



Lehigh Valley Military Affairs Council

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September 28, 2009

Mr. D. Terry Luper, Regional Manager
Readjustment Counseling Service Mid-Atlantic Region 1B
Department of Veterans Affairs
305 W. Chesapeake Ave., Suite 300
Towson, MD 21204

Re: LVMAC Briefing to addressee at Congressman Dent's office on 7 July 2009, subject: The need for a VA Vet Center in the Lehigh Valley

Dear Mr. Luper:

We need a full-time VA Veterans Center stationed in the Lehigh Valley as soon as possible. The third largest metropolitan area in Pennsylvania – a state that is in the top five of states contributing manpower to the military – has been consistently overlooked for unknown reasons. The result has been inadequate VA outreach and veteran-centric mental health counseling and intervention in our area.

The current war has increasingly exacerbated the situation. A recent Management Science article has predicted that the PTSD rate among Iraq war veterans will be 35% – more than double what the earlier RAND report of 2008, “Invisible Wounds of War”, implied.

The Lehigh Valley has not been exempted from this calamity. This organization often advises parents and spouses desperately seeking help for their loved ones. As we have become more aware of the issues with the mental health scene in our valley, the need for a full-time VA readjustment and counseling service presence within our community has become apparent.

One cannot expect a far too remote VA hospital or the presence of one of the busiest outpatient clinics in the nation to clinically meet the need – nor have they based upon experience. Nor will another “satellite” station or the occasional mobile van from the Scranton Vet Center suffice. We have tried that route. The solution lies in a center with VA employees truly connected to the community, and available on the days and at the hours needed.

As we briefed on 7 July, the criteria used to place a VA Veterans Center continue to baffle us. While we awaited October guidance from your office to better argue our case using the criteria for the next round of placements, Lancaster received Pennsylvania's allocation for 2010 – an area estimated in having a third less potential clients. Our valley's need has again been put on hold with no reasonable expectation that the VA will ever respond without our “standing on someone's desk.”

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September 28, 2009

Nevertheless, we provide the enclosure as a brief to help state our case as best as we can. We are not a research institute with the resources and access to the business data the Departments of Veterans Affairs and Defense might have.

The time to resolve this problem is now, not later. We realize you do not control the entire situation. On the behalf of our 50,000 veterans and our membership, we look forward to an active effort from your superior headquarters and our representatives, our legislators, to resolve this issue.

For additional information and coordination, our point of contact is Rich Hudzinski, Chair, Veterans Affairs Committee, tel: 610-797-6297, email: rhudzinski@lvmac.org. Thank you for your assistance in this matter.

Sincerely yours,

ORIGINAL SIGNED

Amanda Pueyes
President

RJH

Enclosure
as stated

Copy Furnished:

Congressman Charles R. Dent, Fifteenth District of Pennsylvania, 701 W. Broad St., Suite 200,
Bethlehem, PA 18018

Senator Arlen Specter, 504 W. Hamilton St., Suite 3814, Federal Building, Allentown, PA 18101

Senator Robert P. Casey, Jr., 409 Lackawanna Avenue, Suite 301, Scranton, PA 18503

Governor Edward G. Rendell, Commonwealth of Pennsylvania, 225 Main Capitol Building,
Harrisburg, PA 17120 (Encl w/d)

Maj. Gen. Jessica Wright, PA Dept of Military and Veterans Affairs, Bldg. S-0-47, Fort
Indiantown Gap, Annville, PA 17003 (Encl w/d)

Brig. Gen. (PA) Scott D. Wagner, Office of the Deputy Adjutant General for Veterans
Affairs, Bldg S-0-47, FTIG, Annville, PA 17003 (Encl w/d)



Topic

***The Lehigh Valley needs a
VA Veterans Center now!***



Why We Are Concerned

- Number of combat veterans from current war is fast approaching those of Vietnam War
- About half of the combat veterans have been discharged back to their communities
- The vast majority are no longer under DoD care
- Significantly less than half are enrolled with the VA (and *not an indication of use*)
- Current rates of combat trauma and mental health issues are alarming and have risen
- Multiple deployments have contributed to the mental health problem
- The suicide rate is at the highest level since the Vietnam War
- Drug and alcohol problems have risen dramatically in last five years



