[27] For example, to monitor how many veterans living in Guam received specialty care services, many of whom needed to travel to Hawaii for care, VHA officials could generate and use data that showed how many specialty care appointments were completed for veterans enrolled in primary care at the Guam VHA facility, regardless of where the veterans received the specialty care.

[26]The Guam VHA clinic has some limited specialty care services available via telehealth and traveling providers, such as for neurology. See appendix II for a list of the available services at this clinic.

[27]We use the phrase "veteran location" to refer to the VHA facility where veterans are enrolled in primary care, since VHA officials said that veterans are likely to be enrolled in primary care at the facility nearest to where they live.

In June 2023, VHA officials said that its internal database used to generate data on appointments—one of multiple such databases maintained by the VHA Support Service Center—had not been configured in a way that enabled them to generate complete utilization or timeliness data based on veteran location.[28] Specifically, at that time VHA was only able to provide us with utilization data based on veteran location for encounters but not appointments—two distinct metrics.[29] Similarly, VHA was only able to provide timeliness data associated with referrals but not with walk-ins or follow-up appointments. However, in February 2024, VHA officials said capabilities to generate these appointment data based on veteran location were recently added to the appropriate database.

While VHA officials said that they can now generate more complete data on utilization and timeliness of care based on veteran location, officials stated that VHA has not developed guidance on appropriate uses of these new capabilities, such as monitoring territory veterans' utilization of and access to care. According to VHA officials, modifications to capabilities of the VHA Support Service Center databases are common and VHA does not typically issue guidance on such modifications. However, providing information on appropriate uses of these novel data capabilities could help VHA ensure the new capabilities are applied where they are needed (e.g., the territories). For example, monitoring utilization and timeliness based on the facility where care took place may be sufficient in other areas where veterans do not need to travel as far for VHA-provided health care services.

VA's 2022-2028 strategic plan recognizes the value of its data as a "strategic asset to improve VA's understanding of customers and partners, drive evidence-based decision-making, and deliver more effective and efficient solutions."[30] To achieve this, the plan states, "data policies are clearly articulated and enforced to improve program

[28]According to VHA officials, these databases enable users to generate and use data from VHA's Corporate Data Warehouse—an enterprise level data warehouse that consolidates data from different sources—and are referred to within VHA as "cubes."

[29]According to VHA officials, an encounter occurs when there is an interaction between a provider and patient, and encounters may not have associated appointments. Appointments are the way planned encounters are scheduled. For example, if a veteran calls a clinic and speaks to a provider, and the conversation results in medical decision-making, is long enough, and meets certain coding requirements for capturing workload, then the provider documents the interaction as an encounter without having to document an appointment.

[30]See Department of Veterans Affairs, *Fiscal Years 2022-28 Strategic Plan*.

performance evaluation, ensure evidence-based decisions and responsible practices whenever veteran data is accessed or used." In addition, federal internal control standards state that management should use accurate quality information to achieve the entity's objectives and internally communicate the necessary quality information using established reporting lines to achieve the entity's objectives.[31]

By clearly communicating appropriate uses of the new capabilities to generate and monitor data by veteran location, VHA could improve information used to monitor access to care and utilization among veterans in the territories and to allocate resources. Additionally, VHA could improve its accuracy in assessing and reporting on its ability to provide timely care for veterans in the territories. Such written guidance could help users understand the new data capabilities, including by indicating which data fields were added and by describing appropriate uses of these data (e.g., to monitor utilization and timeliness of care in areas where veterans may have to travel long distances to obtain VHA care, such as the territories).

VHA Efforts Have Not Sufficiently Addressed U.S. Territory and FAS Veterans' Access to Care Challenges

Veterans in the U.S. territories and FAS have limited care options and must travel great distances to obtain care; however, VA's program that subsidizes veterans' travel costs does not cover costs for FAS veterans and many veterans in the territories are not eligible. Additionally, while VA and DOD have resource sharing agreements under which veterans can receive care at military facilities in the Pacific, available services are often limited. In Puerto Rico, an additional challenge has been delayed receipt of medical services and devices.[32]

VHA Health Care Options for FAS Veterans Are Limited and, as of March 2024, VA Did Not Cover FAS Veterans' Costs to Travel to a VHA Facility

With no VHA facilities or Community Care Network providers in the FAS, the only option for FAS veterans to access VHA health care in their home countries is through VHA's Foreign Medical Program. Under this program, VHA reimburses eligible veterans living or traveling abroad for certain health care services provided by local providers to treat service-connected disabilities or conditions aggravating a service-connected

[31] See GAO-14-704G.

[32] See appendix II for additional selected VA actions to improve veterans' access to benefits in the U.S. territories and FAS.

VA's Beneficiary Travel Program

Under its Beneficiary Travel Program, as of March 2024, VA reimburses eligible veterans and caregivers for travel expenses to and from medical appointments at VA medical facilities and with approved community providers in the U.S. and its territories. These expenses can include the cost of bus, train, or plane tickets, and the cost of meals and lodging when an overnight stay is required. Eligible beneficiaries may also receive an allowance for mileage driven in a personal vehicle.

To participate in the program, a veteran must meet one of a number of eligibility criteria determined by VA. For example, a veteran could be eligible if the veteran (1) has an overall disability rating of 30 percent or more; (2) is traveling for treatment of the veteran's service-connected disability regardless of their overall disability rating, (3) is traveling to a scheduled compensation and pension exam, or (4) has an annual income under certain limits and is not traveling by air.

Beneficiary travel benefits for veterans in the Pacific territories are overseen by staff at the Honolulu VA medical center in Hawaii, and benefits for Caribbean territory veterans are overseen by staff at the San Juan VA medical center in Puerto Rico.

Source: GAO analysis of Department of Veterans Affairs (VA) documentation. | GAO-24-106364

disability.[33] However, VHA officials and local stakeholders said that the limited availability of health care services from local providers in the FAS limits the usefulness of this program. As a result, VHA data show very low utilization of this program across the FAS. Among the 240 veterans that VA estimated to be living in the FAS as of fiscal year 2022, an average of fewer than one veteran per country per year used the program across the five prior fiscal years.

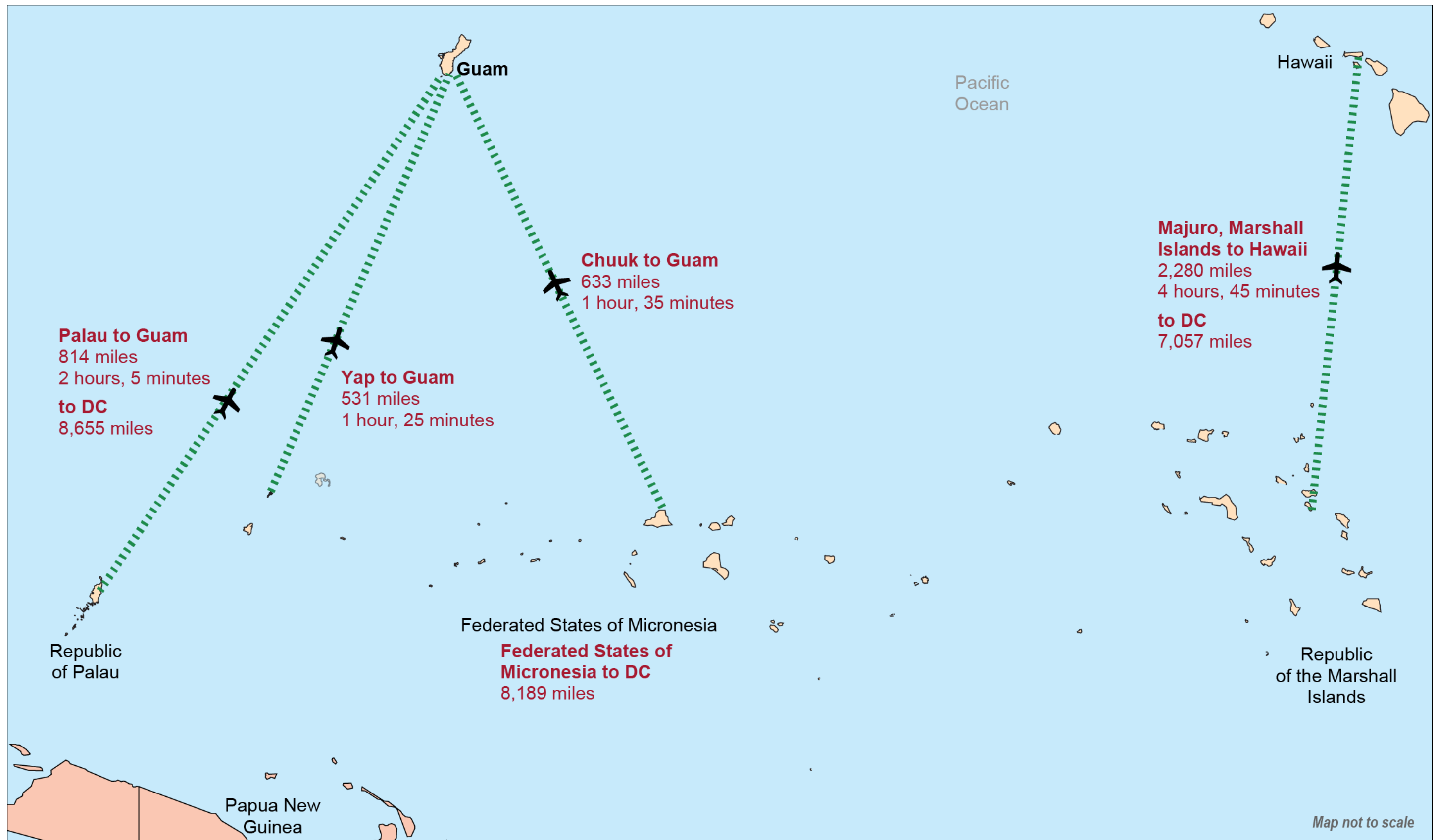
FAS veterans must travel to a U.S. state or territory to receive care at a VHA facility; however, according to VA regulation and policy as of March 2024, they are not eligible for reimbursement of travel costs to or from the FAS through VA's beneficiary travel program because VA currently only reimburses eligible FAS veterans for travel needed between two U.S. areas.[34] (See sidebar for details on the travel program.)

Under this program, VA reimburses eligible veterans for travel in the U.S. and its territories to obtain health care services or disability medical exams and certain related expenses incurred because of such travel. Because FAS veterans' travel originates and ends in a foreign country, FAS veterans must pay out of pocket for travel to a VHA facility, which can be costly. For example, VHA estimated that round-trip flights in fiscal year 2024 between Palau and Guam cost more than $1,100, and between Palau and Honolulu cost more than $3,700. Figure 1 depicts approximate flight times and distances between selected FAS locations and VHA facilities in U.S. areas.

[33]Services include health care services, medications, and durable medical equipment. VA also furnishes care under the Foreign Medical Program to a veteran participating in a rehabilitation program under 38 U.S.C. chapter 31. Under the Foreign Medical Program, the veteran elects any health care provider that is licensed in that country to provide the required medical services, pays the provider for that care, and then files for reimbursement by submitting the bill and medical documentation to VHA's Foreign Medical Program office in Denver, Colorado. A provider may also submit the bill and medical documentation to the program office for direct payment. The Consolidated Appropriations Act, 2023 (Public Law 117-328) included a provision for GAO to assess VHA's Foreign Medical Program by December 2024. GAO has ongoing work to address the provision.

[34]See 38 C.F.R. § 70.1(a) and Department of Veterans Affairs, *VHA Directive 1601B.05 – Beneficiary Travel.* Exceptions are made when a portion of the trip is performed within the borders of the U.S.

Figure 1: Approximate Flight Times and Distances between Selected Locations in the Freely Associated States and Their Closest VA Medical Facilities



Source: GAO; Map Resources (map). | GAO-24-106364

Note: There is a Department of Veterans Affairs (VA) outpatient clinic in Guam and a VA medical center in Honolulu, Hawaii.

When asked about reimbursing FAS veterans for travel to VHA facilities, VA officials told us in February 2024 that for statutory and regulatory reasons, VA limited beneficiary travel to veterans within the United States.[35] In addition to reimbursing for travel, stakeholders we

[35]VA's current regulation at 38 C.F.R. § 70.1 (2022) implements its statutory authority under 38 U.S.C. § 111 to make payments for travel expenses incurred to help veterans and other persons obtain care or services from VHA. While section 111(b)(1) mandates specific persons eligible for travel payments or allowance, section 111(b)(2) authorizes VA to make travel payments to any person not explicitly covered in the law and to do so pursuant to regulations (see 38 U.S.C. § 111(b)(2)). VA officials, however, view this authority as only giving it statutory authority to regulate travel eligibility rather than an explicit grant of authority to provide travel reimbursement outside the United States.

interviewed, such as VHA officials in the Pacific and in a FAS public health office, stated that VHA could also consider using telehealth and shipping medications to increase FAS veterans' access to VHA care. However, VA officials said VHA providers currently are not authorized to use their U.S.-based credentials to treat veterans internationally using telehealth, including in the FAS.[36] Further, according to VA officials, each of the FAS has its own standards for medical licenses and malpractice liability, which VA officials said may put VHA providers in violation of FAS laws unless they have been granted permission by the FAS to practice medicine.

Additionally, VA officials said that there are no VA facilities that would allow VA to prescribe or send medications that are controlled substances to the FAS, as the Controlled Substances Act ordinarily requires providers to have at least one in-person appointment before prescribing medications that are controlled substances or under limited circumstances through telehealth. As noted above, VHA providers are not licensed to practice medicine by the FAS. Prescribing and providing medication to patients in the FAS without being licensed to do so by the FAS appears to violate the countries' standards for practicing medicine, according to VA officials.[37]

The Compact of Free Association Amendments Act of 2024 enacted on March 9, 2024, authorized VA to furnish hospital care and medical services in the FAS to a veteran who is otherwise eligible to receive

[36]According to VA officials, 38 U.S.C. § 1730C authorizes VA health care professionals to use their credentials to practice telemedicine anywhere in a state, meaning "each of the several states, territories, and possessions of the U.S., the District of Columbia, and the Commonwealth of Puerto Rico." It does not authorize VA health care professionals to use their state-based credentials to treat veterans internationally using telehealth, including in the FAS, and does not operate as an exception to the general prohibition on VA providing health care outside any state contained in 38 U.S.C. § 1724(a).

