A Call to Action: Becoming an Advocate for Veterans

Steven LeBeau

Walden University

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Nurse advocacy for patient care has been at the core of traditional nursing. What has not been a common theme in the nursing profession is becoming a political advocate. The Affordable Care Act is changing how health care will be conducted in the United States. In order to inspire and impact issues that will affect our profession, nurses need to get involved at the political level of the change process. A fictional advocacy organization will be created that proposes a new national health care insurance program that will addressing the access issues for the polyamputated and chronically ill veterans that cannot make the rigorous trips to the local VA hospitals. Examining the political process for developing a new or existing bill will be discussed along with the such topics as how to influence legislatures to support the program, identifying and solving ethical dilemmas, and describing the ethical laws and reporting requirements applicable to a start-up program. Demonstrating how becoming an advocate involves great skills such as the ability to design, implement, and evaluate a policy from inception to completion with the signature by the President of the United States of America will be explained. A plan to allow our specialty group to be treated by any physician, at any hospital, and for as long as it takes to help these severely injured veterans that have transportation issues getting to VA Hospitals and clinics will be developed. The purpose of this paper is to analyze two successful programs and apply their attributes to a new advocacy plan.
Troubled Access to Health Care for Select Population of Veterans

The heroic veterans involved in my population of health concern are the veterans who fought in the three wars since 2001 till present. Iraq, (a) Operation Iraqi Freedom (OIF), has ended and a small transitional force was in Iraq, (b) Operation New Dawn (OND), which also ended as of December 15, 2011. Afghanistan, (c) Operation Enduring Freedom (OEF), which is presently considered an active war zone by Fischer (2013) and is presently the only active war zone with American boots on the ground. The three retaliatory wars have produced 6,640 deaths, 50,450 wounded in action, 1,715 amputations, 48,559 traumatic brain injuries (TBI) that were severely penetrating to moderately penetrating, with an additional 194,561 head injuries classified as mild TBI and 103,792 post traumatic stress disorder (PTSD) as a direct result of combat related stress (Fischer, 2013). Finally, a tragic end to the war for some veterans with untreated PTSD involved 332 soldiers died from self-inflicted wounds (Fischer, 2013).

There are multiple needs for the surviving veterans returning home for medical treatment and rehabilitation. The service-connected disability, which could be from improvised explosive devices (IED) to new onset atrial fibrillation during deployment in action is 3.4 million service-connected disabilities. Indeed, out of the 3.4 million, 588,000 have a 70% or higher disability rating (U.S. Census Bureau, 2009). Programs added and in place by the Department of Veterans Affairs and the Department of Veteran Administration have done an exceptional job in creating new programs and treating the veterans. So what is the problem?

Diligent as the VA has been, the reality is that the VA is not meeting the needs of most handicapped veteran patients, such as multiple amputated patients, also called polyamputated
wounds. The VA has more than 1,700 facilities, 152 medical centers, in addition to 1400
community-based outpatient clinics, and other outpatient centers that are trying to meet the needs
of the 3.4 million service connected disabilities. The reality is the VA is not meeting the needs of
most handicapped veteran patients such as the polyamputated veteran. The break-down of
facilities used to treat the veterans is: Hospitals, clinics, community living centers, domiciliaries
(nursing homes), readjustment counseling centers and out-patient facilities (U.S.Department of
Veterans Affairs, 2014). The number of actual hospitals and facilities is impressive but looking
at just one state such as Ohio, the only true hospitals with advanced services is in Columbus,
Chillicothe, Cincinnati, Dayton, and Cleveland. The rest of the facilities are community based
clinics that are spread out in most every small town in Ohio.