Why We are Worried

- Concerted efforts to address mental health issues have trailed and did not pick up steam till after 2005. The VA had been particularly slow in responding to the consequences of the extensive use of Guard and Reserves – *exacerbating our problems.*
- Past and current *Individual Ready Reservists* have been virtually ignored by the DoD and VA “medical” systems, except for the seriously injured or those who self-identify. *Their numbers are significant in our community.*
- PTSD, major depression, and TBI can have long-term, cascading consequences if left untreated *on the veteran, the family, and the community.* For example:
 - Drug and alcohol abuse*
 - Domestic violence and divorce*
 - Homelessness*
 - Suicide*
 - Employment issues*
 - Indebtedness*
- **We’re playing catch-up in communities such as ours because of VA practices?**



Some Key Findings

from RAND Study of 2008

The VA faces challenges in providing access to mental health care for veterans and deactivated Reservists and Guard personnel:

- Different eras are competing for treatment and support service programs within a system of limited resources.
- Younger veterans report that they feel uncomfortable and out of place in VA facilities [hospitals and clinic settings], in which many patients are much older and have different types of health care issues. ***This disconnect suggests a need for some VA facilities to make special efforts to accommodate the younger generation of veterans.***
- Geographical dispersion of individuals limits access as well.
- The stigma associated with mental illness deters seeking help.



The Resulting Dilemma

from RAND Study of 2008

- Some service members will first seek mental health care from other DoD-sponsored counseling programs ... in part **because these programs offer increased confidentiality.**
- Some service members **pay for community-provided treatment out of pocket** to avoid the stigma associated with receiving mental health care on base.
- Some veterans and Reserve Component service members seek care from non-VA or non-DoD facilities, such as community mental health centers or other private-practice providers, **perhaps because they do not live near a VA facility, are unfamiliar or uncomfortable with VA services**, or value the confidentiality that using community and private resources provides.



Looking for Solutions

from RAND Study of 2008

- OEF/OIF veterans will need better access to mental health services beyond the VA health care system
- ✓ Further expansion of Vet Centers could broaden access, **particularly for veterans in underserved areas**

We are an underserved area
***(Those with fewer veterans ...
have been served better.)***



Some VA Vet Center Advantages

- **A broad array of services** at one location
- **Community-based near veterans and their families**
- **Immediate access** to service if a combat theater veteran
- No limit on duration and frequency of service
- No cost to the individual
- **Family-friendly** – family members are also eligible for services
- Not formally part of DoD command-sponsored programs
- VA Readjustment Counseling Service has **greater flexibility in adapting to the situation** than VA hospital networks



Vet Center Services Provided

- PTSD counseling (Group and Individual)
- Marital and family counseling
- Bereavement counseling
- Medical referrals
- Alcohol/drug assessments and referral
- Military sexual trauma counseling and referral

- Assistance in applying for VA Benefits
- Employment counseling, guidance and referral
- Information and referral to community resources

- Outreach, community education, and liaison with community agencies

... to ease the transition from military to civilian life
... to catch and address issues earlier



VA Vet Centers in Pennsylvania

(Current and Future)

Town	County	No.	Primary VAMC Service Area	Total Vet Population**
Philadelphia*	Philadelphia	2	Philadelphia	84,011
Bristol (2009)	Bucks	1	Philadelphia	49,924
Norristown (2009)	Montgomery	1	Philadelphia/Coatesville	55,971
Lancaster (2010)	Lancaster	1	Lebanon	35,692
Scranton	Lackawanna	1	Wilkes-Barre (Luzerne)	18,402 !
Williamsport*	Lycoming	1	Wilkes-Barre	11,591 !!
Harrisburg	Dauphin	1	Lebanon	21,752
DuBois*	Clearfield	1	Altoona (Bar)	8,581 !!!
McKeesport	Allegheny	1	Pittsburgh Healthcare	105,985
Pittsburgh	Allegheny	1	Pittsburgh Healthcare	same county
Erie	Erie	1	Erie	23,204

Why Not US?
 We have had the population!
 Lehigh = 25,380
 Northampton = 23,984
 Lehigh Valley = 49,364

* Clinic in same town

** 2008 GDX Report



Introducing the “Lehigh Valley”