[37]According to VA officials, the Controlled Substances Act dictates when and how practitioners may prescribe controlled substances. Ordinarily, practitioners can only prescribe after at least one in-person appointment, or under limited circumstances through telehealth. 21 U.S.C. §§ 802(54)(A), (B), 829. There are no VA facilities or personnel in the FAS that would allow VA to prescribe controlled substances consistent with the Controlled Substances Act. Further, VA is prohibited from furnishing care abroad under 38 U.S.C. § 1724 unless an exception exists. Therefore, even if VA practitioners could satisfy the requirements for a prescription under the Controlled Substances Act for patients in the FAS, they would be unable to prescribe controlled substances to veterans in the FAS except for service-connected conditions.

hospital care and medical services.[38] The care furnished may be for any condition regardless of whether the condition is connected to the veteran's military service. However, the authority is subject to agreements with the FAS' governments. Under the Act, such agreements must incorporate, to the extent practicable, the applicable laws of the FAS and define the care and services that can be legally provided by VA in these countries. Further, before providing the hospital care or medical services under this new authority, VA, in consultation with the Secretary of State, must enter into agreements with the governments of the FAS to facilitate the furnishing of health services, including telehealth and delivery of pharmaceutical products and medical surgical products, among other things.

The law also provided VA with explicit authority to make payments to or for any person traveling in, to, or from the FAS to receive certain VA care or services.[39] The Act provides that VA must prescribe regulations to carry out this new authority.

These new authorities, if implemented, would help address the previously described challenges FAS veterans face in accessing VA health care services. They would also be consistent with VA's Equity Action plan, which states VA's commitment to "eliminating disparities, barriers to health and creating opportunities to enhance access," among other things, for Pacific Islander and other veterans, to help give them "what is required to enjoy a full, healthy life."[40] Implementation of these new authorities is expected to take some time in light of the coordination needed with the Department of State and the FAS governments to resolve legal issues and issue subsequent regulatory changes.

[38]See Pub. L. No. 118-42, Div. G, tit. II, § 209(a), 138 Stat. 25, 438-441 (2024). 38 U.S.C. § 1724 codifies VA's authority to provide hospital care, medical services, and nursing home care abroad. The Act amended this section with a new subsection (f) authorizing VA to furnish hospital care and medical services in the FAS.

[39]See Pub. L. No. 118-42, Div. G, tit. II, § 209(a)(3), 138 Stat. at 439, codified, as amended, at 38 U.S.C. § 111(h).

[40]See Department of Veterans Affairs, *Equity Action Plan*, published Apr. 15, 2022.

Many Veterans in the Territories Do Not Meet the Criteria to Be Reimbursed for Travel to Health Care Appointments

Veterans in the territories can be reimbursed for travel to health care appointments if they meet certain criteria, such as having a 30 percent or more service-connected disability rating or receiving care related to a service-connected disability that is less than 30 percent.[41] However, according to regional VHA officials, a large percentage of veterans in the territories, who generally have to travel—some long distances—to access specialty care services, are ineligible for travel reimbursement because they do not meet VA's eligibility criteria.

Specifically, among veterans in the territories who were enrolled in VHA health care in fiscal year 2022, VA officials said 59 percent of veterans in Guam, 56 percent in CNMI, 35 percent in American Samoa, 76 percent in USVI, and 51 percent in Puerto Rico were not eligible for VA's travel benefits.[42] VHA officials in Guam said that the majority of veterans receiving care at the Guam clinic who were not eligible for beneficiary travel benefits were deemed so because their service-connected conditions had severity ratings under 30 percent and they were seeking treatment for a non-service-connected condition. Similarly, VA Caribbean Healthcare System officials said their veterans who were not deemed eligible either were seeking care for conditions that were not service connected or they did not meet income eligibility requirements.

As a result, many veterans in the territories are responsible for costs of travelling to their closest VA medical center for needed care. VHA officials said this is particularly burdensome in the Pacific territories where long-distance travel is needed for many specialty care services unavailable on the veterans' home island. For example, VHA estimated that round-trip flights in January 2023 between Guam and Hawaii cost more than $3,200, and between CNMI and Hawaii cost more than $3,700.

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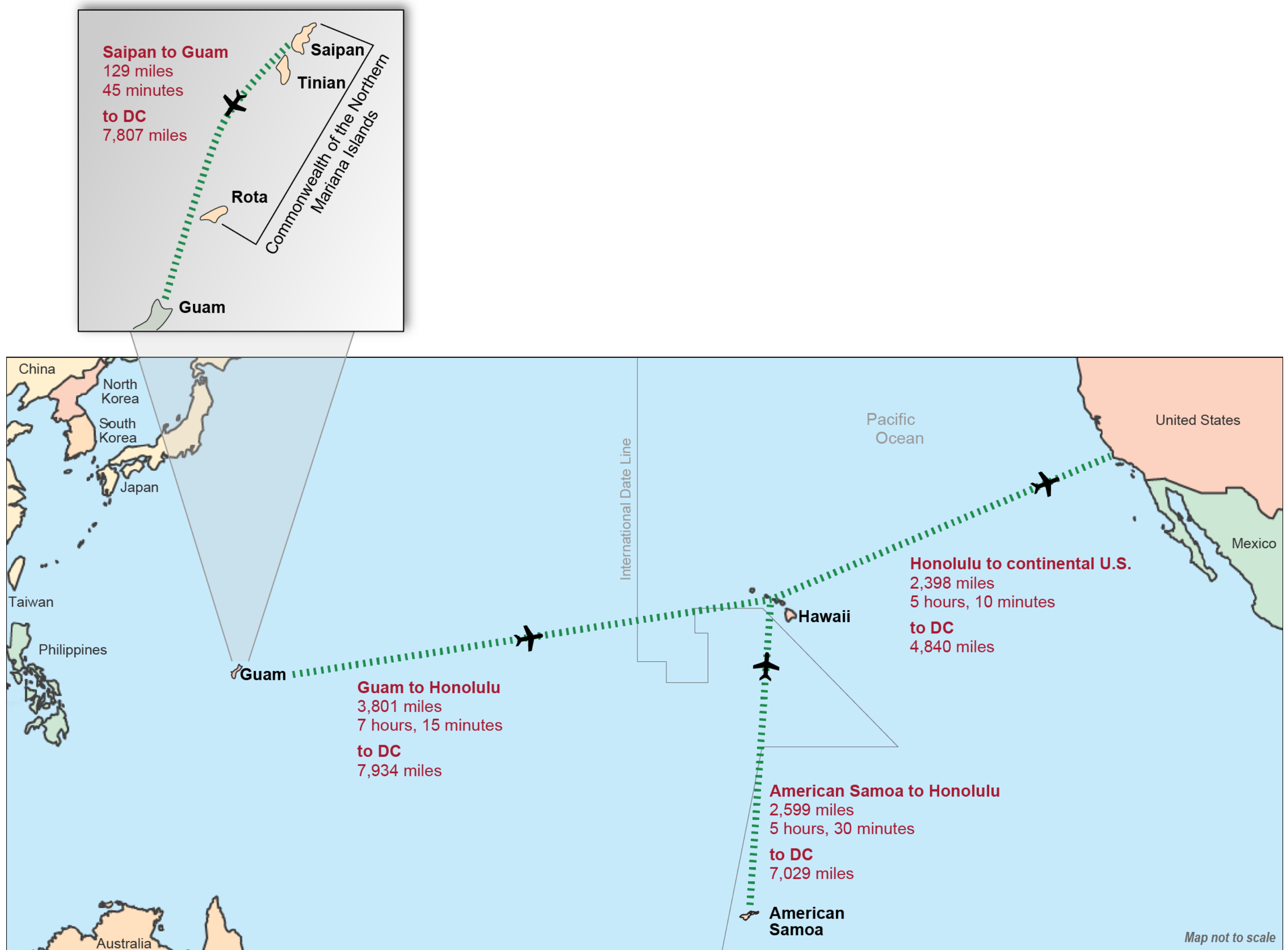
[41]Veterans are eligible for travel reimbursement if they have 30 percent or more service-connected disability ratings; are receiving care related to their service-connected disability if their service-connected disability rating is less than 30 percent; receive VA pension benefits; have an annual income below a set annual rate and meet other conditions; have vision impairment, a spinal cord injury or disorder, or double or multiple amputations and are traveling for care provided through a VA special disability rehabilitation program; or are traveling to get a compensation and pension exam or to obtain a service dog. Certain other persons such as caregivers also may be eligible for travel reimbursement. Generally, eligible veterans are only reimbursed for round-trip travel costs associated with scheduled appointments, except in the case of emergency care. See 38 U.S.C. § 111 and implementing regulations at 38 C.F.R. Part 70.

[42]Veterans not eligible for VA's beneficiary travel program may be eligible for assistance from other entities. For example, an official from the USVI Office of Veterans Affairs said that office will reimburse veterans for health care-related travel when VA will not.

Figure 2 below depicts approximate flight times and distances between the Pacific territories, their associated VA medical center in Honolulu, Hawaii, and the continental U.S.

Figure 2: Approximate Flight Times and Distances between the Pacific U.S. Territories, Their Associated Department of Veterans Affairs Medical Center, and the Continental U.S.

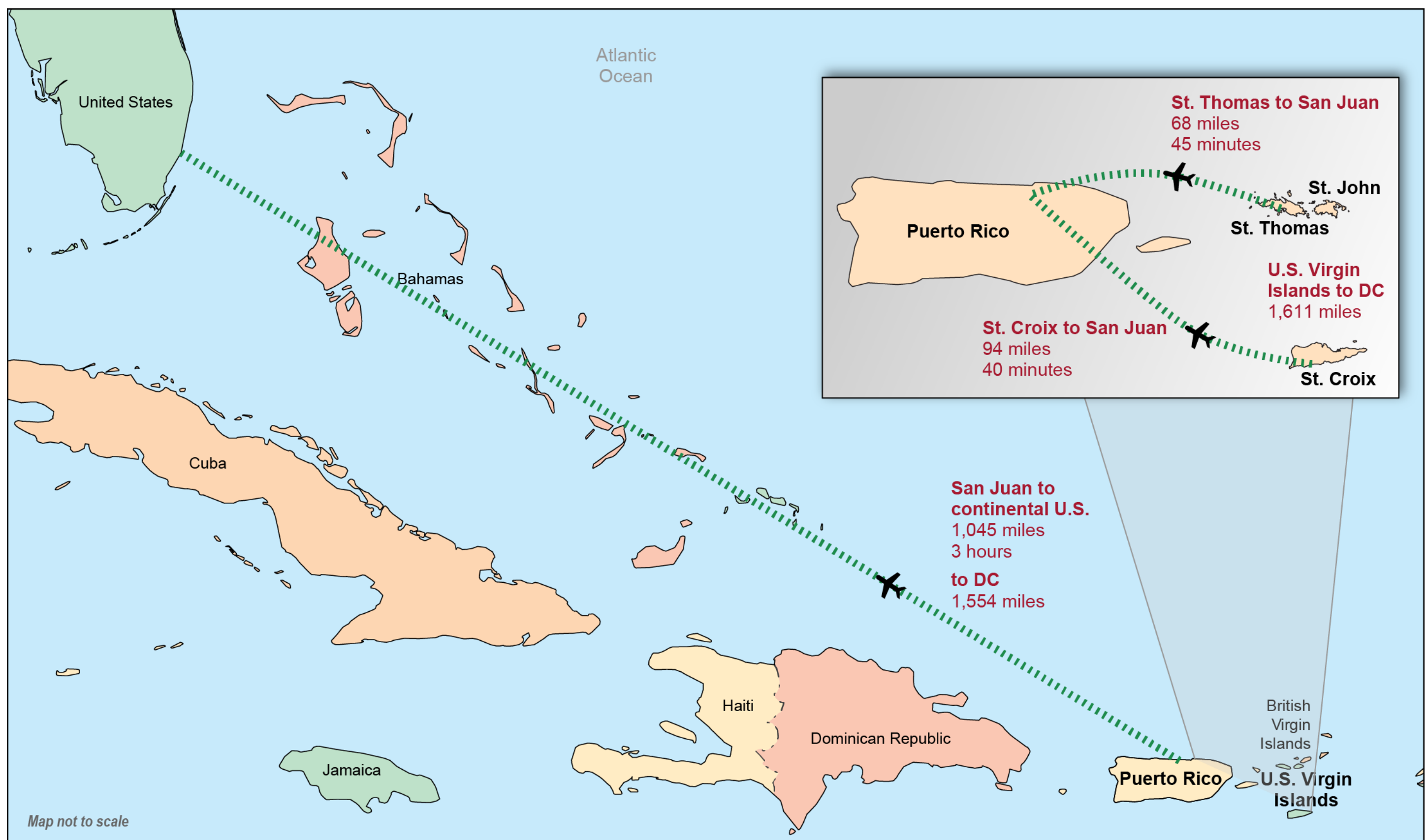


Source: GAO; Map Resources (map). | GAO-24-106364

Note: The associated Department of Veterans Affairs medical center is in Honolulu, Hawaii.

Figure 3 below depicts approximate flight times and distances between the Caribbean territories, their associated VA medical center in San Juan, Puerto Rico, and the continental U.S.

Figure 3: Approximate Flight Times and Distances between the Caribbean U.S. Territories, Their Associated Department of Veterans Affairs Medical Center, and the Continental U.S.



Source: GAO; Map Resources (map). | GAO-24-106364

Note: The associated Department of Veterans Affairs medical center is in San Juan, Puerto Rico.

VA officials said that VA does not treat veterans differently in the “insular island areas” outside the 50 states—which include USVI, Guam, American Samoa, and CNMI, according to VA documentation—than veterans living in insular island areas in U.S. states. However, since specialty care is generally limited in the territories and travel distances are long, these veterans have unique challenges accessing VHA health care

services.[43] The statute that outlines payments or allowances for VA beneficiary travel states that the VA Secretary may prescribe additional regulations to provide beneficiary travel payments for persons not otherwise covered by the statute.[44] Doing so would involve a trade-off that should be examined between increasing financial and administrative costs to the travel reimbursement program and improving access to care, among other things. Despite the potential increased costs, regional VHA officials in the Pacific and Caribbean, who are responsible for adjudicating and disbursing veterans' beneficiary travel claims in their catchment areas, said they would support providing eligibility for travel reimbursement for service-connected disabled veterans in the territories regardless of their condition or disability rating.

Furthermore, VA's Equity Action Plan states VA's commitment to "eliminating disparities, barriers to health and creating opportunities to enhance access," among other things, for Pacific Islander and other veterans, to help give them "what is required to enjoy a full, healthy life."[45] Additionally, VA's 2022-2028 strategic plan states VA will "deliver timely, accessible and high-quality benefits, care and services to meet the unique needs of veterans" and all those that VA serves, and that "VA and partners will tailor the delivery of benefits and customize whole health care and services for the recipient at each phase of their life journey." VHA has also stated the value of beneficiary travel is ensuring the well-being of eligible veterans.

Therefore, assessing whether it is feasible and advisable to amend VA's regulations governing eligibility for travel reimbursement to cover any condition among service-connected disabled veterans in the territories, regardless of service connection disability rating, could help VA meet goals in its Equity Action Plan. Such an assessment could include determining the costs of providing this benefit compared to the benefit of increasing access to VHA health care services for these veterans.