The problem for the wounded veterans is access to care at the larger VA hopsitals. For
example, if a veteran visits a community facility in Canton Ohio about orthopedic pain from a
service related injury, the nurse practitioner will then send the veteran up to Cleveland for
additional testing, thus making a new appointment that could be months out from the current
visit. Transportation is provided by the Veterans of Foreign Wars (VFW) voluntary drivers for
free provided the veteran contacts the driver and schedules the transportation. Typically, the day
would start early in the morning the day of the appointment. The patient is first delivered to the
VFW by a family or friend and then all the veterans are transported by van to the Stokes Veteran
Hospital in downtown Cleveland. All the veteran’s appointments for the day are reviewed by the
driver. Everyone is told when the last person’s appointment is scheduled and a time to meet in
the lobby. All VA hospitals around America are extremely busy with packed waiting rooms.
Now let’s look at a veteran who has an appointment at 11am. Even if he is seen by a physician at
noon, the veteran has to wait until the last patient’s appointment is completed. Sometimes that
wait could be till 4pm. After the last patient has been seen, then all the veterans muster together in the lounge and wait for the VFW van driver. The van driver conducts a count to make sure everyone is accounted for and then all veterans are returned back to Canton. Hopefully a ride is waiting at the VFW parking lot in Canton so the veteran can be taken back home. The trip is bad enough for a non-wounded veteran, but what would a day like this be for a polyamputated veteran with chronic pain? In the waiting room, you can see the veterans with really bad injuries trying to get comfortable. Imagine the frustration of the veteran’s wife transporting the veteran to the Cleveland VA hospital herself without any help?

Polytrauma centers have expanded across the country but that does not mean that all veterans live close enough to access them (Wilde, 2013). Wilde stated that most polytrauma patients live closest to their primary care doctor instead of the hospital. One veteran in this interview planned on returning home to Idaho to go to college and be close to home but Idaho doesn’t have a polytrauma center. Another example of rural access problems is Reno Nevada with more than 29,000 veterans using the VA and some are driving 280 miles to get their care. Long waiting times have been a problem that persists even today (GAO, 2013). 56 % of Iraq and Afghanistan veterans use the VA now and that number is projected to grow by 9.6% this year and 7.2 % the next year (GAO, 2013).

Each polytrauma patient costs the VA on average $136,000 a year according to a Congressional Budget Office (CBO) report using veteran data from 2004 through 2009 (Wilde, 2013). The new concept of forming a community around the veteran and paying the mother for care is expected to lower cost’s later stated Hishaw (2013), a staff neurologist. The VAntage Point, a blog site that is a veteran advocacy website, is available for questions from any veteran about any subject related to the veteran’s benefit. The VAntage Point stated that 40% of enrolled
veterans live in rural areas outside city limits (Skupien, 2011). The VAantage Point stated the main topic of concern for so many veterans is the problems they face trying to accessing health care (Skupien, 2011). The polyamputated veteran will travel long distances to access the nearest VA health care facility but the truth is that veterans will pass hundreds of doctor’s offices that have thriving practices because of the heroic actions taken by our veterans. The CNN Health website reported that “Military veterans are dying needlessly because of long wait times and delays in care at U.S. veterans hospitals…” (Bronstein, Black, and Griffin, 2013, para. 4). CNN documented months of waiting time for simple tests such as colonoscopy. The delays have resulted in some veterans dying from preventable cancer interventions such as surgery (Bronstein, et al., 2013). CNN also reported that “…The U.S.Department of Veterans Affair is aware of the problem…” (Bronstein, et al. 2013, para. 6).

**Summary of Two Effective Advocacy Programs and How to Utilize Their Help**

The Disabled American Veteran (DAV) and The Shriners are two advocacy programs that have successful business plans for not-for-profit organizations with excellent reputations. The DAV and Shriners organizations were chosen because they are examples of not-for-profit organizations that have illustrated how a nurse can become an advocate for veterans by starting and maintaining a not–for-profit business that is run by veterans for veterans and children.

The Shriners and DAV have multiple not-for-profit organizations currently in North America. The Shriners has 22 not-for-profit hospitals in America. Although the organization is for children, the 501c3 status is the central idea for establishing a not-for-profit organization such as the Shiners. DAV is also a 501c3 not-for-profit organization that “provides services free of charge through a nationwide network of 88 DAV National Service Offices, 38 Transition Service Offices, 198 DAV Hospital Service Coordinator Offices, 52 state-level DAV
Departments, 249 DAV VA Voluntary Service Representatives, and more than 1900 local DAV Chapters” (DAV, n.d. para. 2). Both organizations provide free services and multiple programs to serve its primary group of interest.