- Third largest metropolitan area in the state: about 50,000 veterans in Lehigh and Northampton Counties alone – one of the largest veterans populations outside of the Allegheny and Philadelphia areas
- Among the largest populations in the state that would directly benefit from a VA Vet Center
- Large “combat veteran” military population
- No VA hospital close by
- Allentown clinic treats up to 1/3 of the Wilkes-Barre VAMC network outpatients – making it one of the busiest in the country and demonstrating the valley’s market area potential for other services
- Gap in local advanced services and readjustment counseling services
- Well located with good, ***all-weather*** road networks (Time-distance is a factor in defining good service)



Estimates of Populations Most Benefitting from a VA Vet Center

County	GWOT Era Veterans*	Gulf War Era Veterans Only	Vietnam Era Veterans	Combined	Square Miles
Montgomery (2009)	2,986	3,241	20,272	26,499	483
Lehigh	1,328	1,870	9,548	12,746	347
Northampton	<u>1,063</u>	<u>2,272</u>	<u>7,877</u>	<u>11,212</u>	<u>374</u>
Lehigh Valley	2,391	4,142	17,425	23,958	721
Bucks (2009)	1,930	1,859	16,969	20,758	608
Luzerne	1,287	2,058	9,025	12,370	891
Lackawanna	<u>1,063</u>	<u>1,224</u>	<u>5,908</u>	<u>8,195</u>	<u>459</u>
Wyoming Valley	2,350	3,282	14,933	20,565	1350
Lancaster (2010)	1,813	2,519	12,034	16,366	949

* GWOT era calculation includes those who have served in other eras. Gulf War era includes only those who served during that period and not in other eras. Vietnam era count subtracts GWOT era veterans who also served during this era.

The Lehigh Valley is up there with the others



The Lehigh Valley has one of the Most Dense Service Areas Likely to Benefit

County	Age 17-44/ Sq Mile	Rank No.	County	Age 45-64/ Sq Mile	Rank No.	County	Age Gp <65/ Sq Mile	Rank No.
Philadelphia	135.03		Philadelphia	247.37		Philadelphia	382.40	
Delaware	27.61		Delaware	81.43		Delaware	109.04	
Allegheny	19.53		Allegheny	54.44		Allegheny	73.97	
Montgomery	13.37		Montgomery	40.16		Montgomery	53.54	
Lehigh	10.68	5	Bucks	34.73		Bucks	44.36	
Bucks	9.64		Lehigh	27.70	6	Lehigh	38.38	6
Northampton	9.60	7	Northampton	24.27	7	Northampton	33.86	7
Dauphin	8.49		Chester	17.12		Dauphin	25.07	
York	7.72		York	16.60		York	24.32	
Cumberland	7.47		Dauphin	16.58		Cumberland	22.80	
Lancaster	6.52		Lackawanna	16.26		Chester	22.06	
Berks	5.87		Beaver	15.86		Beaver	21.67	
Beaver	5.81		Cumberland	15.33		Lackawanna	21.26	
Erie	5.50		Westmoreland	13.83		Lancaster	19.68	
Luzerne	5.46		Luzerne	13.81		Luzerne	19.27	
Lebanon	5.19		Berks	13.21		Berks	19.08	
Lackawanna	5.00		Lancaster	13.17		Westmoreland	18.15	
Chester	4.94		Lebanon	11.64		Erie	16.88	
Westmoreland	4.32		Erie	11.38		Lebanon	16.84	
Blair	4.27		Monroe	10.44		Monroe	14.48	

Source: VetPop2007 Demographic Report 2L for counties as of 30 Sep 2008 and National Association of Counties website for Sq. Mi.

Lehigh Valley Military Affairs Council, a non-profit 501c3 organization dedicated to help veterans, military and their families.