[43]There may be veterans in some states, outside the scope of our review, that live in isolated areas and have other options for transportation assistance to VA health care services when they are not eligible for beneficiary travel payments. For example, as of December 6, 2023, VA's Highly Rural Transportation Grants program provided grant funding to organizations in 167 counties across 13 states to provide residing veterans with transportation to VA health care services.

[44]See 38 U.S.C. § 111(b)(2).

[45]See Department of Veterans Affairs, *Equity Action Plan*, published Apr. 15, 2022.

Challenges with DOD and VHA Medical Resource Sharing in the Pacific Limit Services Available to Veterans

DOD and VHA officials cited various challenges that have limited services available to veterans under the resource sharing agreements between VAPIHCS and two local military treatment facilities—Tripler and Naval Hospital Guam.[46] VAPIHCS has partnered with these two DOD facilities to provide veterans in the Pacific with inpatient services and some specialty care as the Honolulu VA medical center does not have an inpatient hospital and the Guam VHA clinic offers only outpatient care and a limited amount of specialty care services. We found that regional interagency collaboration in implementing both these agreements may help improve their effectiveness.

While VA and DOD have separate missions—VA's to serve America's veterans, and DOD's to provide the military forces needed to deter war and ensure the country's security—they have established an organizational structure to implement, among other things, resource-sharing agreements to help deliver health care services to their beneficiaries. As of November 2023, VA and DOD had 176 active resource-sharing agreements between 77 VA facilities and 92 DOD facilities nationwide. Documentation from the two military treatment facilities in the Pacific that have resource-sharing agreements with VA, Tripler and Naval Hospital Guam, identified services that can be offered to veterans—60 at Tripler and 29 at Naval Hospital Guam.

However, VHA and DOD officials said that actual available services at the DOD facilities have been closed or limited to veterans. For example, DOD documentation showed as of August 2022, 10 of the 29 services in the Naval Hospital Guam sharing agreement were not available to VA patients, such as internal medicine, physical therapy, and mental health. An additional 15 services had certain conditions regarding availability—for example, the hospital was not accepting new patients or was limiting care to emergency care or inpatients only. For the limited specialty care services that are also not available at the Guam VHA clinic—like dermatology, urology, and optometry—veterans' remaining option for VHA-provided care in Guam would be through Guam's Community Care Network, which respectively had 2, 3, and 8 contracted providers for these services as of January 2024. VHA officials also said that Tripler has been decreasing the number of services available to veterans and the number of veterans it can serve.

[46]Tripler is co-located with the Honolulu VA medical center and Naval Hospital Guam is located next to VA's outpatient clinic in Guam.

VHA and DOD officials cited various shared factors that may contribute to decreases in available services for veterans. These challenges include different priorities stemming from the agencies' respective missions, frequent leadership changes at the DOD facilities, and—most notably—staffing shortages.[47] While VHA's mission focuses on providing health care for veterans, DOD's is on military readiness; as such, DOD officials said the DOD facilities prioritize delivering care to active-duty service members, their families, and others, above veterans. In addition, leadership at these facilities frequently changes due to periodic personnel reassignment to different duty stations, which may lead to a lack in continuity as the sharing agreements expire every five years and then must be revisited or extended. Lastly, DOD officials said that in addition to personnel recruitment challenges faced by all health care facilities in the Pacific, vacancies at these military treatment facilities can occur due to active-duty rotations when medical personnel are needed to support military operations—a primary responsibility of DOD medical personnel.[48] Naval Hospital Guam officials said they generally turnover about 30 percent of their staff in these rotations and they occur every other year.

VHA facilities in the Pacific also face staffing challenges. In recent years, we and the VA Office of the Inspector General have raised questions about whether VHA has the appropriate workforce to meet the needs of veterans in the Pacific territories due, in part, to the geographic remoteness of these territories.[49] Vacancies at the outpatient clinics in Guam, CNMI, and American Samoa from fiscal years 2019 through 2022

[47]VHA officials have said they are undertaking efforts to address some staffing issues in response to our prior work, such as to develop a system-wide method to share information about physician trainees to help fill vacancies across VA medical centers, and by evaluating its strategies to mitigate staffing challenges that affect VHA facilities' integration of mental health care within primary care settings. See GAO, *Veterans Health Administration: Better Data and Evaluation Could Help Improve Physician Staffing, Recruitment, and Retention Strategies*, GAO-18-124 (Washington, D.C.: Oct. 19, 2017), and GAO, *Veterans Health Care: Staffing Challenges Persist for Fully Integrating Mental Health and Primary Care Services*, GAO-23-105372 (Washington, D.C.: Dec. 15, 2022).

[48]We recently reported DOD is working to mitigate its military treatment facility staffing shortfalls in 2024 and beyond. See GAO, *Defense Health Care: DOD Should Reevaluate Market Structure for Military Medical Treatment Facility Management*, GAO-23-105441 (Washington, D.C.: Aug. 21, 2023). Additionally, we have ongoing work examining staffing at DOD military treatment facilities, including to understand factors affecting the military medical workforce's availability to deliver care at these facilities.

[49]See, for example, GAO-18-288 and U.S. Department of Veterans Affairs Office of Inspector General, *Healthcare Inspection Summarization of Select Aspects of the VA Pacific Islands Health Care System Honolulu, Hawaii,* Report No. 15-04655-347 (Sept. 22, 2016).

included positions for nurses, social workers, physicians, health aids and technicians, and practical nurses.[50] The Honolulu VA medical center reported that it had nine clinical occupations with severe shortages in fiscal year 2023, including those for social workers, primary care physicians and nurses, and inpatient and outpatient nurses, in a survey from a VA Office of the Inspector General report in 2023.[51]

The VA and DOD joint committee that directs, among other things, the agencies' collaboration efforts across all military treatment facilities with VHA sharing agreements stated the following goal in its 2022-2027 Joint Strategic Plan: "remove barriers to effective and efficient delivery of services through proactive joint planning and execution."[52] The plan further states that VA and DOD will work to ensure that service members and veterans have "easier access to care" and that the agencies will share resources to increase each other's capacity to improve availability of services. The plan also states that "the departments will support a culture of collaboration to ensure consideration of potential impacts to VA and DOD in individual department planning efforts."[53]

Agency officials have discussed several opportunities for collaboration in the region that could help address the challenges the agencies face in executing their resource-sharing agreements. However, these opportunities have not been realized. For example, DOD officials in Guam expressed interest in working with VHA to address insufficient inpatient mental health options for both agencies' beneficiaries, and in developing a joint DOD and VHA medical facility on the Naval Hospital Guam grounds. DOD officials said in February 2024 that while they are internally working on efforts like these in an agencywide effort examining DOD

[50]See GAO, *Veterans Health Administration: Hiring Trends in the U.S. Pacific Territories*, GAO-23-105953 (Washington, D.C.: Feb. 16, 2023).

[51]See U.S. Department of Veterans Affairs Office of Inspector General, *OIG Determination of Veterans Health Administration's Severe Occupational Staffing Shortages Fiscal Year 2023,* Report No. 23-00659-186 (Aug. 22, 2023).

[52]Senior VA and DOD officials comprise a Joint Executive Committee to provide broad strategic direction for the departments' collaboration efforts. For the strategic plan, see the Department of Veterans Affairs and Department of Defense Joint Executive Committee, *Joint Strategic Plan Fiscal Years 2022-2027*.

[53]Collaboration can be broadly defined as any joint activity that is intended to produce more public value than could be produced when the organizations act alone. See GAO, *Government Performance Management: Leading Practices to Enhance Interagency Collaboration and Address Crosscutting Challenges*, GAO-23-105520 (Washington, D.C.: May 24, 2023).

assets on Guam, these efforts have not included VHA officials, and they were unsure whether VHA was also working on these issues. Further, DOD officials said their meetings with VHA pursuant to the sharing agreements have had inconsistent recurrence over time.

Additionally, VHA officials in Hawaii and Guam told us they could help the DOD facilities to improve care for both agencies' beneficiaries by, for example, possibly sending a surgeon to Naval Hospital Guam on a rotating basis to perform certain surgeries. However, VHA officials said their meetings with one of the facilities tends not to include discussions of any future planning. Further, VHA and DOD's existing sharing agreements in the Pacific are separate for each DOD facility, and they generally address shared services, beneficiary eligibility, and procedures for referrals, billing, and other items, between the individual facilities. Implementing efforts like these examples could require regional coordination beyond the individual facilities.

Taking additional steps to collaborate would help VAPIHCS (within VHA) and the relevant Defense Health Networks (within DOD) fully implement both resource-sharing agreements in the region and would be consistent with the departments' Joint Strategic plan goals.[54] Such collaborative efforts include identifying additional opportunities to share resources and identifying solutions to address the shared challenges affecting implementation of their resource sharing agreements, such as staffing. This would improve delivery of their health care services to benefit both veterans and the DOD community.

Distribution of Some Medical Services and Devices to Puerto Rico Have Been Delayed

As the only VA medical center in a U.S. territory, the medical center in San Juan, Puerto Rico, experiences unique challenges. Specifically, officials from the medical center stated that the facility has had delayed access to certain new medical services and devices after they had been distributed to other VA medical centers, due to the facility's location in a U.S. territory. Officials said they have had delays for up to 10 years in receiving cardiac device monitoring services and leased scopes to use for certain procedures, among other things.[55]

[54]Tripler is part of DOD's Indo-Pacific Defense Health Network, and Naval Hospital Guam is part of the Pacific Rim Defense Health Network.

[55]Other examples that San Juan VA medical center officials cited included radiopharmaceuticals for detecting brain abnormalities, prosthetic devices, and catheter devices.

In the case of remote monitoring of cardiac devices, initial contract requirements consisted of only the devices, which all vendors delivered, according to officials in VA's Strategic Acquisition Center, which supports VA medical centers nationwide by awarding strategic sourcing contracts.[56] Remote monitoring services were later added after VHA policy changed in January 2020 to begin requiring VA medical facilities to monitor veterans with cardiac devices when appropriate.[57]

These acquisition center officials said one of the vendors had built its system to only provide the remote monitoring services in the continental U.S. and therefore Puerto Rico was excluded. Due to the delay in receiving these services, the San Juan VA medical center has been unable to comply with the new VHA policy that mandated the implementation of VA's National Cardiac Device Surveillance Program.[58] Medical center officials also stated that such a delay is a patient safety issue. Officials from VA's Strategic Acquisition Center said after they became aware of the issue and intervened in 2023, the vendor began to update its system to provide the remote monitoring services in Puerto Rico by May 2024.

Additionally, VA Caribbean Healthcare System officials said that since 2013 they have been unable to secure a lease arrangement pursuant to a national contract for VA medical centers to lease scopes used in certain endoscopy procedures, such as colonoscopies.[59] According to officials, the vendor has delegated its transactions with Puerto Rico to an international division in its company that does not lease endoscopes. However, according to VHA guidance issued in December 2010, leasing was the preferred method of procuring these endoscopes. The document

[56]VA's Strategic Acquisition Center is part of VA's Office of Procurement, Acquisition, and Logistics. VA's Office of Procurement, Acquisition, and Logistics is housed within VA's Office of Acquisition, Logistics, and Construction, which includes VA's Chief Acquisition Officer.

[57]See Department of Veterans Affairs' Veterans Health Administration, *Directive 1189 - National Cardiac Device Surveillance Program* (Jan. 13, 2020).

[58]According to VA data, approximately 11 percent of San Juan VA medical center patients being seen in the cardiac clinic were enrolled in the cardiac monitoring program—the lowest of any VA medical center, and far below VHA's goal of 80 percent at each VA medical center and the nationwide average of about 84 percent.

[59]Endoscopy is an invasive procedure used for screening and treating disease that calls for the use of a lighted, flexible instrument.

further stated leasing arrangements are important to ensure continuation of patient care and support to clinical services.

According to email documentation VA Caribbean Healthcare System officials shared with us dated August through December 2014, officials had tried to secure a lease arrangement for over a year, but the vendor was unable to lease the endoscopes to the facility even though the contract included Puerto Rico in its scope. As a result, officials at the San Juan VA medical center said the facility must incur higher costs and continue purchasing the devices outside the leasing agreement when they become unserviceable or obsolete, contrary to VHA guidance.

VHA policy states that VA medical centers should establish, operate, and maintain a supply chain management program that is effective, cost efficient, transparent, and responsive to customer requirements.[60] For example, the policy delegates responsibilities among VA medical centers and contracting offices to communicate facility requirements for medical equipment and supplies and about any barriers to complying with this policy. Additionally, VA's 2022-2028 strategic plan has a goal to "deliver timely, accessible and high-quality benefits, care and services to meet the unique needs of veterans" and all those that VA serves.[61]

However, for the two examples we examined, we observed a lack of communication between officials from the San Juan VA medical center and VA contracting officials about the facility's issues working with contracted vendors. Further, in both examples, different contracting officials described different preferred processes for facility officials to raise and resolve these types of issues. These examples show that VHA has not clarified how such issues working with contracted vendors should be communicated.

In the first example, VA Strategic Acquisition Center officials explained that VHA facility staff—in this case, the San Juan VA medical center staff—should work with the appropriate national program office if issues

[60]Department of Veterans Affairs' Veterans Health Administration, *VHA Directive 1761 - Supply Chain Management Operations* (Dec. 30, 2020).

[61]See Department of Veterans Affairs, *Fiscal Years 2022-28 Strategic Plan.*

with their contracts arise in the future.[62] If the national program office cannot provide a solution, then the Strategic Acquisition Center officials said they should get involved. However, these officials said they had not become aware of the remote cardiac monitoring issue until after we discussed it with medical center officials in March 2023—more than 3 years after the policy change related to these services. Further, it will have been more than 4 years by the time the issue is expected to be resolved.

In the second example, officials from the VHA Network Contracting Office that serves Puerto Rico VHA facilities told us they prefer facility staff bring to their attention issues with any contracted vendors to help them identify correct points of contact.[63] However, these officials said the first time they heard of the San Juan VA medical center's inability to lease the endoscopes was in 2023 due to our interviews on this issue—10 years after VA Caribbean Healthcare System officials said they first raised it.

By clarifying the processes VHA facilities should follow when communicating about issues with contracted vendors, VHA would improve the ability for facilities in its Caribbean Healthcare System to address any future challenges in obtaining medical services and devices as they arise. It would also help VHA to address any ongoing issues such as those we identified at the San Juan VA medical center. For example, by identifying the specific cognizant officials with whom VHA facilities should raise these issues—such as VHA's Procurement and Logistics Office and VA's Office of Procurement, Acquisition, and Logistics—VHA would help ensure that the appropriate officials are alerted to the issues. Further, by disseminating the appropriate processes for raising issues to VHA facilities, VHA would ensure facility officials' awareness of the processes.