The summary of the two organizations reveals how effective both organizations have been in lobbying for change for their interest groups. Both charity organizations have strong grassroots lobbying strength through the sheer numbers of the present and past armed forces. DAV reported they spent $550,000 on lobbying efforts in 2013 and had 7 full-time lobbyists in congress (United States Senate, 2014). The Shriners have a long and rich past in America politics since 1872 (Shriners, 2014). The Shriners also have the support of the veteran community plus a strong organizational infrastructure of 191 local chapters and 310,000 members (Shriners, 2014). The Shriners boosted that it also has members in congress that are charter members. Both of the charitable organizations support new veteran advocacy programs with educational information about the expected start-up operational needs and providing connections in congress for lobbying contacts. Further more, the institutions are well respected “and legislatures often come to us to have a bill with our name on the bill to demonstrate support for our troops. (DAV, n.d. para. 5). By accessing one or both of these champion veteran support organizations, one has immediate credibility, educational guidance, lobbying support, and follow-up strategies that are measurable. They will also guide a start-up program away from potential problems while helping the organization to stay focused on the immediate, relevant issues at hand.

Evidence to substantiate a Problem

The Government Accountability Office (GAO) is a nonpartisan agency that works alongside congress to be the congressional watchdog (GAO, 2013). The interagency Coordinating Council on Access and Mobility, which the Secretary of Transportation chairs, has
led government wide transportation coordination efforts since 2003 (GAO, 2012). The counsel’s last meeting was in 2008 and reported that “the Coordinating Council lacks a strategic plan that contains agency roles and responsibilities, measurable outcomes, or required follow-up” (GAO, 2012, para. 4). The GAO also reported further challenges between the state and local governments are due from insufficient funds, leadership, and changes in state policies (GAO, 2012). It does not sound like much coordination is taking place at the Coordinating Council on Access and Mobility.

In the implementation stage of the fictional veterans non-profit organization called the Veterans Honor Society, an anticipated resistance from the Coordinating Counsel on Access and Mobility is expected to be an obstacle by defending its position. Another anticipated barrier is the insurance companies questions about how a veteran can have dual coverage. The projected solution would be allowing The Veteran’s Honor Society to be a 501c3 not-for-profit organization and setting prices for services that correlate with the Center for Medicare and Medicaid Services. The additional allowance for all fees that the insurance agency would be willing to pay when a veteran is seen at a public doctor's office, would be counted as a tax write off for the insurance companies while offering great publicity for both organizations. The National Association of Health Insurance Commissioners (NAIC) allows one policy to be coordinated with the other and would be key to accepting both policies to be active. This would be an example of changing an existing policy in the insurance world to allow for dual card caring veterans. The Veterans Honor Society would coordination between the two policies to give the veterans with poor access availability to specialist doctors when needed and access to long term care when planned.
Knowing and anticipating where a barrier might exist and planning proactively is a good first step in avoidance of legislative problems later. The knowledge of overcoming the obstacles would come from a legal team that would network into the Veterans Honor Society. The number one support agency would come from the American Nurses Association (ANA) and its legal team. The ANA and the American Association of Critical-Care Nurses (AACN) both have toolkits for start-up organizations like the Veterans Honor Society and lobbying force at the federal level (AACN, 2014). Another powerful lobbying organization is the DAV and the Shriners organization which could assist in campaign advice and contacts such as legislators in local districts (Milstead, 2013). Approval of the billing process could take several months to years before approval, therefore an experienced contact liaison legislator would offer expert advice in health care issues and keep tab on existing bills that could supply an avenue for passage. Maintaining an active membership in such organizations as the ANA and the AACN allows these organizations to fight for nursing interests in patient advocacy and assures a helping hand in the political arena.