Lehigh Valley Sources of Current War Combat Veterans

(Estimate at a Point in Time)

<u>Source</u>	<u>Number</u>	<u>Per Cent</u>	<u>Probability</u>
Guard Units (Drilling)	674	16.4%	High probability
Reserve Units (Select)	713	17.4%	High probability
Active Duty (Local and HOR)	478	11.6%	TDRL, CBWTU currently
Individual Ready Reservists	463	11.3%	High probability
Retired Military subject to call-up	1,776	43.3%	Low probability, some
Total	4,104	100.0%	

**Our Reserve Components are now an “Operational Force”
actively generating each year additional VA healthcare needs
and the IRR has been consistently overlooked**



The Lehigh Valley is an Epicenter of Pennsylvania's Combat Veterans

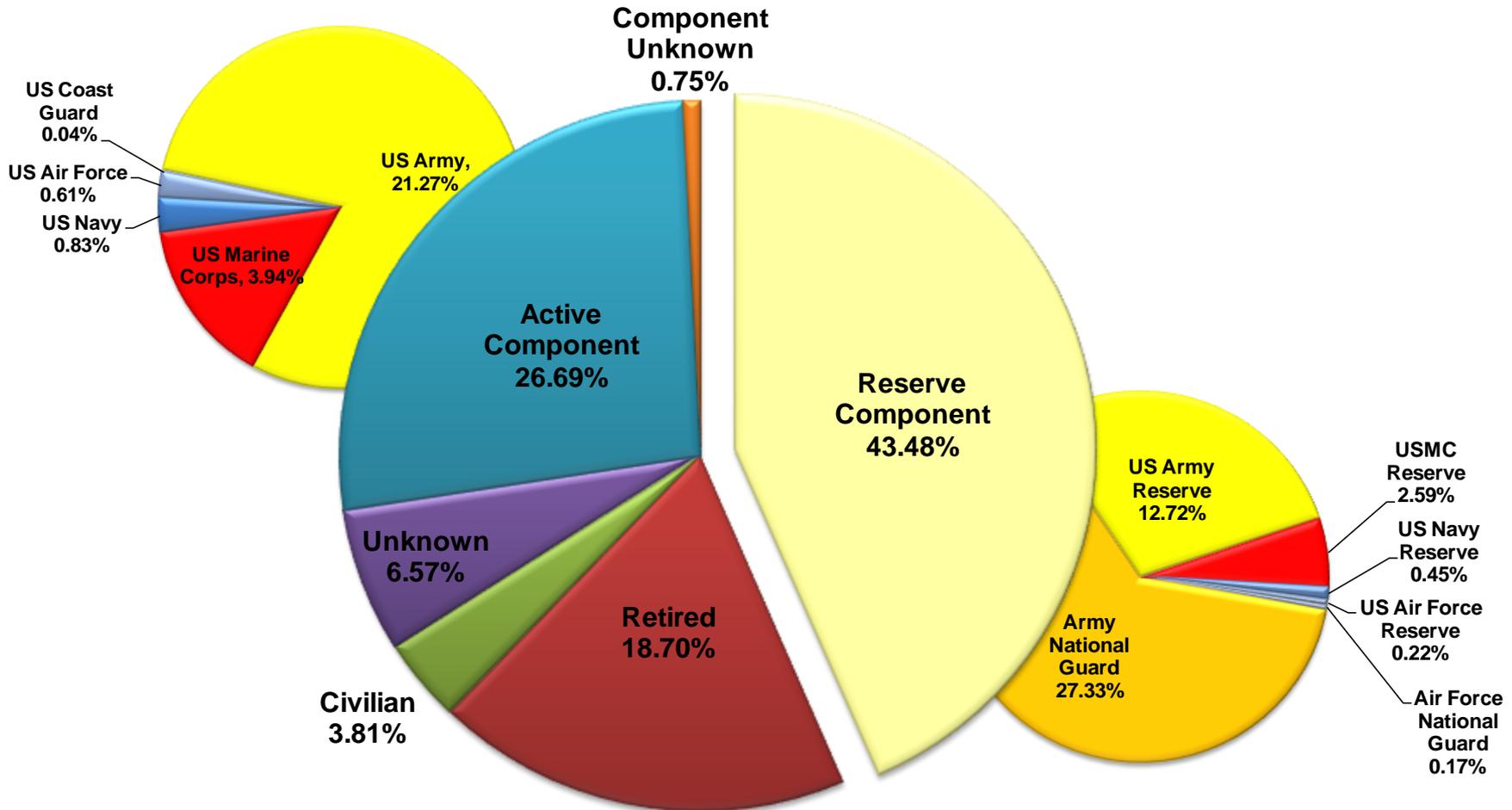
**About 2,000 Reservists and National Guard
are assigned to units
within a 30 mile radius
of the center point of the Lehigh Valley**