[62]VHA had approximately 75 national program offices as of October 2019 that perform a range of clinical or administrative functions. Some of these offices also play a role in monitoring the provision of health care services within their clinical areas—for example, the Office of Mental Health and Suicide Prevention, the Office of Rehabilitation and Prosthetics Services, and the Office of Spinal Cord Injuries and Disorders System of Care.

[63]Each VA medical center is assigned to a network contracting office within VHA that manages contracting activities and reports to the VHA Procurement and Logistics Office.

VBA Reported Taking Steps to Address Challenges That Slow Disability Claims Processing for Veterans in the U.S. Territories and FAS

VBA officials reported taking steps to address barriers related to slow processing time for disability claims that local VBA representatives and veterans service organizations have noted can cause challenges for veterans in the territories and FAS.[64]

In general, for veterans living in U.S. territories and FAS, processing times for disability claims that required disability medical exams conducted by VBA contractors have decreased over recent years; according to VBA data, the average number of days for VBA to process these disability claims for veterans in these areas declined from fiscal years 2020 to 2023. However, these time frames still exceeded VBA's goal of processing claims—125 days or fewer—and were longer than the average days to process claims that required a disability medical exam for veterans residing in the rest of the U.S.[65] (See table 4 below.) The average processing time frames were generally higher for a subset of these claims—particularly those for FAS veterans—in fiscal years 2022 and 2023, when compared to veterans living in the U.S. and its territories.

Table 4: Average Number of Days for VBA to Process Disability Claims That Required a Disability Medical Exam for Veterans by Location, Fiscal Years 2020-2023

Location		Fiscal year			
		2020	2021	2022	2023
U.S. territory	Puerto Rico	388	319	233	173
	U.S. Virgin Islands	364	326	211	214
	American Samoa	415	318	267	233
	Guam	232	185	209	214
	Commonwealth of the Northern Mariana Islands	306	272	222	227

[64]Our review found that, in general, veterans in the U.S. territories and FAS were able to access most of the selected VBA benefits we reviewed, including pension, education, and home loan guaranty. However, local VBA officials and veterans service organizations noted challenges these veterans face accessing VBA's disability compensation benefit—specifically, slow processing times for disability claims.

[65]This data includes time frames for completed disability medical exams conducted by VBA contractors and excludes those conducted by VHA examiners, according to VBA officials. VA's strategic goal is to process disability claims in 125 days or fewer. VBA also tracks the number of days to receive disability exam results from its contractors after the exam has been conducted. VBA's goal for the contractors is to deliver exam results to VBA within 36 days. In fiscal year 2023, the contractors met this goal for the FAS but not for any of the U.S. territories, according to VBA data.

Location		Fiscal year 2020	2021	2022	2023
Freely associated state	Republic of Palau	N/A[a]	——[b]	478	241
	Federated States of Micronesia	——[b]	N/A	913	701
	Republic of the Marshall Islands	N/A	N/A	349	250
United States		205	180	180	168

Source: GAO analysis of Veterans Benefits Administration (VBA) data. | GAO-24-106364

Notes: The VBA data in the table represent the total average number of days from three data points that the agency uses to monitor the timeliness of its disability claims process, particularly for those that required a disability medical exam conducted by its contractors: (1) average days from receipt of disability claim to disability medical exam request, (2) average days for VBA to receive completed disability medical exam results, and (3) average days from disability medical exam results to rating decision. This data includes time frames for completed disability medical exams conducted by VBA contractors and excludes those conducted by VHA examiners, according to VBA officials.

[a]"N/A" refers to instances when VBA reported no data because no claims that required a disability medical exam were processed.

[b]We excluded reporting the average number of days for this location due to the small size of associated claims—less than 10.

The COVID-19 pandemic halted VBA's ability to obtain critical medical evidence necessary to render decisions on veterans' disability claims, according to officials. Such evidence included results from medical examinations and other relevant documentation. Officials also said that the pandemic affected claims processing times and added to the backlog of claims. In addition, VBA officials stated that travel restrictions due to COVID-19 affected veterans' access to disability exams, especially in foreign countries. As the effects of the pandemic waned, VBA officials stated that they were able to obtain needed information to process claims more quickly.

According to central office VBA officials, local VBA officials, and veteran service organizations we interviewed, various challenges affected the timeliness of processing disability claims in the U.S. territories and FAS. VBA officials stated that they are taking various steps to address these challenges, including working with its VBA contractor to address issues veterans face with scheduling disability medical exams, continuing their work on revising regulations to allow reimbursement for beneficiary travel to disability exams in foreign countries, and taking steps to improve disability claims processing.

VBA Disability Medical Exam Process in the U.S. Territories and Freely Associated States (FAS)

When a veteran files a claim for disability benefits, VBA staff review the claim and help the veteran gather relevant evidence to evaluate the claim. In some cases, VBA staff may request that the veteran undergo a medical examination, known as a compensation and pension or disability medical exam, to obtain evidence of the veteran's disability or disabilities and their connection to the veteran's military service. Exams can be conducted at certain Department of Veterans Affairs (VA) medical facilities by VA providers, or through non-VA providers overseen by two VBA contractors.

For veterans living in the U.S. territories, disability medical examinations can be conducted in a few ways. For veterans who live in Puerto Rico or the U.S. Virgin Islands, exams can be conducted at the San Juan VA medical center in Puerto Rico or through VBA-contracted examiners. In the Pacific territories, VBA-contracted examiners can be located on island, such as in Guam, or may travel to the territory specifically to see the veteran to conduct the exam, such as in American Samoa. In some cases, the veteran will be asked to fly to another location to meet with a VBA-contracted examiner, such as from the Commonwealth of the Northern Mariana Islands to Guam. VA or the contractors, depending on who conducts the exam, reimburses veterans in the U.S. and territories for travel to these exams.

For veterans living in the FAS, obtaining a disability medical exam can be a challenge due to the limited number of medical providers located where the veteran resides. To obtain an exam, veterans can travel to another country to access the nearest VBA contracted provider, but VBA will not reimburse them for their travel. Other options include VBA contractors (1) using a veteran's medical records to complete a disability benefit questionnaire, known as an Acceptable Clinical Evidence exam, or (2) having the veteran see a local provider of their choice to complete the questionnaire, which the contractor will review.

Source: GAO analysis of Veterans Benefits Administration (VBA) documentation. | GAO-24-106364

Efforts to improve communication when scheduling disability medical exams. According to local VBA officials and veterans service organizations, veterans from the U.S. territories may experience challenges related to scheduling disability medical exams, including difficulties communicating with a VBA contractor. For example, veterans from the U.S. territories coordinate with one of VBA's contractors, which may not be located in the same territory, to schedule the exam. When an employee of this contractor calls a veteran to schedule a disability medical exam (see sidebar), the veteran sees the call coming from an unknown international number and may not answer thinking it is a telemarketer.

Further, local VBA officials told us that the international phone numbers the contractor is giving veterans for call-back purposes resulted in veterans incurring fees. Although VBA officials stated that veterans can call VBA's toll-free number to have the agency transfer them to the contractor, this number is not free for some veterans in the Pacific territories and FAS.[66]

VBA officials said that they worked with the contractor to ensure that it provides U.S.-based phone numbers as well as multiple toll-free numbers in other countries to veterans for return calls, and that the contractor is attempting contact with the veterans through other modes, such as email and mail prior to scheduling an appointment. They also said that they worked with VA's Office of Information and Technology to investigate ways veterans in the Pacific region, particularly in FAS, could contact VA at no cost. As of December 2023, officials told us that they established a new toll-free number, which they tested for veterans in American Samoa, Guam, and CNMI. Although the testing results showed that individuals could successfully connect in these locations, those in American Samoa were still being charged long distance rates which VA continues to

[66]In addition to not being toll-free, local VBA officials also stated challenges veterans in the territories and FAS face using VBA's call center number due to time zone differences.

investigate. VBA officials said that testing is still pending with the Republic of the Marshall Islands.[67]

Efforts to revise regulations related to reimbursement of certain travel costs for disability exams. VA's beneficiary travel program, which can be used to reimburse veterans' travel to disability medical exams, does not extend to travel outside of the U.S., which may limit FAS veterans' ability to access these exams.[68] We recommended in September 2020 that VBA and VHA in concert with VA's Office of General Counsel assess and decide whether to reimburse beneficiaries for travel to disability medical exams in foreign countries.[69] In January 2022, agency officials reported that VBA and VHA collaboratively determined a need to move forward to improve support to veterans attending these exams in foreign locations, and were working to prepare the documentation necessary to request regulatory authority to pay beneficiary travel for foreign veterans.[70]

More recently in October 2023, VBA officials told us that they established the International Beneficiary Travel Workgroup in fiscal year 2023 to continue work on revising the regulations to allow for beneficiary travel to disability exams in foreign countries.[71] The workgroup has conducted a number of activities, such as researching the potential costs associated with regulation changes and working to complete the regulation draft package, according to VBA documentation. VBA officials told us that the workgroup expects to provide recommendations to its leadership by the end of the second quarter in fiscal year 2024.

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[67]VBA officials stated that there is no configuration set-up that will allow for toll-free phone calls between the Republic of Palau and the Federated States of Micronesia and the U.S. Additionally, they told us that there are no VA facilities in these foreign countries, and VA vendors do not currently support these locations. Therefore, international connections from these two countries to U.S. toll-free telephone numbers cannot be supported by the agency until changes are made, such as the countries modifying their infrastructures to support connections to U.S. toll-free numbers or VA establishing a presence in these countries.

[68]Relevant VA regulations define "United States" to include U.S. territories and possessions as well as Puerto Rico. 38 C.F.R. § 70.2.

[69]See GAO-20-620. VA concurred with our recommendation.

[70]As a result of these actions, we closed this recommendation.

[71]VBA officials stated that this workgroup specifically focused on reimbursement for travel to disability exams.

Efforts to improve disability claims processing. Expansion of veteran eligibility for VA benefits through legislative or regulatory changes, such as the Honoring our PACT Act of 2022, affected the agency's processing time frames for disability claims, according to VBA officials.[72] VBA is working to improve disability claims processing timeliness through several enhancements, including hiring more staff and leveraging technology to automate administrative tasks to assist claims processors in making fast, consistent, and equitable claims decisions for veterans, according to officials.

Although VBA officials stated that they are taking steps to address issues that affect disability claims processing in the U.S. territories and FAS, we have previously reported on broader issues VBA faces with the disability claims process beyond these areas. These issues include challenges overseeing the medical exams needed to make decisions about disability claims, training claims' processing staff, and processing disability claims. As a result, managing disability claims remains an area of focus on GAO's High-Risk List.[73] We are continuing to monitor VBA's progress in addressing issues affecting disability claims processing.

Conclusions

Veterans who live in the island areas of the U.S. territories and FAS post-military service can face unique and substantial challenges accessing the VA health care and non-health care benefits they have earned. While there are some challenges that cannot be overcome, such as the remote location of these islands, there are a number of actions VA can take to better carry out its mission to serve these veterans.

For example, by assessing the impact of data limitations affecting its veteran population model and taking steps to address those limitations, VA could better ensure the accuracy of its population estimate in the U.S. territories and FAS, which it uses to understand the agency's resource and outreach needs. Such steps also include consulting with local

[72]Enacted in 2022, the Honoring our PACT Act of 2022 made changes to the process for qualifying for disability benefits for certain toxic-exposed veterans thereby potentially impacting the number of claims submitted. In July 2022, VHA notified local VA staff that the act would double the VHA disability exam workload to approximately 500,000 exams by fiscal year 2025.

[73]Due to these concerns, we added VA's disability program to our High Risk List in 2003, and it continues to be on the list as of the most recent publication in April 2023. GAO maintains a high-risk program to focus attention on government operations that it identifies as high risk due to their greater vulnerabilities to fraud, waste, abuse, and mismanagement or the need for transformation to address economy, efficiency, or effectiveness challenges. See GAO-23-106203.

government officials and stakeholders to identify and validate other available veteran data sources. Additionally, issuing guidance on using new data monitoring capabilities could ensure staff appropriately account for veterans' location and travel distances when monitoring access to care in the U.S. territories and FAS.

In addition, VA could take specific steps to improve access to VA health care and benefits. Specifically, given the significant distances veterans in the territories have to travel to receive VHA specialty care, VA could assess whether it is feasible and advisable to expand travel reimbursement eligibility for these veterans. VA could further work more closely in the Pacific with its DOD partners to strengthen resource-sharing agreements that expand veterans' options for receiving care. Without doing so, both agencies may continue to be hindered by reoccurring challenges when delivering care.

In addition, VA could clarify the process VHA medical facilities use to communicate challenges accessing medical devices and services from contracted vendors to help prevent or mitigate such issues in the future.

Recommendations for Executive Action

We are making a total of six recommendations, including five to VA and one to DOD:

The Secretary of VA should assess the underlying data sources of its VetPop model to identify the extent to which known data limitations impact the accuracy of population estimates for veterans living in the U.S. territories and FAS. In doing so, VA should consult with local government officials and stakeholders to identify and validate available veteran data sources, and make changes as appropriate to VetPop's data sources. (Recommendation 1)

The VA Under Secretary for Health should clearly communicate in writing appropriate uses for the new capabilities within its VHA Support Service Center databases to generate utilization and timeliness of care data by veteran location. (Recommendation 2)

The Secretary of VA should assess whether it is feasible and advisable to expand travel reimbursement eligibility for any condition among service-connected disabled veterans in the U.S. territories, and as appropriate or consistent with that analysis, amend its regulations to do so. (Recommendation 3)

The Secretary of VA should ensure that the Director of VAPIHCS, in collaboration with DOD, identify and implement additional opportunities to share resources and solutions to address shared challenges affecting the implementation of their resource sharing agreements in the Pacific. (Recommendation 4)

The VA Under Secretary for Health, in coordination with the Executive Directors of the VA Office of Procurement, Acquisition, and Logistics, and the VHA Procurement and Logistics Office, should clarify in writing the appropriate processes, in line with VHA's Supply Chain Management Operations Directive, for VA Caribbean Healthcare System officials to communicate challenges receiving medical services or devices. (Recommendation 5)

The Secretary of DOD should ensure that the Directors of the Defense Health Networks Indo-Pacific and Pacific Rim, in collaboration with VA, identify and implement additional opportunities to share resources and solutions to address shared challenges affecting the implementation of their resource sharing agreements in the Pacific. (Recommendation 6)

Agency Comments

We provided VA and DOD with a draft of this report for review and comment. VA provided written comments, which are reprinted in Appendix III. In its comments, VA concurred with all five recommendations and identified steps it plans to take to address them, which include consulting with local government officials and stakeholders in the U.S. territories and FAS to identify and evaluate additional sources to improve VetPop's data sources. The department also provided updated VetPop data and one technical comment, which we incorporated as appropriate.