Advocacy Campaign

The *Expansion of Health Care for Eligible Wounded Veterans* is the name of the factitious bill directed for legislation. Resources for professional development of the political policy process could be a synergy between the ANA and DAV educators assisting the Veterans Honor Society in the design process of the bill. Focused and publicized, the bill advocates for wounded veterans with access of care problems by developing a national health care insurance card that is good at any health care facility, any health care provider, and anywhere in the United States. Throughout the evolution of the political process, working with gatekeepers on the bills passage could offer adoption opportunities by both new and existing health care policies from
both allies and adversarial foes. New collaboration is important because the relationship could lead to opportunities not expected during the development stage. An example of an unforeseen opportunity would be in the insurance industry that may have a policy in place. Advocating together with insurance committee lobbyists could lead to support and access for the veterans insurance reforms on an existing policy. Alone, the bill would have to be supported by the ANA and DAV organizations in developing a policy together.

Passage of any bill involves changes and compromises by the bill’s development team in order to gain access and support for the bill in the House of Representatives. The use of piggybacking a health care bill onto a budget bill is not received well in congress and is in fact considered unethical (Govtrack.wordpress.com, 2014). Regardless of the perception of how a bill is passed in the House of Representatives, this practice is still utilized as a way to slip a bill through congress as noted by Nancy Pelosi urging congress to pass “a clean bill” for the budget (Williams, 2014). Fischer (2013) reported a more acceptable practices of getting a bill into legislation involves the use of a network coalition such as the 1,715 amputated veterans along with the veterans brotherhood and challenging nursing organization members to vote. Public social networks like Facebook, Tweeter, and YouTube can assist in gathering nurses and veteran support for those wounded veterans in the grassroots expansion phase.

Increasing control of The Veterans Honor Society could be accomplished by the developing its own insurance claims department as a stand-alone 501c3 tax bracket veteran organization. Cutting red tape and equipped with knowledge are ways in controlling payments for health care bills accrued by the veterans when accessing the private health care market. Each polytrauma patient will cost the VA on average $136,000 a year according to a CBO report that used veteran data from 2004 through 2009 (Wilde, 2013). Diverting the $136,000 a year
payments to the Veterans Honor Society would allow the organization to manage and monitor the veterans health care costs. Controlling the collaboration between all parties involved in the care of the disabled veteran’s would assist in reducing administrative costs and assist the veterans in accessing civilian doctors, civilian hospitals, VA doctors, and VA hospitals. The 501c3 not-for-profit status also allows for any services delivered to the veteran to be monitored for quality and cost control pricing related to inflated fees for tax deductions. The ability to monitor such information allows for meaningful use parameters for participating public facilities.

Introducing a legislative bill starts with a public need that is not being delivered and a champion that will sponsor the bill. The success of the Expansion of Health Care for Eligible Wounded Veterans bill partially depends on generating public awareness of the program for the wounded veterans and their families. A local congress-person would be empowered with the knowledge that surrounds the need for assistance involving the polyamputated veteran and their families with transportation. Facts such as the estimated 48,559 Traumatic Brain Injured (TBI) veterans that are in need of specialized psychological care and have been displaced because of depression and the lack of motivation to travel the many miles required in accessing the VA departments could be clarified for the legislator (Fischer, 2013). Americans need such a program as a way to give back to the veterans as an indirect interventions that allows the very best of both systems; the best veterans and the best medical services. Local cities across America should ask the question, why should our veterans not have the very best surgeons on this planet for their sacrifices and their families sacrifices too? Medical help is right at the door step for the veterans and many organizations would love the opportunity to give back. Think of this program as an intensive care health insurance program for veterans when veterans need it the most.
Specific objectives for the bill would be (a) the stated goal of a national good to go health care card that can be used anywhere, (b) grant 501c3 status to the formation of the Veterans Honor Society, (c) divert spending from the VA to the Veterans Honor Society for coordinating the veterans insurance billing from private health care agencies, and (d) provide for a five year exempt rule to allow the organization to be re-evaluated for need at that time.