Note: This figure excludes those in the Individual Ready Reserve



Who the VA is Serving in “GWOT”

(March 2008)



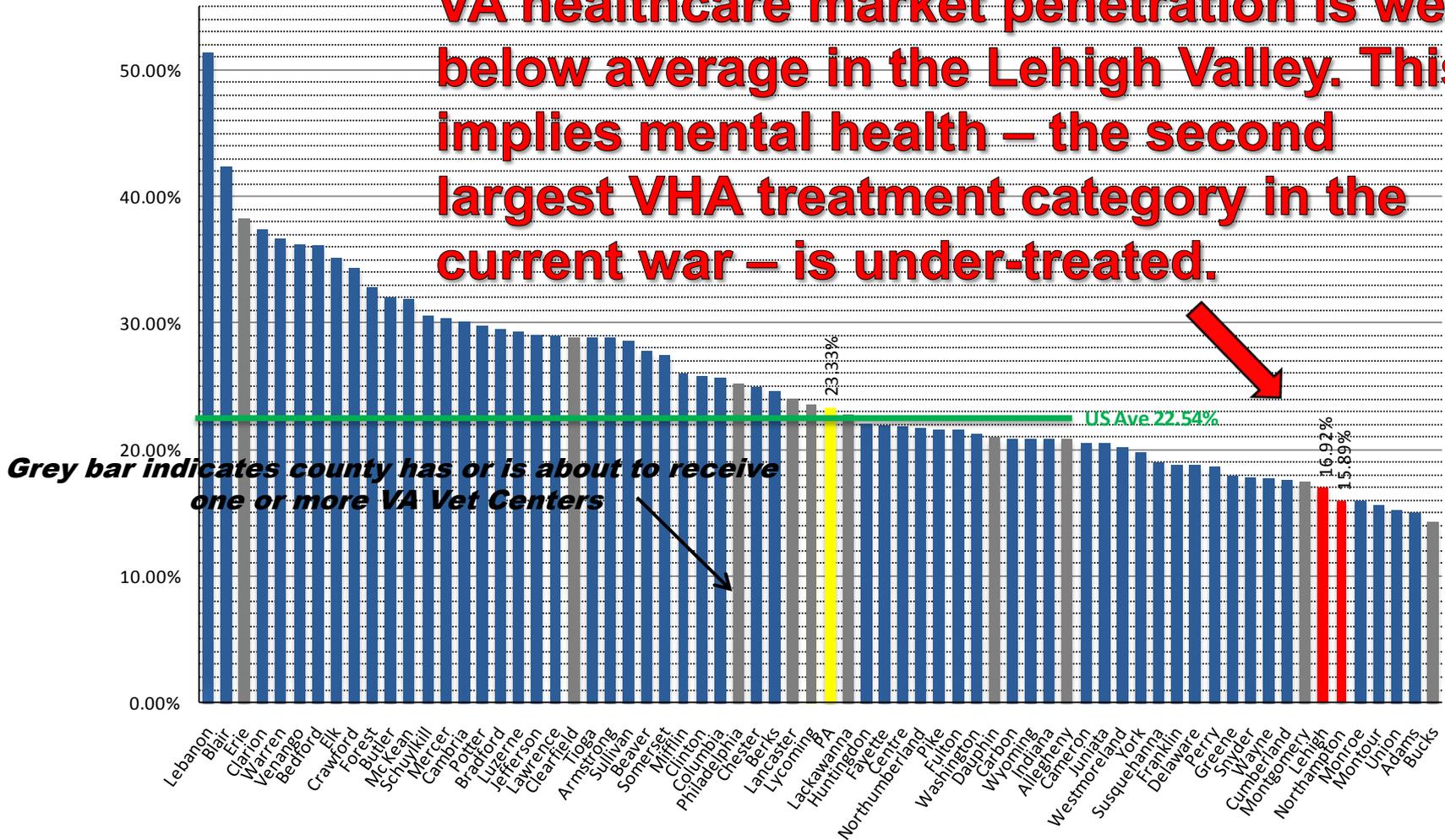
**Supporting the Reserve Components
has become about 45% of the VHA's war effort**

Source: OIF-OEFDemographicsWhoAreWeServing.ppt, Portland VAMC Briefing, 15 April 2008



County VA Unique Patients (FY 2008) as a Percentage of County Vet Pop

VA healthcare market penetration is well below average in the Lehigh Valley. This implies mental health – the second largest VHA treatment category in the current war – is under-treated.