DOD provided comments, which are reprinted in Appendix IV. In its comments, DOD concurred with our sixth recommendation, and stated it will take steps to ensure regional DOD partners work with VA to identify opportunities for better resource sharing in the Pacific.

We are sending copies to the appropriate congressional committees, the Secretary of Veterans Affairs, Secretary of Defense, and other interested parties. In addition, the report is available at no charge on the GAO website at http://www.gao.gov.

If you or your staff have any questions about this report, please contact Sharon M. Silas at (202) 512-7114 or silass@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in Appendix V.

Sharon M. Silas
Director, Health Care

Appendix I: Objectives, Scope, and Methodology

The objectives of our report were to: (1) examine how the Department of Veterans Affairs (VA) estimates the number of veterans in the U.S. territories and freely associated states (FAS); (2) examine how the Veterans Health Administration (VHA) monitors veterans' use of and access to health care services at VHA facilities in the U.S. territories; (3) examine challenges veterans face in accessing VHA health care services in the U.S. territories and FAS and any VA efforts to help address the challenges; and (4) describe Veterans Benefits Administration (VBA) efforts to address challenges processing disability claims for veterans in the U.S. territories and FAS.

Site visits to the Caribbean and Pacific territories. We conducted site visits to Hawaii and the U.S. territories—virtually to the Commonwealth of Puerto Rico and the U.S. Virgin Islands (USVI) in March 2023, and in person to Honolulu, Hawaii; American Samoa; Guam; and the Commonwealth of the Northern Mariana Islands (CNMI) in April and May 2023. During these site visits and subsequent follow-up meetings, we reviewed documentation and interviewed local VHA and VBA entities regarding oversight and delivery of VA benefits in the U.S. territories. Local VA entities included the following:

- Veterans Integrated Service Networks 8 (Caribbean) and 21 (Pacific) officials.[1]
- VA Caribbean Healthcare System officials from the VA medical center in San Juan, Puerto Rico, and officials from various outpatient clinics in Puerto Rico and USVI.
- VA Pacific Islands Health Care System (VAPIHCS) officials from the VA medical center in Honolulu, Hawaii, and officials from the outpatient clinics located in American Samoa, Guam, and CNMI.
- Officials from the Vet Centers in Puerto Rico, American Samoa, and Guam.
- Officials from the VBA Regional Offices in San Juan and Honolulu and local VBA officials in American Samoa, Guam, and CNMI.[2]

[1]VHA's health care system is divided into 18 health care networks, referred to as Veterans Integrated Service Networks, which are responsible for managing and overseeing VA medical centers within a defined geographic area. There were previously 21 networks, but VHA consolidated some networks so that there were 18 by fiscal year 2018. Veterans Integrated Service Network 21 was not renamed following the consolidation.

[2]VBA officials stated that staff from the San Juan VBA Regional Office travel to USVI one week each month.

While in Hawaii and Guam, we reviewed documentation and interviewed officials from two Department of Defense (DOD) military treatment facilities—Tripler Army Medical Center (Tripler) in Honolulu, Hawaii; and U.S. Naval Hospital Guam (Naval Hospital Guam) in Guam—about their resource-sharing agreements with VAPIHCS and any challenges delivering care to veterans.[3] Lastly, we also interviewed government officials from local veteran affairs' offices, officials from selected community hospitals, and veteran service organizations regarding various topics, including veteran population estimates and any unique barriers veterans face in accessing VA benefits in the territories and FAS.[4]

Interviews with FAS government officials and local stakeholders. We interviewed the Ambassador, embassy staff, and a veteran service organization from each of the three FAS countries—the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau—about the number of veterans residing in these countries and any challenges those veterans face accessing VA benefits.[5] We also interviewed officials from the Republics of Palau and the Marshall Islands' Ministries of Health and Human Services, and received information from the Federated States of Micronesia's Department of Health and Social Affairs, to understand the health care landscape and availability of non-VA health care services in these countries.

[3]VA and DOD collaborate through sharing agreements to provide health care services to VA and DOD beneficiaries, reimbursing each other for the services provided. A sharing agreement ranges in complexity and scope from sharing a single service to agreements that govern the sharing of multiple services. DOD military treatment facilities include military hospitals, ambulatory care clinics, and dental clinics that may be staffed by military personnel (active and reserve), federal civilian personnel, and private sector contractor personnel. As of November 2022, DOD's Defense Health Agency has administration and management responsibilities for every military treatment facility.

[4]Local veteran affairs' offices we interviewed included the USVI Office of Veterans Affairs, the American Samoa Government Office of Veterans Affairs, the Guam Office of Veterans Affairs, and the CNMI Office of Veterans Affairs. During our in-person site visit to the Pacific, we met with officials from the following community hospitals—Lyndon B. Johnson Tropical Medical Center in American Samoa, Guam Regional Medical City and Guam Memorial Hospital Authority in Guam, and Commonwealth Healthcare Corporation in CNMI. Local veteran service organizations we interviewed or received responses from included the American Samoa Veterans' Association and a Veterans of Foreign Wars branch in CNMI and Puerto Rico.

[5]Under compacts between the U.S. and FAS, FAS citizens can enlist in the U.S. military and therefore, may be eligible for certain VA benefits. FAS veterans service organizations we interviewed included the U.S. Armed Forces Veterans Association of Palau, American Legion Post 22 (Republic of the Marshall Islands), and the US Veterans of Pohnpei Association (Federated States of Micronesia).

Veteran demographic data. We reviewed VA-provided data on the number of enrolled veterans in VHA health care, the number of veterans estimated to be eligible for VHA health care, and the estimated total population of veterans living in the U.S. territories and FAS for fiscal years 2020 through 2022. We reviewed the data to identify any obvious errors and omissions. We interviewed VA officials from two offices responsible for these estimates—the Office of Enterprise Integration and the Office of Enrollment and Forecasting—about the data and VA's process for developing their population estimates. We found the data had potential limitations in the underlying sources, which we discuss in the report. We assessed VA's process for estimating the number of veterans residing in the U.S. territories and FAS against goals within VA's Equity Action Plan and against federal internal control standards—specifically the principle that management should use quality information to achieve its objectives.[6]

Monitoring access to VHA benefits. We reviewed two VHA-provided data sets of utilization of specialty care services accessed by territory veterans at VHA medical facilities for fiscal years 2022 and 2023. Specifically, we reviewed (1) the number of unique veterans with specialty care encounters at VHA facilities located in the U.S. territories and at the Honolulu VA medical center, and (2) the number of unique veterans with primary care teams located at VHA facilities in the territories with specialty care encounters that occurred at any VHA facility.[7] In addition, for the same two veteran groups, we reviewed two VHA-provided timeliness data sets for specialty care services accessed from January through May 2023 at VHA medical facilities.[8]

[6]See Department of Veterans Affairs, *Equity Action Plan*, published Apr. 15, 2022.

Internal control is a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved. See GAO, *Standards for Internal Control in the Federal Government*, GAO-14-704G (Washington, D.C.: Sept. 2014).

[7]According to VHA officials, an encounter occurs when there is an interaction between a provider and patient, and encounters do not have to have an associated appointment. For example, if a veteran calls a clinic and speaks to a provider, and the conversation results in medical decision making, is long enough, and meets certain coding requirements for capturing workload, then the provider documents the interaction as an encounter without having to document an appointment.

[8]Timeliness data represented the average number of days from a referral's file entry date—the date a provider enters a referral into the veteran's electronic health record—to appointment date for the given time period.

For illustrative purposes, we compared the data generated based on the facility where the care took place—how VHA officials said they typically monitor these data—to the data VA was able to generate based on the veteran's primary care team location, which officials stated is likely located at the VHA facility nearest to where the veteran lives.

We also reviewed utilization data for primary care, mental health care, and specialty care services accessed at Community Care Network providers and the two Pacific DOD military treatment facilities for fiscal year 2023. For care received in the community or at DOD facilities, utilization data represented the number of completed referrals in the time period. We also reviewed VHA-provided utilization data for readjustment counseling services received at Vet Centers and outstations located in the U.S. territories for fiscal year 2023.

We interviewed VHA officials regarding their monitoring processes for veterans' access to care in the U.S. territories, and about the capabilities of VA's data systems to generate utilization and timeliness data and to understand data definitions relevant to our samples. We assessed the extent to which generating data based on the VHA facility where care took place versus data based on veteran location affected the estimates, and VHA's ability to meet VA strategic plan goals related to data use and management and federal internal control standards related to the use of quality information and internal communication of that information.[9]

Challenges accessing VHA health care. We reviewed VHA's policies on the Beneficiary Travel Program and the Foreign Medical Program and reviewed VHA-provided data on (1) territory and FAS veterans' eligibility for and use of VA's travel reimbursement benefits, and (2) FAS veteran's utilization of the Foreign Medical Program for fiscal years 2017 through 2022.[10] We also compiled publicly available data from the Bureau of Transportation Statistics and Google Flights on distances and flight times, respectively, between airports in the U.S. territories, FAS, and selected locations in the continental U.S.

[9]See Department of Veterans Affairs, *Fiscal Years 2022-28 Strategic Plan* (Washington, D.C.); and GAO-14-704G.

[10]See U.S. Department of Veterans Affairs' Veterans Health Administration, VHA Directive 1601B.05 *Beneficiary Travel* (Jan. 20, 2022); and U.S. Department of Veterans Affairs' Veterans Health Administration, VHA Directive 1601F.05 *Hospital Care and Medical Services in Foreign Countries* (Oct. 19, 2021).

Additionally, we reviewed VA documents related to select contracts for medical devices and services, and we interviewed officials—from a VHA regional contracting office and VA's Strategic Acquisition Center—about delays in delivery of such devices and services reported by clinicians in the Caribbean. We assessed VA's ability to deliver health care services and travel reimbursement benefits to veterans in the territories against VA's strategic plan and relevant VHA policies on beneficiary travel and supply chain management operations.[11]

In addition, we reviewed documents related to VHA and DOD medical resource sharing at Tripler and Naval Hospital Guam and DOD-provided information about availability of services identified in the agreements. We reviewed VHA-provided data on the number of full time and part time staff at VHA medical facilities in the territories for fiscal year 2023, and reviewed prior GAO and VA Office of the Inspector General reports on staffing at VHA and DOD facilities.[12] We assessed VHA and DOD's resource-sharing efforts against goals in the departments' Joint Strategic Plan.[13]

Lastly, we interviewed officials from VA's two Community Care Network administrators about challenges recruiting and retaining providers in the territories, and we interviewed officials from the Association for State and Territorial Health Officials about their work addressing health care issues in the territories and FAS.

For the VHA data we received on utilization of beneficiary travel benefits and the Foreign Medical Program, and staffing at VHA medical facilities, we asked relevant central office and local VHA staff about data sources

[11]See VA, *Fiscal Years 2022-28 Strategic Plan;* VHA Directive 1601B.05 *Beneficiary Travel*; and U.S. Department of Veterans Affairs' Veterans Health Administration, VHA Directive 1761 *Supply Chain Management Operations* (Dec. 30, 2020).

[12]We also received VHA-provided staffing data for the number of staff at the Vet Centers and outstations in the U.S. territories for fiscal year 2023.

For examples of prior GAO and VA Office of the Inspector General reports we reviewed, see GAO, *Veterans Health Administration: Hiring Trends in the U.S. Pacific Territories*, GAO-23-105953 (Washington, D.C.: Feb. 16, 2023); GAO, *Veterans Health Care: Staffing Challenges Persist for Fully Integrating Mental Health and Primary Care Services*, GAO-23-105372 (Washington, D.C.: Dec. 15, 2022); and U.S. Department of Veterans Affairs Office of Inspector General, *Healthcare Inspection Summarization of Select Aspects of the VA Pacific Islands Health Care System Honolulu, Hawaii,* Report No. 15-04655-347 (Sept. 22, 2016).

[13]See VA and DOD Joint Executive Committee, *Joint Strategic Plan Fiscal Years 2022-2027*, Washington, D.C.

and any limitations, and determined these data were sufficiently reliable for the purposes of providing information on challenges veterans face accessing VHA health care services in the U.S. territories and FAS.

Access to VBA benefits. We reviewed VA documents that describe VBA benefits, such as VBA's 2022 Annual Benefits Report and relevant VBA policies, laws, and regulations.[14] In addition to speaking with regional and local VBA staff during our site visits, we interviewed and collected information from the VBA Regional Offices in Pittsburgh, Pennsylvania—responsible for processing VBA claims from FAS veterans—and in Manila, Philippines—responsible for VBA outreach in the FAS. We also interviewed officials from VBA's Medical Disability Program office about the disability exam process in the U.S. territories and FAS. In addition to VBA staff, we received written responses from two VBA contractors that manage disability medical examinations on the extent to which veterans living abroad face challenges accessing VBA benefits and exams.

We analyzed data from fiscal years 2020 through 2023 for veterans in the U.S. territories and FAS on (1) utilization of VBA benefits, (2) number of VBA staff who provided support to these veterans, (3) the number of disability medical exams conducted for these veterans, and (4) timeliness data for those medical exams. We reviewed the data to identify any obvious errors and omissions and interviewed relevant VBA officials about the data. We determined these data were sufficiently reliable for the purposes of providing information on veteran's access to VBA benefits in the U.S. territories and FAS. From the utilization data, we selected four benefits to further analyze: disability compensation, pension, GI Bill (education), and home loan guaranty. These benefits were selected based on the following: (1) three of these benefits were the most commonly used by veterans in the U.S. territories and FAS and (2) challenges associated with these benefits were cited during our interviews with VBA officials and stakeholders.