**The Three Legged Stool and Application to My Campaign**

The three-legged stool of effective lobbying is described by Milstead (2013) as the behind the scenes look into how business is accomplished in Washington. The lobbyist is often the expert in the room that often is looked upon to answer questions about a subject, especially when time is of the essence and legislators need to know what they are voting for or against (Milstead, 2013). That being said, the State Representative for each persons local elected officer should be targeted as the champion for the bill. Because this bill has a budget, the House of Representatives is the initiating point (Milstead, 2013). The first leg of the stool is lobbying therefore a professional lobbyist group, such as the (DAV) and the Shriners organizations, would work well. Both organizations have a strong history of working with congress for disabled veterans and they have permanent lobbyist employed in congress (DAV, n.d.). The lobbyist would introduce the Chairman of the House and Senate Veterans’ Committee and subcommittees to the bill and provide the expertise needed to develop interest in the bill (DAV,n.d., p.7). Another stakeholder could be a special congressman with veteran affairs interest such as Senator John McCain or any congressman wanting to add a veteran program onto his resume; just make sure he is a winner.

The DAV educators warned that once a bill goes to a subcommittee, special attention and finessing of the bill needs to be monitored. Sometimes legislators will send a bill to the
subcommittee to hide the bill as a way of disposing of a cause if not correctly monitored and supported (DAV, n.d.p.8).

The introduction of the bill into the subcommittee is a crucial time for lobbying connections such as a staff member on the subcommittee from the legislature’s office (DAV, n.d.). The Staff members are the key to all information given on a subject and any additional education needed concerning the bill (DAV, n.d.). The legislature’s staff become the experts for the committee on a bill. Between the DAV and the Shriners organization, they both have strong lobbying connections and relationships with the subcommittee staff members. As an advocate, the task at hand would be operating as the networker in contacting the lobbyists of the DAV and the Shriners organization with information about the bill and then determining which group would give the best chance to win approval of the bill.

Leg two of the stool for supporting a bill would be organizing grassroots constituents. One example of grassroots support would be the local and state veteran’s organizations such as the DAV, VFW, and Shriners (DAV, n.d.). Every congressman needs voters and knowing the demographics will assure targeting efforts are not wasted. As an advocate, one should be prepared to answer the question by the legislator of how many phone calls and letters does the grassroots campaign have (Milstead, 2013)? Another tool of generating support could involve accessing the state board of nursing to see what connections they could provide (Milstead, 2013).

Meeting with the legislator for the first time is an important meeting which requires professional communication skills. Skills such as avoiding small talk (do not assume the legislator or aide has the same expertise on the subject) and leaving a summary paper of the meeting (approximately one page for reviewing by the legislator to become informed on the subject) is always a good way to conduct a first meeting (Milstead, 2013). As stated above, the
importance between the legislator’s staff members, the lobbyist, and the advocate needs to be professional. Knowing who is involved each step of the bills journey will allow an opportunity to lobby for the bill.

Finally, the third leg of the stool is the one that challenges nurses the most and involves voters and time which equates into contributions that the legislator’s will have to make to get the bill passed (Milstead, 2013). Becoming an advocate involves knowledge about how congress works and competing for legislator’s time. The networking with large organizations such as the DAV, Shriners, ANA, and the AACN will provide the financial incentives needed to support such a program and the special interest backing from the organizations will provide voters for the legislator.

The Special Ethical Dilemmas and Their Needs

The ethical dilemmas that could arise from not knowing the process of the political campaign could be disastrous. Not knowing the answers to such questions as; Why not care about the fellow veteran with one arm missing or one leg missing? What about the veteran that lost their sight in both eyes? Why not the Vietnam veteran with both legs missing? all need answers before starting a campaign for wounded veterans. The resolution to these problems are in the formation of the eligibility bylaws that need to have all stakeholders involved from the start of the programs development. Buy-in by all veterans will assure such issues as how newly wounded veterans are cared for first will form a collaboration for success. The DAV program provides leadership and will bridge the gap between recent and past veterans which will make for the best use of funds for treating the most veterans. Also, having a veteran from the Vietnam area on the board of developing eligibility would allow insight into the their past voices.