Source: GD_X_FY2008.xlsx



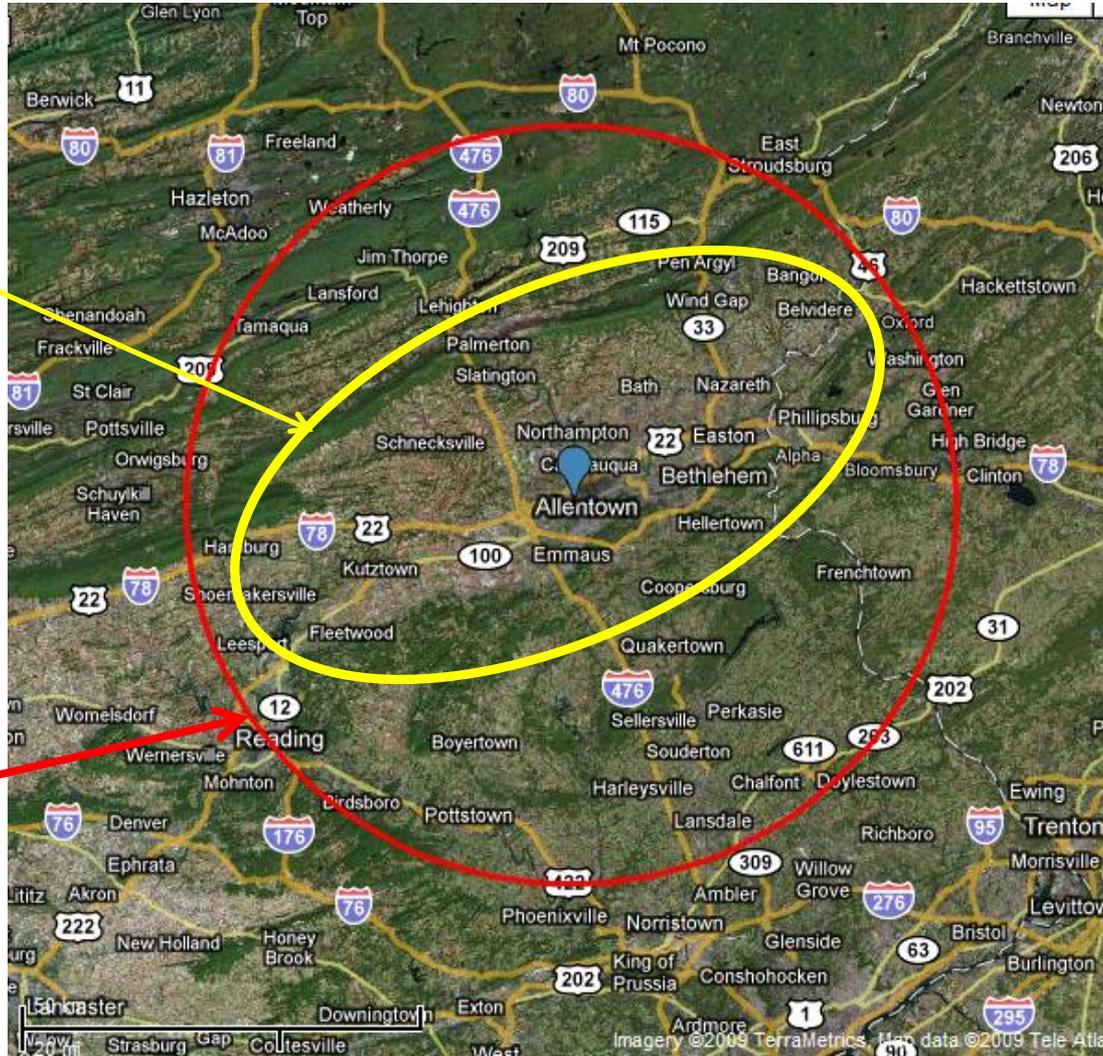
Our Location Offers Additional Advantages





The Lehigh Valley is ...