We conducted this performance audit from November 2022 to May 2024 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that

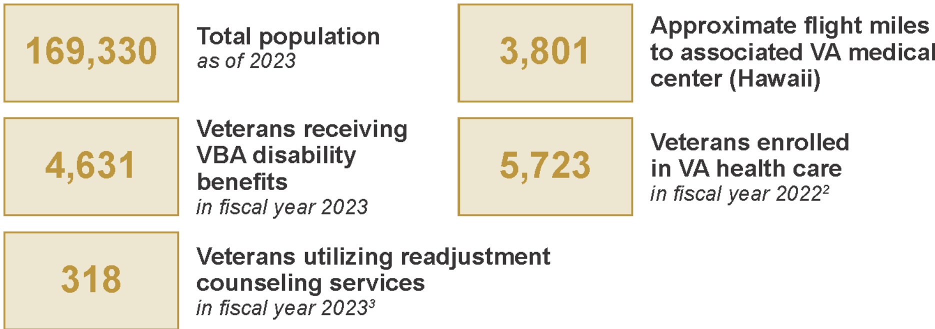
[14]See Veterans Benefits Administration, *Annual Benefits Report Fiscal Year 2022*.

the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Guam

A 210 square mile island located in the northern Pacific Ocean, Guam became a U.S. territory in 1898. On island, the Department of Veterans Affairs (VA) has an outpatient clinic, Vet Center, and a Veterans Benefits Administration (VBA) office.[1]

General Geographic and Demographic Information



VA Services and Staff on Island

Outpatient clinic services: Durable medical equipment assessment, Home Based Primary Care, homeless services, nurse case management, pharmacy, primary care, prosthetics, rural mental health psychiatry and therapy, social work, foot wound care

Clinical services available via telehealth: Allergy, amputee services, CareGiver assessment, Clinical Resource Hub services, endocrinology, ear/nose/throat, epidemiology, geriatrics, gastrointestinal/liver, infectious disease, physical therapy/ occupational therapy, rheumatology, substance abuse disorder treatment, TeleDerm, TeleEye, traumatic brain injury services

Specialty services available via traveling VA providers: Gastrointestinal services, neurology, orthopedics, podiatry, respiratory therapy, traumatic brain injury services

Vet Center services: Various readjustment counseling and referral services

VBA services: Claims intake, veteran readiness and employment services, veteran outreach[4]

Total VA staff: 83 as of September 30, 2023 (75 – Outpatient clinic, 2 – Vet Center, 6 – VBA)

Selected VA Actions to Improve Veterans' Access to Benefits

Improved pharmacy services at the outpatient clinic: In April 2023, VA officials stated that medication for veterans was shipped to the post office on Guam. Officials reported veteran concerns about long waits to pick up medication at the post office; for some veterans, this led to expired medications left for long periods or never picked up. In February 2024, VA officials stated that they set up a pharmacy hub at the outpatient clinic, with a three-person pharmacy team that receives most refrigerated medication for distribution to Guam veterans. In addition, officials stated that they have a machine designed to provide emergent medications directly to veterans at the clinic.

Increased clinical space at the planned outpatient annex: In May 2023, VA officials stated the outpatient clinic on Guam did not have the needed space for the number of providers and support staff the clinic needs to hire. In November 2023, VA announced it had awarded a lease for a 5,000 square foot outpatient annex that will be located next to one of Guam's community hospitals. According to VA, this annex will expand access to care on the island by offering primary care services, prosthetics, lab, and in-person mental health services.

VA Community Care on Island

Veterans on Guam can access care from community providers using VA's Community Care Network Region 4. As of January 2024, there were 570 providers, including two local hospitals, in network providing primary care, mental health, dental, and select specialty care.

Community Care Network Region 4

In addition, VA has a sharing agreement with U.S. Naval Hospital Guam (Department of Defense military treatment facility) to provide select outpatient, inpatient, pharmacy, and laboratory services to veterans.

[1]VA provides readjustment counseling services at Vet Centers and satellite locations—referred to as outstations—that are overseen by, and separate from, its associated Vet Center. Readjustment counseling services focus on counseling for problems related to military stressors, such as combat theater trauma or military sexual trauma, and can include individual, couples, family, or group counseling.

[2]VA estimated that 10,878 veterans on Guam were eligible for VA health care services in fiscal year 2022.

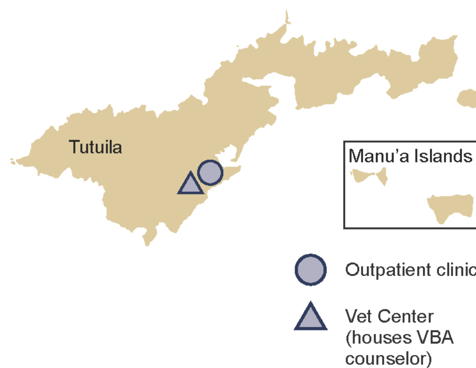
[3]For fiscal year 2023, VA reported data for the Guam Vet Center and Saipan Vet Center outstation together. In fiscal year 2022, VA reported 184 veterans utilizing readjustment counseling services at just the Guam Vet Center.

[4]Veteran readiness and employment services include such services as employment assistance, job training, and supportive rehabilitation services.

Source: GAO analysis of Department of Veterans Affairs information (data); Map Resources (maps). | GAO-24-106364

American Samoa

Located in the southern Pacific Ocean, American Samoa makes up 86 square miles across five islands and two coral atolls. American Samoa became a U.S. territory by deed of cession starting in 1900.[5] On Tutuila—the largest island and center of government—VA has an outpatient clinic, Vet Center, and one VBA counselor located within the Vet Center building.



General Geographic and Demographic Information

44,620	**Total population** *as of 2023*
2,599	**Approximate flight miles to associated VA medical center (Hawaii)**
907	**Veterans receiving VBA disability benefits** *in fiscal year 2023*
985	**Veterans enrolled in VA health care** *in fiscal year 2022*[6]
105	**Veterans utilizing readjustment counseling services** *in fiscal year 2023*

VA Services and Staff on Island

Outpatient clinic services: Primary care, rural mental health psychiatry and therapy

Clinical services available via telehealth: CareGiver assessment, endocrinology, ear/nose/throat, geriatrics, gastrointestinal/liver, infectious disease, nephrology, orthotics, pain management, pharmacy, podiatry, TeleDerm, TeleEye, traumatic brain injury services

Specialty services available via traveling VA providers: Audiology, cardiology, geriatrics gerofit, gastrointestinal/liver, home oxygen, infectious disease, nephrology, neurology, orthopedics, podiatry, respiratory therapy[7]

Vet Center services: Various readjustment counseling and referral services

VBA services: Claims intake and veteran outreach

Total VA staff: 36 as of September 30, 2023 (33 – Outpatient clinic, 2 – Vet Center, 1 – VBA counselor)

Selected VA Actions to Improve Veterans' Access to Benefits

Renewed efforts to address outpatient clinic physical condition: In April 2023, VA officials described challenges with the physical quality of the outpatient clinic, including mold and plumbing issues, and a leaking roof. Officials stated that COVID-19 exacerbated some of these issues, as all flights to and from American Samoa were grounded for an extended period of time, halting construction plans that were in place. VA officials stated that contractors had just restarted work on the outpatient clinic to add more clinic space for physical and occupational therapy, and to upgrade the current lab. Officials stated they are in negotiations with the Army Reserves, which owns the building, to address the building's roof issues. In February 2024, officials stated that project funding approval is anticipated to be awarded within the next two months.

Discussions with local hospital staff on opportunities to collaborate: Lyndon B. Johnson Tropical Medical Center is the only hospital located in American Samoa. However, VA officials said that they are unable to refer veterans and pay for their care at the hospital as it is not accredited by certain health care commissions. Officials also told us they face numerous challenges working with the hospital. For example, VA officials stated that the hospital houses the only lab facility on the island, but they are unable to depend on the results of those labs.[8] In April 2023, VA officials stated that they are planning to build a small lab at the outpatient clinic to conduct basic testing—such as kidney functions, electrolytes, and certain blood panels—but acknowledged this lab would not be capable of handling every test a veteran would need, and that they would need to hire additional staff. In addition, in October 2023, VA officials stated that they have met with members of the hospital board to identify ways to make operations more efficient, but no changes have been made to date.

VA Community Care on Island

American Samoa is part of VA's Community Care Network Region 4. However, there is an extremely limited amount of community providers located in American Samoa that can be enrolled in the network. As of January 2024, the network included one primary care provider and three specialty care providers— nephrology, neurology/sleep medicine, and optometry.

Community Care Network Region 4

[5]See Pub. L. No. 70-281, 45 Stat. 1253 (1929), codified at 48 U.S.C. § 1661.

[6]VA estimated that 1,871 veterans in American Samoa were eligible for VA health care services in fiscal year 2022.

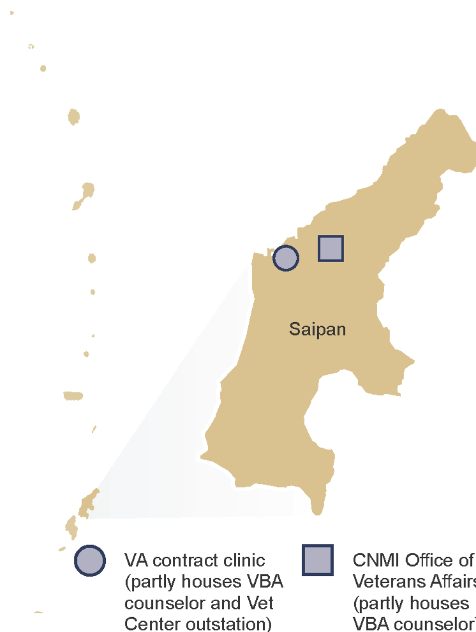
[7]Gerofit is an exercise program that uses a variety of strength and aerobic exercises provided by trained exercise staff such as physiologists, nurses, or physical therapists.

[8]Specifically, officials stated that the lab system is not automated, and they've encountered incorrect lab orders and handwriting and transcription errors. Officials stated that veterans, as well as any American Samoan that uses the hospital, must pay small facility fees for lab services, which is not reimbursed by VA.

Source: GAO analysis of Department of Veterans Affairs information (data); Map Resources (maps). | GAO-24-106364

Commonwealth of the Northern Mariana Islands (CNMI)

Located just north of Guam in the northern Pacific Ocean, CNMI is a 300-mile archipelago consisting of 14 islands with a total land area of 179 square miles. The majority of CNMI's residents live on Saipan, Rota, and Tinian. CNMI became a U.S. territory by federal law in 1975.[9] On Saipan, VA has a contract clinic, one Vet Center outstation, and one VBA counselor.[10]



General Geographic and Demographic Information

51,295	**Total population** *as of 2023*
3,930	**Approximate flight miles to associated VA medical center (Hawaii)**[12]
412	**Veterans receiving VBA disability benefits** *in fiscal year 2023*
546	**Veterans enrolled in VA health care** *in fiscal year 2022*[13]
318	**Veterans utilizing readjustment counseling services** *in fiscal year 2023*[11]

VA Services and Staff on Island

Contract facility clinical services: Durable medical equipment assessment, homeless services, nurse case management, pharmacy, primary care, prosthetics, rural mental health psychiatry and therapy, social work, foot wound care

Clinical services available via telehealth: Allergy, amputee services, CareGiver assessment, Clinical Resource Hub services, ear/nose/throat, endocrinology, epidemiology, geriatrics, gastrointestinal/liver, infectious disease, physical therapy/ occupational therapy, rheumatology, substance abuse disorder treatment, traumatic brain injury services

Specialty services available via traveling VA providers: Gastrointestinal services, neurology, orthopedics, podiatry, respiratory therapy, traumatic brain injury services

Vet Center outstation services: Individual and group counseling four days a month, and outreach services bi-weekly

VBA services: Claims intake and veteran outreach

Total VA staff: 4 as of September 30, 2023 (3 – VA clinic, 0 – Vet Center outstation, 1 – VBA counselor)[14]

VA Community Care on Island

CNMI is part of VA's Community Care Network Region 4. As of January 2024, there were 120 providers, including one local hospital on Saipan, in network providing primary care, mental health, dental, and select specialty care.

Community Care Network Region 4

Source: GAO analysis of Department of Veterans Affairs information (data); Ingo Menhard/stock.adobe.com (CNMI map); Map Resources (CCN map). | GAO-24-106364

[9]See Covenant to Establish a Commonwealth of the Northern Mariana Islands in Political Union with the United States of America, Pub. L. No. 94-241, 90 Stat. 263 (1976) (codified, as amended, at 48 U.S.C. § 1801 note).

[10]In Saipan, VA contracts with a pediatrician at a private practice that generally sees veterans on certain days of the week. VA compensates the provider on a fee basis based on the number of veterans they treat and the complexity of the needed care.

The Saipan Vet Center outstation is overseen by the Guam Vet Center. In May 2023, the Saipan Vet Center staff split time between the VA contract clinic and a non-profit. As of December 2023, VA is in the process of leasing a permanent space for the outstation.

The VBA counselor is based in Saipan, mainly located in the CNMI Office of Veterans Affairs. The counselor travels once a month to Rota and Tinian.

[11]For fiscal year 2023, VA reported data for the Guam Vet Center and Saipan Vet Center outstation together. In fiscal year 2022, VA reported 114 veterans utilizing readjustment counseling services at just the Saipan outstation.

[12]As of January 2024, there are no direct flights between Saipan and Honolulu, Hawaii. This is the approximate flight distance between Saipan and Guam, and Guam and Honolulu, Hawaii.

[13]VA estimated that 1,038 veterans in CNMI were eligible for VA health care services in fiscal year 2022.

[14]As of February 2024, VA officials stated that they are actively recruiting for a fulltime counselor for the Saipan outstation. In the meantime, officials stated that Guam Vet Center counselors provide services to CNMI veterans.

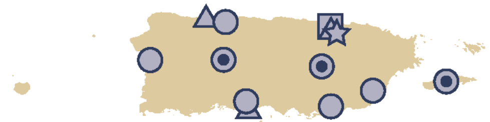
Selected VA Actions to Improve Veterans' Access to Benefits

Improved pharmacy services: In April 2023, VA officials stated that prior to COVID-19, medication was sent through the U.S. Postal Service to Guam, and then a contracted service under the Postal Service delivered medication from Guam to Saipan. However, since the start of COVID-19, officials stated the contracted service has been grounded. During this time, officials stated that they have been relying on a contract with a community pharmacy, but that this has resulted in high costs. In February 2024, VA officials stated that they set up a pharmacy hub at the Guam outpatient clinic, with a three-person pharmacy team that receives most refrigerated medication for distribution to Guam veterans. However, they are still working on how to distribute cold medication to CNMI veterans.

New lease for a Saipan Vet Center outstation: In May 2023, VA officials told us that the Vet Center outstation did not have a permanent space, resulting in the outstation counselor seeing veterans at the VA clinic and a non-profit located on Saipan. In December 2023, VA announced that it is currently in the leasing phase for a permanent location for the Vet Center outstation in Saipan.

Puerto Rico

The Commonwealth of Puerto Rico, an archipelago in the Caribbean Sea, consists of a main island and a number of smaller islands and islets comprising a total of 3,459 square miles. Puerto Rico was ceded to the U.S. in 1898. On the main island, VA has one VA medical center, 5 outpatient clinics, 3 clinics, 3 Vet Centers, and a regional VBA office. There is one VA clinic on Vieques, a smaller island off the main island's eastern coast.