Ethical laws and Reporting Requirements
Knowing the laws in your state is the first point of contact for providing a successful not-for-profit organization. In Ohio, to be legally organized, a nonprofit corporation must file articles of incorporation with the Ohio Secretary of State’s Office (Ohio Secretary of State, 2014). Nonprofit organizations are responsible for payroll taxes. Again, in Ohio starting a nonexempt status organization involves applying for such status with the IRS. Advocates must seek a determination from the Internal Revenue Service (IRS) that the organization is a tax-exempt entity (IRS, 2014).

The organization may not influence legislation or campaign for or against an issue (IRS, 2013). The organization may not operate to better a legislator or have any money go towards any one person or shareholder (IRS, 2013). Under the Internal Revenue Code for 501(c)(3) the organization may not participate on behalf (or in opposition) of a candidate for public office (IRS, 2013).

The organization is restricted on how much lobbying they may conduct and how much political and legislative lobbying activities they may conduct (IRS, 2013). The Center for Ethics in Government has information on lobbyist oversight entities, restrictions on the use of public funds for lobbying, lobbyist contingency fees, lobbyist identification, prohibitions against false statements and reports and legislators’ disclosure of lobbyist connections (National Conference of State Legislatures; [NCSL], 2014). Legislative agents must file separate reports for each employer. Ohio has no turnaround time for revolving lobbyist. They may quite an organization and re-enter through another organization (NCSL, 2014). A potential conflict of interest exists if the private interests of the person, interferes with the legislator’s ability to conduct authority and duties of the office (General Assembly of the State of Ohio, 2014).
Whether it be in state constitution, statute or rules, all states address the potential of conflicts of interests for legislators. Definitions usually specify that a legislator may not have a personal or private interest or gain in a financial way by votes and in their legislative duties (NCSL, 2013). An organization will be regarded as attempting to influence legislation if it contacts, or urges the public to contact, members or employees of a legislative body for the purpose of proposing, supporting, or opposing legislation, or if the organization advocates the adoption or rejection of legislation (NCSL, 2014). The legislators shall not employ or supervise any person closely related by blood, marriage or other significant relationship in his or her department; nepotism §2921.42(A) (NCSL, 2014). Every five years, a nonprofit corporation must file a Statement of Continued Existence with the Ohio Secretary of State’s Office (Ohio Secretary of State, 2014). Nonprofit organization may be required to obtain a permit in order to solicit contributions from the public and to report the contributions received and expenses incurred; also reporting charitable solicitation regulations in some particular cities (Ohio Secretary of State, 2014). Finally, The Lobbying Disclosure Act of 1995 was updated in 2007 requires all lobbyist to file a quarterly activity report with the Clerk of the U.S. House of Representatives and the Secretary of the U.S. Senate (U.S. House of Representatives, n.d.).

Summary

Formation of the Veterans Honor Society will serve not only the veteran but also the family members that have been to battle too. National health care insurance cards will aid the large numbers of TBI and polyamputated veterans. Elimination of this population would make transportation issue easier for the rest of the veterans and relieve some of the congestion at all VA facilities. The Veterans Honor Society program would become a safety net for the VA. Presently, the most money is being spent on these veterans with the worst outcomes. Let’s get
the veterans and their families the help they deserve now and develop a better plan for treating the transportation problem. A closer look at the Coordinating Council on Access and Mobility’s operational system and leadership needs addressed. The planning for success involves help from organizations such as the Disabled American Veterans and the Shriners. The American Nurses Association and the American Association of Critical-Care Nurses are extremely important partners in planning for success and grassroots coalition. Specific objectives for the Veterans Honor Society bill would be (a) the stated goal of a national good to go health card that can be used anywhere (b) grant 501c3 status to the formation of the Veterans Honor Society (c) divert spending from the VA to the Veterans Honor Society for coordinating the veterans insurance billing from private health care agencies (d) provide for a five year exempt rule to allow the organization to be re-evaluated for need at that time. The importance of knowing and respecting your adversaries will help for planning ahead. The three legged stool concept will assist in the successful implementation of the campaign. Knowing the state laws and ethical considerations will help avoid costly errors.

References