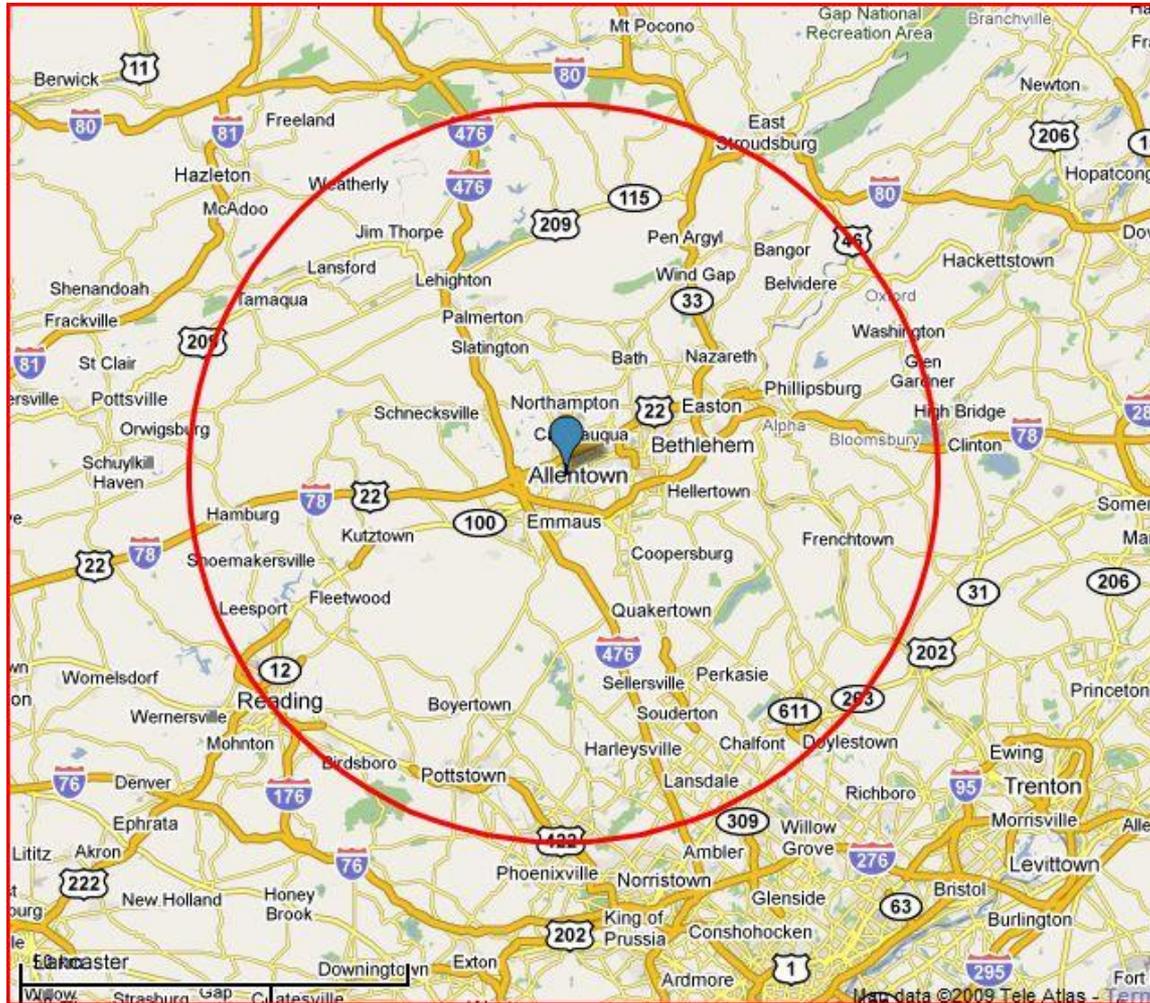
The Geographic Valley



30 mile commuter radius



... a “Hub and Spoke” location ...