VA medical center
Outpatient clinic
VA clinic
Vet Center
VBA Regional Office

General Geographic and Demographic Information

3,057,311	**Total population** *as of 2023*
110	**Approximate driving miles from furthest outpatient clinic (Mayaguez) to San Juan VA medical center**[15]
34,866	**Veterans receiving VBA disability benefits** *in fiscal year 2023*
58,480	**Veterans enrolled in VA health care** *in fiscal year 2022*[16]
1,173	**Veterans utilizing readjustment counseling services** *in fiscal year 2023*

VA Services and Staff on Island

VA medical center services: Level 1a facility offering blind/low vision rehabilitation, COVID-19 vaccines, cardiology, critical care, dermatology, diabetic care, emergency room services, endocrinology, gastroenterology, geriatrics, gynecology, hematology/oncology, homeless veteran care, infectious disease care, internal medicine, lesbian, gay, bisexual, transgender, and queer veteran care, mental health care, military sexual trauma care, minority veteran care, nephrology, neurology, neurosurgery, nurse advice, nutrition/food/dietary care, ophthalmology, orthopedics, otolaryngology, pharmacy, physical medicine and rehabilitation, plastic and reconstructive surgery, primary care, pulmonary medicine, rehabilitation and extended care, returning service member care, rheumatology, social work, spinal cord injuries and disorders, suicide prevention, surgery, telehealth (bariatric surgery consultation, dermatology, mental health, primary care, rehabilitation, and TeleEye), thoracic surgery, urology care, weight management, women veteran care[17]

Outpatient Clinic Services

- **Arecibo:** COVID-19 vaccines, foot wound care, Home Based Primary Care, mental health care, nurse advice, nurse case management, nutrition/food/dietary care, pharmacy, phlebotomy, primary care, psychiatry, psychology, social work, telehealth (bariatric surgery consultation, mental health, primary care, rehabilitation, TeleDerm, and TeleEye), women veteran care, wound care and ostomy
- **Ceiba:** COVID-19 vaccines, Home Based Primary Care, lab/pathology, nurse advice, nurse case management, nutrition/food/dietary care, primary care, psychology, social work, and telehealth (bariatric surgery consultation, mental health, primary care, rehabilitation, TeleDerm, and TeleEye)
- **Guayama:** Clinical pharmacy, COVID-19 vaccines, foot wound care, lab/pathology, mental health care, nurse advice, primary care, psychiatry, social work, telehealth, women veteran care
- **Mayaguez:** Audiology (rotating specialty), COVID-19 vaccines, dental/oral surgery, durable medical equipment assessment, foot wound care, geriatrics, Home Based Primary Care, lab/pathology, mental health care, nurse advice, nurse case management, nutrition/food/dietary care, ophthalmology, optometry, pharmacy (and clinical pharmacy), physical medicine and rehabilitation, physical therapy/occupational therapy/kinesiotherapy, primary care, prosthetics, psychiatry, psychology, radiology, social work, surgery, telehealth (podiatry, TeleDerm, and TeleEye), urology

VA Community Care on Island

Veterans on Puerto Rico can access care from community providers using VA's Community Care Network Region 3. As of January 2024, there were 4,883 providers, including 51 hospitals, in network providing primary care, mental health, dental, and select specialty care.

Community Care Network Region 3

[15]Travel from the Vieques VA clinic involves a ferry in addition to driving.

[16]VA estimated that 67,185 veterans in Puerto Rico were eligible for VA health care services in fiscal year 2022.

[17]VA assigns each medical center an overall complexity level on the basis of the characteristics of the patient population, clinical services offered, educational and research missions, and administrative complexity of the facility. Facilities can fall within five levels—1a, 1b, 1c, 2, and 3—with 1a being the most complex.

Source: GAO analysis of Department of Veterans Affairs information (data); Map Resources (maps). | GAO-24-106364

- **Ponce:** Audiology (rotating specialty), cardiology, COVID-19 vaccines, lab/pathology, mental health care, nurse case management, nutrition/food/dietary care, ophthalmology, optometry, palliative and hospice care, pharmacy (and clinical pharmacy), physical medicine and rehabilitation, physical therapy/occupational therapy/kinesiotherapy, podiatry (rotating specialty), primary care, prosthetics, psychiatry, psychology, radiology, rehabilitation and extended care, social work, surgery, telehealth (allergy, bariatric surgery consultation, mental health, primary care, rehabilitation, TeleDerm, and TeleEye), urology, women veteran care

VA Clinic Services

- **Comerio:** Lab/pathology, nutrition/food/dietary care, palliative and hospice care, physical therapy/occupational therapy/kinesiotherapy, primary care, telehealth (bariatric surgery consultation, mental health, primary care, rehabilitation, TeleDerm, and TeleEye)
- **Utuado:** COVID-19 vaccines, nurse advice, nurse case management, phlebotomy, primary care
- **Vieques:** Primary care

Vet Center services: Various counseling and referral services

VBA services: Claims intake, veteran readiness and employment services, national contact center, support services, military sexual trauma operations center, and veteran outreach[18]

Total VA staff: 5,065 as of September 30, 2023 (4,326 – VA medical center, 417 – outpatient clinics, 9 – VA clinics, 21 – Vet Centers, 292 – VBA office)[19]

Selected VA Actions to Improve Veterans' Access to Benefits

Working with VA's third party administrator to monitor Community Care Network participation: In March 2023, VA officials stated that Puerto Rico experiences 25-27 percent lower Medicare reimbursement rates compared to the continental U.S., which affects community provider participation in VA's Community Care Network. (VA generally reimburses community providers at Medicare rates.) VA officials stated that they are working with the third-party administrator to monitor the adequacy of the Community Care Network. VA's third-party administrator confirmed that the office meets monthly with San Juan VA medical center leadership to review any previously identified areas of concern, anticipated network needs, and veteran utilization of services.

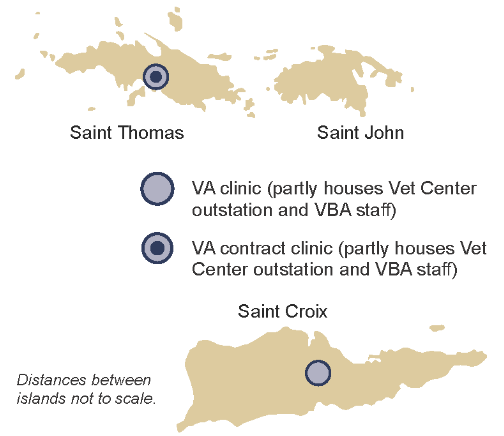
Discussions to address VA medical center space: In March 2023, VA officials stated they are facing space constraints at the medical center, which has affected their ability to offer some in-house services. For example, VA officials stated that current operating room space at the medical center was old, tight, and extremely limited. In February 2024, VA officials stated they have approved two leases to free up space at the VA medical center, including moving primary care services to a new, separate outpatient clinic.

[18]VA officials stated the national contact center can receive calls from anywhere in the U.S, and staff are expected to answer questions about all VBA benefits. Officials stated that the primary mission of the San Juan contact center is to man the Spanish language queue—they estimated over 90 percent of Spanish calls were handled by the San Juan contact center.

[19]VA reported an additional 278 staff assigned to the VBA regional office that are located off-island.

U.S. Virgin Islands (USVI)

Located east of Puerto Rico in the Caribbean Sea, USVI is a group of islands consisting of three large main islands—St. Croix, St. Thomas, and St. John—covering a total land area of 134 square miles. USVI became a U.S. territory in 1917 after the U.S. government purchased the islands from Denmark. On USVI, VA has one VA clinic on St. Croix, one VA contract clinic on St. Thomas, and two Vet Center outstations on both St. Croix and St. Thomas.[20] Two VBA staff travel to St. Croix and St. Thomas one week each month.[21]



General Geographic and Demographic Information

104,917	**Total population** *as of 2023*
94	**Miles from furthest VA clinic (St. Croix) to closest VA medical center (Puerto Rico)**
1,150	**Veterans receiving VBA disability benefits** *in fiscal year 2023*
2,345	**Veterans enrolled in VA health care** *in fiscal year 2022*
98	**Veterans utilizing readjustment counseling services** *in fiscal year 2023*

VA Services and Staff on Island

VA clinic services: Clinical pharmacy, COVID-19 vaccines, lab/pathology, mental health, nurse advice, nurse case management, nutrition/food/dietary care, primary care, psychiatry, social work, telehealth (allergy, mental health, primary care), women veteran care

VA contract clinic services: Clinical pharmacy, COVID-19 vaccines, cardiology, lab/pathology, nurse advice, nutrition/food/dietary care, podiatry, primary care, telehealth, women veteran care

Vet Center outstation services: Various counseling and referral services

VBA services: Assistance with VBA benefits (one week a month)

Total VA staff: 10 as of September 30, 2023 (9 – VA clinic, 1 – Vet Center outstations)[22]

Selected VA Actions to Improve Veterans' Access to Benefits

Identifying options to treat veterans post-hurricane damage: In March 2023, VA officials stated that the hospitals in St. Thomas and St. Croix were heavily damaged during Hurricane Maria in 2017, affecting the availability of services. For example, VA officials stated that the hospital on St. Thomas was the major cancer treatment center on the island.

VA officials outlined a number of initiatives to address limited services in USVI, including (1) working with VA's third-party administrator to monitor the adequacy of the Community Care Network, (2) utilizing a charter travel program to transport USVI veterans to Puerto Rico for care, and (3) sending some VA specialty providers to USVI on a limited basis.

Conversion from an outstation to a Vet Center: In March 2023, VA officials told us that having a permanent, physical Vet Center outstation on St. Thomas would improve the benefits and services provided to USVI veterans. VA announced in December 2023 that the St. Thomas outstation will be converted into an independent Vet Center, with five staff, and is planned to open early summer 2024.

VA Community Care on Island

USVI is part of VA's Community Care Network Region 3. As of January 2024, there were 350 providers, including 3 local hospitals, providing primary care, mental health, dental, and select specialty care.

Community Care Network Region 3

[20]On St. Thomas, according to officials, VA contracts with a private company that is charged with providing the exact same services as in any other VA clinic and must also comply with VA standards and directives.

There is one Vet Center staff member located at the St. Thomas VA contract clinic that provides readjustment counseling services. That staff member provides services at the St. Thomas VA contract clinic three weeks out of each month, and travels to the St. Croix VA clinic to provide services the remaining week each month. This staff member is overseen by the San Juan Vet Center.

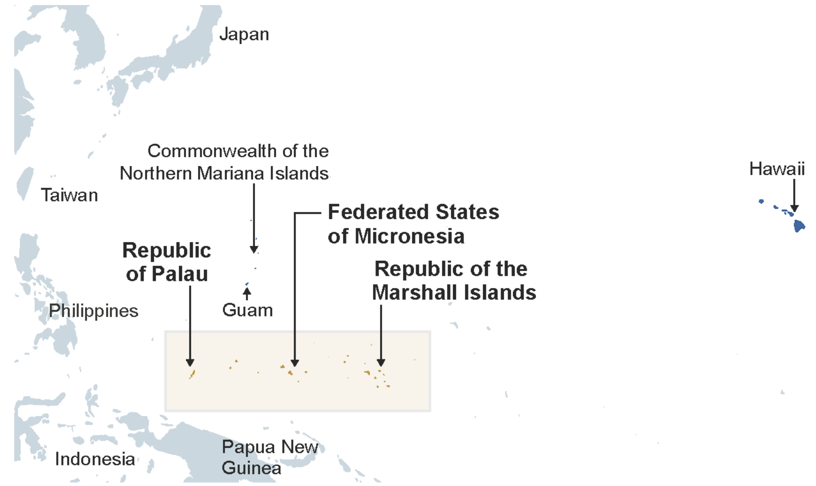
[21]The week spent by VBA staff in USVI is divided between the St. Thomas VA contract clinic from Monday through Wednesday morning, and the St. Croix VA clinic from Wednesday afternoon through Friday.

[22]There are 9 contract staff at the St. Thomas VA contract clinic that are not considered VA employees.

Source: GAO analysis of Department of Veterans Affairs information (data); Map Resources (maps). | GAO-24-106364

Freely Associated States (FAS)

The FAS, located in the Pacific Ocean, includes the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau. These countries have agreements with the United States known as compacts of free association. Under the agreements, the United States has full authority and responsibility for defense and security matters. Citizens of these nations can serve in the U.S. military, and therefore, may be eligible for both VA medical care and VBA benefits.



Republic of the Marshall Islands

The Republic of the Marshall Islands is an archipelago encompassing 29 atolls, 5 islands, and around 1,220 islets with a total dry land area of about 70 square miles. Majuro—an atoll of 64 islands—is the capital and largest city of the Marshall Islands. The islands of Bikini and Enewetak are former U.S. nuclear test sites, and the Kwajalein atoll is used as a U.S. missile test range.

General Geographic and Demographic Information

80,966	**Total population** *as of 2023*	2,280	**Miles to closest VA medical center (Honolulu VA medical center)**[23]
13	**Veterans receiving VBA disability benefits** *in fiscal year 2023*	14	**Veterans enrolled in VA health care** *in fiscal year 2022*

Federated States of Micronesia

The Federated States of Micronesia is made of up four states—Kosrae, Pohnpei, Chuuk, and Yap—comprising 607 islands with a total dry land area of about 271 square miles. The capital is Palikir, located on Pohnpei island, while the largest city is Weno, located in Chuuk state.

General Geographic and Demographic Information

100,319	**Total population** *as of 2023*	633	**Miles to closest VA medical facility (Guam outpatient clinic)**[24]
90	**Veterans receiving VBA disability benefits** *in fiscal year 2023*	60	**Veterans enrolled in VA health care** *in fiscal year 2022*

Republic of Palau

The Republic of Palau is an archipelago of approximately 300 islands with a total dry land area of about 177 square miles. The capital is Ngerulmud, located on the Republic's largest island Babeldaob. The most populous state in the Republic is Korur.

General Geographic and Demographic Information

21,779	**Total population** *as of 2023*	814	**Miles to closest VA medical facility (Guam outpatient clinic)**
50	**Veterans receiving VBA disability benefits** *in fiscal year 2023*	39	**Veterans enrolled in VA health care** *in fiscal year 2022*

Non-VA Care in the FAS

Republic of the Marshall Islands

The Republic of the Marshall Islands has two hospitals and 59 health centers in the outer atolls and islands, with four outer island clinics managed by the Section 177 Healthcare Program for victims of nuclear fallout.[25] The Ministry of Health & Human Services provides universal health care coverage for all residents. Residents and employers pay a percentage of their earnings into the health fund, and residents are responsible for small fees and co-pays for emergency and outpatient services.

The health plan also covers off-island care and transportation—$100,000 per covered person per year—for treatment for certain services. Off-island referral requests are reviewed and approved by the Republic's National Medical Referral Committee. In addition, residents have the option to pay into a supplemental health plan for access to approved medical facilities in Hawaii.

