

TERESA LEGER FERNÁNDEZ
3RD DISTRICT, NEW MEXICO

COMMITTEE ON
EDUCATION AND LABOR

COMMITTEE ON
HOUSE ADMINISTRATION

COMMITTEE ON
NATURAL RESOURCES

CHAIR OF THE SUBCOMMITTEE
FOR INDIGENOUS PEOPLES OF
THE UNITED STATES

Congress of the United States
House of Representatives
Washington, DC 20515-3103

WASHINGTON OFFICE:
1432 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
P: (202) 225-6190

SANTA FE OFFICE:
120 S FEDERAL PL SUITE 110B
SANTA FE, NM 87501
P: (505) 428-4680
F: (505) 986-5047

www.fernandez.house.gov

3/14/2022

The Honorable Denis McDonough
Secretary of U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary McDonough,

I have serious concerns about the recommended closures of several VA community-based outpatient clinics (CBOC) in my district as part of the report entitled, *VA Recommendations to the Asset and Infrastructure and Review Commission* (the report). All the closures recommended in New Mexico are in my district. It is our nation's solemn obligation to provide veterans the health care, services, and support they have earned. Unfortunately, these closures would jeopardize that obligation and make it harder for veterans to receive essential health services. The VA should not discriminate against rural veterans.

As you know, the VA recommended the closure of the Gallup, Las Vegas, Raton, and Española clinics to the VA's Asset and Infrastructure Review Commission. Combined, these clinics serve 4,717 New Mexico veterans in largely rural and underserved areas. This will likely increase the strain on the current New Mexico health care system, force veterans to wait longer and travel further for needed services. For example, the closure of the Española clinic would force veterans in Española to travel to the VA Santa Fe Clinic to receive care. That is a 1.5 hour drive both ways.

The closure of the Raton CBOC and Las Vegas CBOC assumes veterans could receive care from community providers. I have traveled to rural parts of my district to meet with veterans and heard how hard it is to get care. The commission clearly fails to understand that in our rural areas targeted for closures, there are insufficient health care providers in the community.

Even more troubling is that these recommendations contradict the VA's own findings from the local veteran stakeholder listening sessions it conducted as part of the report. Here are excerpts from the report.

- Veterans shared barriers they encounter during the care experience. Comments in this area primarily expressed frustration with travel distance and transportation options.
- Veterans described inadequate transportation as a barrier to accessing care, especially for older Veterans. In addition, several Veterans expressed concerns with travel reimbursement, including the length of time for reimbursement and the amount of paperwork required if a kiosk is not available.
- Five percent of Veteran listening session comments were related to rural access, and many rural Veterans expressed that they do not have consistent access to adequate transportation options and are often unable to receive care in the community close to where they live.
- During the listening sessions, Veterans shared mixed feedback regarding their experiences with the community care program.
- Challenges some Veterans raised include care coordination, referrals and timeliness, and billing. Veterans shared they would like to receive care closer to home and be able to access care that meets their needs.

Although these concerns from veterans directly contradict the VA’s recommendations for the CBOC closures in my district, “no changes were recommended to market assessment opportunities based on the listening sessions.” This appears to say that the VA listened, but didn’t hear.

The VA’s recommended closures would make it significantly more difficult for New Mexico’s rural veterans to access care and force many to rely on community care, which veterans gave “mixed feedback” and can have significantly longer wait times.

Even before the pandemic, New Mexico grappled with serious health care access issues. The pandemic has made it much worse. According to Becker’s Hospital review, at the end of 2021, New Mexico faced the most critical health care staffing shortage of any U.S. state.¹ More than half of New Mexico hospitals reported critical staff shortages. According to the New Mexico Health Care Workforce Committee 2021 Annual Report, New Mexico needs an additional 6,223 RNs and CNSs, 328 primary care doctors, 238 certified nurse practitioners, 249 physician assistants, 524 physical therapists, 2,510 emergency medical technicians, 521 pharmacists and 117 psychiatrists.² The level of community providers in New Mexico and especially in rural areas is simply insufficient.

¹ Plescia, M., & Gamble, M. (2022, January 3). *16 states where hospitals are experiencing workforce shortages*. *Becker’s Hospital Review*. <https://www.beckershospitalreview.com/workforce/16-states-where-hospitals-are-experiencing-workforce-shortages.html>

² New Mexico Health Care Workforce Committee. (2021, October 1). *New Mexico Health Care Workforce Committee 2021 Annual Report*. New Mexico Medical Society. https://www.nmms.org/wp-content/uploads/2018/08/NMHCWF_2021Report_FINAL_edist.pdf

I am also troubled by the report's assumption that all veterans in Gallup would receive the same level of care at Indian Health Services (IHS) facilities. The Gallup Indian Medical Center which I visited in November, 2021 is already overburdened. The report omits any details on how non-IHS eligible veterans would be treated at an IHS facility. Please provide my office with the details on what arrangements the VA has made with IHS to implement this recommendation.

The VA should invest in health care access in rural areas of my district. Approximately half of the Veteran population in New Mexico is over the age of 65 and will likely need increased care in the coming years.³ We should continue to recruit health care providers to serve in rural areas to close gaps in care and increase services. Wherever possible, it is important that veterans see VA health providers that are specifically trained to provide for the needs of veterans and their families. It is my understanding that the New Mexico VA health care system has made some progress in the endeavor since the assessment—hiring one provider in Raton and two in Gallup. Let's continue to build on that progress and ensure every veteran has the care they need wherever they may live.

I will continue to work with the communities and veterans who could be affected. I urge the VA to listen to the feedback from veterans it has already received about the issues with traveling, the need to receive care close to home, and the issues with community care. I look forward to working with you on these ill-advised recommended closures in my district.

Sincerely,

A handwritten signature in black ink, appearing to read "Teresa Leger Fernández". The signature is fluid and cursive, with the first name "Teresa" being the most prominent part.

Teresa Leger Fernández
Member of Congress

³ New Mexico Department of Workforce Solutions. (2021). *2021 VETERANS PROFILE*. https://www.dws.state.nm.us/Portals/0/DM/LMI/2021_Veterans_Profile.pdf