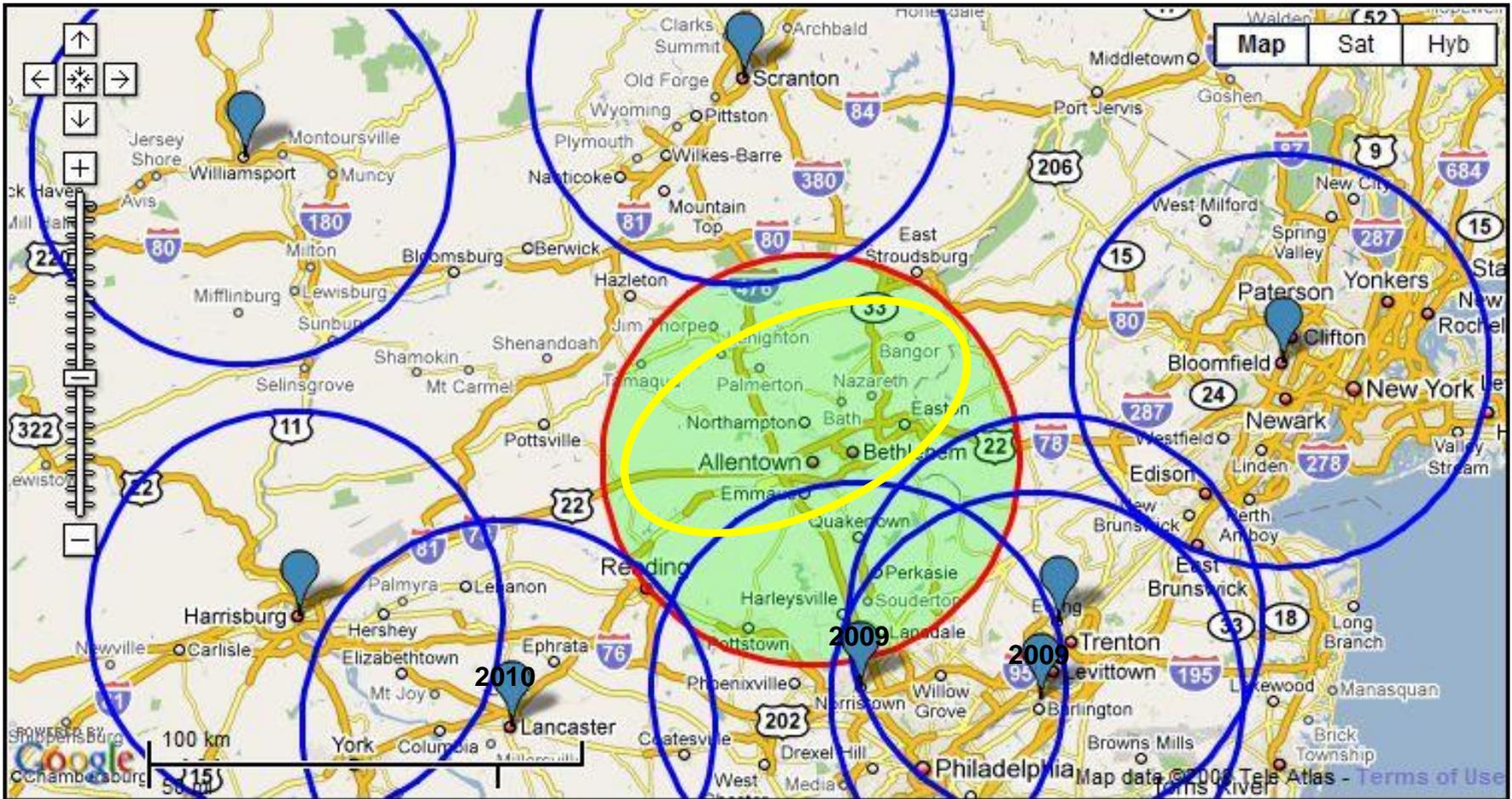
... with easy access to the Greater Lehigh Valley ...

Note: 30 mile radius circle depicted

Lehigh Valley Military Affairs Council, a non-profit 501c3 organization dedicated to help veterans, military and their families.



Despite its underserved population and advantages of location and time-distances, the Lehigh Valley has been consistently overlooked as a base of operations for a VA Vet Center.



Note: This chart shows Bristol instead of Doylestown as a new VA Vet Center location per discussion with VA Readjustment Counseling Services Mid-Atlantic Regional Manager, 7 July 2009

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How much longer must we wait?