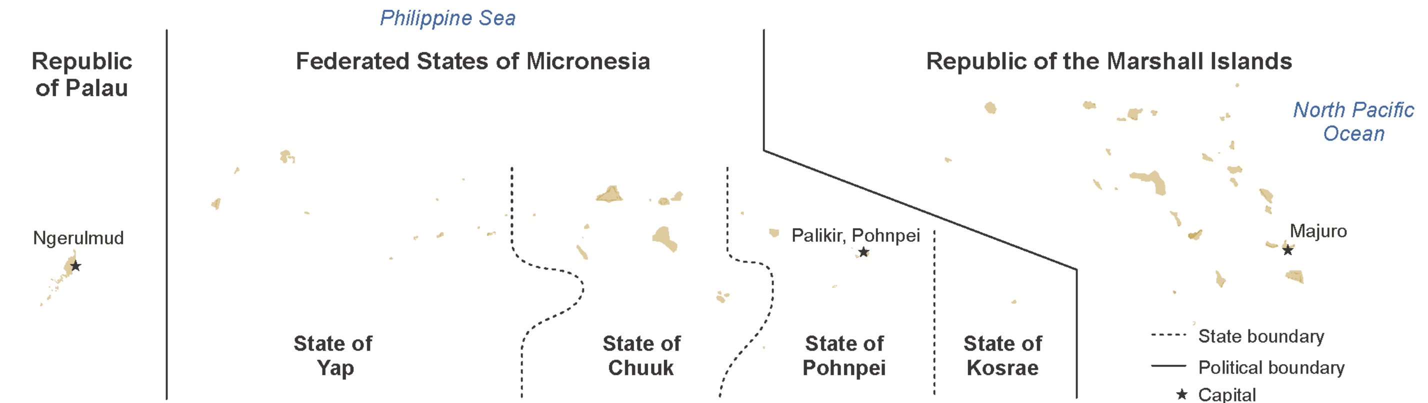
[23]Although Guam (which has a VA outpatient clinic) is closer in terms of mileage, there are no direct flights from Majuro to Guam; instead, there are direct flights from Majuro to Honolulu, Hawaii.

[24]This mileage represents the distance between Chuuk and Guam.

[25]Also known as the Four Atoll Healthcare Program, the Section 177 Healthcare Program receives funding from the United States and provides basic health care services to people impacted by nuclear weapons testing program carried out by the United States on the Bikini, Enewetak, Rongelap, and Utrok atolls between 1946 and 1958.

Source: GAO analysis of Department of Veterans Affairs information (data); Map Resources (map). | GAO-24-106364

Freely Associated States (continued)



Source: Map Resources (maps). | GAO-24-106364

VA Services Available in the FAS

The only available care on island from VA is through VA's Foreign Medical Program. The Foreign Medical Program reimburses eligible veterans living or traveling abroad for certain health care services, medications, and durable medical equipment to treat service-connected disabilities or as part of a rehabilitation program under 38 U.S.C. Chapter 31. In fiscal year 2022, two FAS veterans used the program—one from the Federated States of Micronesia and one from the Republic of Palau.

Selected Congressional Action to Improve Veterans' Access to Benefits in the FAS

The Compact of Free Association Amendments Act of 2024 enacted on March 9, 2024, authorized VA to furnish hospital care and medical services in the FAS to a veteran who is otherwise eligible to receive hospital care and medical services.[26] The care furnished may be for any condition regardless of whether the condition is connected to the veteran's military service. However, the authority is subject to agreements with the governments of the FAS. Under the Act, such agreements must incorporate, to the extent practicable, the applicable laws of the FAS and define the care and services that can be legally provided by VA in these countries.

Further, before providing the hospital care or medical services under this new authority, VA, in consultation with the Secretary of State, must enter into agreements with the governments of the FAS to facilitate the furnishing of health services, including telehealth and delivery of pharmaceutical products and medical surgical products, among other things.

The law also provided VA with explicit authority to make payments to or for any person traveling in, to, or from the FAS to receive certain VA care or services.[27] The Act provides that VA must prescribe regulations to carry out this new authority.

Implementation of these new authorities is expected to take some time in light of the coordination needed with the Department of State and the FAS governments to resolve legal issues and issue subsequent regulatory changes.

[26]See Pub. L. No. 118-42, Div. G, tit. II § 209(a), 138 Stat. 25, 438-441 (2024). 38 U.S.C. § 1724 codifies VA's authority to provide hospital care, medical services, and nursing home care abroad. The Act amended this section with a new subsection (f) authorizing VA to furnish hospital care and medical services in the FAS.

[27]See Pub. L. No. 118-42, Div. G, tit. II § 209(a)(3), 138 Stat. at 439, codified, as amended, at 38 U.S.C. § 111(h).

Non-VA Care in the FAS (cont.)

Federated States of Micronesia

Each of the four states of the Federated States of Micronesia—Chuuk, Kosrae, Pohnpei, and Yap—are responsible for overseeing public health services delivered at hospitals and various health facilities. According to the Department of Health and Social Affairs, the following facilities are located in each state:

- Chuuk – one public hospital, three community health centers, and 77 dispensaries;
- Kosrae – one public hospital and three community health centers;
- Pohnpei – one public and one private hospital, one community health center, 10 dispensaries, and three private clinics; and
- Yap – one public hospital, five community health centers, 17 dispensaries, and one private clinic.

Health care is provided at a minimal cost by the government. Citizens may be referred off-island for care not available in a state if approved by the respective state hospital's referral committee.

Republic of Palau

According to the Ministry of Health and Human Services, the Republic of Palau has one state hospital, nine health centers, and a small number of private clinics. Palau established the Healthcare Fund program in 2010, which consists of two components—an individual medical savings account and a pooled universal social health insurance fund known as National Health Insurance. Residents pay a percentage of their salary into the medical savings account component, which goes towards outpatient services at the medical facilities in Palau. Residents and employers both pay into the National Health Insurance, which covers inpatient treatment at the national hospital, off-island treatment and transportation, and preventative care. The off-island referral program covers $35,000 per member per year for approved care and some transportation costs to participating medical facilities.

Appendix III: Comments from the Department of Veterans Affairs

DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

May 3, 2024

Ms. Sharon M. Silas
Director
Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Silas:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: ***VETERANS AFFAIRS: Actions Needed to Improve Access to Care in the U.S. Territories and Freely Associated States*** (GAO-24-106364).

The enclosure contains a technical comment and the action plan to address the draft report recommendations. VA appreciates the opportunity to comment on your draft report.

Sincerely,

Kimberly Jackson
Chief of Staff

Enclosure

Enclosure

The Department of Veterans Affairs (VA) Response to the
Government Accountability Office (GAO) Draft Report
VETERANS AFFAIRS: Actions Needed to Improve Access to Care in the U.S. Territories and Freely Associated States
(GAO-24-106364)

Recommendation 1: The Secretary of VA should assess the underlying data sources of its VetPop model to identify the extent to which known data limitations impact the accuracy of population estimates for veterans living in the U.S. territories and FAS. In doing so, VA should consult with local government officials and stakeholders to identify and validate available veteran data sources and make changes as appropriate to VetPop's data sources.

VA Response: Concur. The Department of Veterans Affairs (VA) Office of Data Governance and Analytics produces the VetPop model and publishes its results every 2 years. VA has already developed projections for *VetPop2023,* which is scheduled for release in summer 2024. Any validated new data sources would be incorporated into *VetPop2025*, which is targeted to be published in fall 2026.

Table 3 in the report includes Veteran population estimates from the Veterans Health Administration's (VHA) Office of Enrollment and Forecasting, which are sourced from *VetPop2018*. The numbers do not reflect the latest published results from *VetPop2020*. The table below includes the updated results from *VetPop2020*.

Projected Number of Living Veterans from Fiscal Year (FY) 2020 to FY 2022

	9/30/2020	9/30/2021	9/30/2022
Puerto Rico	81,275	76,908	73,146
American Samoa	2,850	2,786	2,723
Guam	13,323	13,054	12,800
Northern Mariana Islands	1,025	1,010	995
Virgin Islands	3,833	3,725	3,625

Source: *VetPop2020*

The VetPop model may undercount Veterans in freely associated states (FAS) because it relies primarily on administrative data limited to those who have contacted VA since their separation from the military. VA collects geographic information transactionally as Veterans interact with different benefits and services. For Veterans who have not yet utilized VA benefits and services, VA must rely on geographic data from their time in service or separation. The transactional nature of data collection and the dependencies on Veteran interaction with VA creates known deficiencies in the coverage and freshness of geographic data on Veterans.

VA agrees with the recommendation to assess the underlying data sources for estimating the number of Veterans living in the U.S. territories and FAS and will consult with local government officials and stakeholders to identify and evaluate additional sources to improve model results. VA will pursue data-sharing agreements with local

Enclosure

The Department of Veterans Affairs (VA) Response to the
Government Accountability Office (GAO) Draft Report
VETERANS AFFAIRS: Actions Needed to Improve Access to Care in the U.S. Territories and Freely Associated States
(GAO-24-106364)

governments to potentially enable data matching and validation against our existing military history information.

VA will continue exploring the use of data linkages with other Federal agencies (e.g., Department of State, Social Security Administration, Internal Revenue Service, U.S. Postal Service, U.S. Congressional Research Service, and Department of Homeland Security) to identify Veterans living in U.S. territories, FAS, and foreign countries.

Target Completion Date: August 2025

Recommendation 2: The VA Under Secretary for Health should clearly communicate in writing appropriate uses for the new capabilities within its VHA Support Service Center databases to generate utilization and timeliness of care data by veteran location.

VA Response: Concur. The Veterans Health Administration (VHA) Support Service Center will partner with the Office of Integrated Veteran Care (OIVC) to validate the requirements for generating a report based on patient location instead of site of care. Once the new capabilities are integrated into the report and validated, OIVC will issue guidance to the field on the appropriate way to generate information on utilization and timeliness of care.

Target Completion Date: September 2024

Recommendation 3: The Secretary of VA should assess whether it is feasible and advisable to expand travel reimbursement eligibility for any condition among service-connected disabled, veterans in the U.S. territories, and as appropriate or consistent with that analysis, amend its regulations to do so.

VA Response: Concur. VHA Member Services Veterans Transportation Program will further consult with the Office of General Counsel on the viability of an assessment on the feasibility of and ability to expend travel reimbursement eligibility for any condition among service-connected disabled Veterans in the U.S. territories. Based on the consultation outcome, VHA Member Services will act, if warranted.

Target Completion Date: December 2024

Recommendation 4: The Secretary of VA should ensure that the Director of VAPIHCS, in collaboration with DOD, identify and implement additional opportunities to share resources and solutions to address shared challenges affecting the implementation of their resource sharing agreements in the Pacific.

Enclosure

The Department of Veterans Affairs (VA) Response to the
Government Accountability Office (GAO) Draft Report
VETERANS AFFAIRS: Actions Needed to Improve Access to Care in the U.S. Territories and Freely Associated States
(GAO-24-106364)

VA Response: Concur. The VA Pacific Islands Health Care System (VAPIHCS) Director is actively engaged in further collaboration and partnership with the Defense Health Agency (DHA) through robust agreements with U.S. Naval Hospital Guam (USNHG) and Tripler Army Medical Center (TAMC).

U.S. Naval Hospital Guam
All parties recently signed an updated Sharing Agreement with sustained inpatient and outpatient agreements and expansion to additional existing and future shared service capabilities. Local Operating Procedures (LOP) are in the draft process to expand new shared services, space, and staffing in areas and services including physical therapy, podiatry, chaplaincy, Magnetic Resonance Imaging, and respiratory technicians. VAPIHCS and USNHG are also drafting an agreement to integrate one VA-staffed Patient-Aligned Care Team (PACT) in USNHG.

Tripler Army Medical Center (TAMC)
TAMC and VAPIHCS leadership participate in workgroups that report through a governance structure to discuss and implement opportunities through business sharing (logistics/space/contracting), nursing, quality improvement, and more. VAPIHCS recently successfully embedded an Administrative Officer of the Day in TAMC's Emergency Department (ED). Leadership is currently drafting new LOPs to embed a VA-staffed fast track into TAMC's ED.

Target Completion Date: June 2024

Recommendation 5: The VA Under Secretary for Health, in coordination with the Executive Directors of the VA Office of Procurement, Acquisition, and Logistics and the VHA Procurement and Logistics Office, should clarify in writing the appropriate processes, in line with VHA's Supply Chain Management Operations Directive, for VA Caribbean Healthcare System officials to communicate challenges receiving medical services or devices.

VA Response: Concur. VHA, in coordination with VA's Office of Procurement, Acquisition, and Logistics and the associated stakeholders, will communicate the adequate need to support this effort to clarify processes, as aligned with policy, concerning the challenges receiving medical services or devices for the VA Caribbean Healthcare System.

Target Completion Date: June 2024

Appendix IV: Comments from the Department of Defense

DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

Ms. Sharon M. Silas
Director, Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington DC 20548

Dear Ms. Silas,

Attached is the Department of Defense's response to the Government Accountability Office (GAO) draft report GAO-24-106364, 'VETERANS AFFAIRS: Actions Needed to Improve Access to Care in the U.S. Territories and Freely Associated States,' dated March 29, 2024 (GAO Code 106364).

My point of contact is Ms. Susan S. Baker, who can be reached at (703) 681-9517 or susan.s.baker.civ@health.mil.

Sincerely,

CROSLAND.TELITA.1017383040 Digitally signed by CROSLAND.TELITA.1017383040 Date: 2024.04.19 10:48:17 -04'00'

TELITA CROSLAND
LTG, USA
Director

Enclosure:
As stated

GAO DRAFT REPORT DATED MARCH 29, 2024
GAO-24-106364 (GAO CODE 106364)

"VETERANS AFFAIRS: ACTIONS NEEDED TO IMPROVE ACCESS TO CARE IN THE U.S. TERRITORIES AND FREELY ASSOCIATED STATES"

DEPARTMENT OF DEFENSE COMMENTS TO THE GAO RECOMMENDATION

RECOMMENDATION 1: The Secretary of Defense should ensure that the Directors of the Defense Health Network Indo-Pacific and Pacific Rim, in collaboration with the Department of Veteran's Affairs, identify and implement additional opportunities to share resources and solutions to address shared challenges affecting the implementation of their resource sharing agreements in the Pacific.

DoD RESPONSE: DoD concurs with the recommendation. The Director, Defense Health Agency will ensure Defense Health Networks Indo-Pacific and Pacific Rim partner with the Department of Veterans Affairs to identify solutions and opportunities for better resource sharing in the Pacific.

Appendix V: GAO Contacts and Staff Acknowledgments

GAO Contact

Sharon M. Silas, (202) 512-7114 or silass@gao.gov.

Staff Acknowledgments

In addition to the contact named above, Michael Zose (Assistant Director), Kate Tussey (Analyst-in-Charge), La Sherri Bush, and Topher Hoffmann made key contributions to this report. Also contributing were Jennie Apter, Jacquelyn Hamilton, David Jones, Lisa Lusk, Teague Lyons, and Nyree Ryder Tee.

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