REPORT TO THE CONGRESS

Complications Incurred Because Of Delays In Transferring Patients To VA Spinal Cord Injury Treatment Centers B-133044

Veterans Administration
Department of Defense

BY THE COMPTROLLER GENERAL OF THE UNITED STATES

MARCH 20, 1974

COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

B-133044

To the President of the Senate and the
Speaker of the House of Representatives

This is our report entitled "Complications Incurred Because of Delays in Transferring Patients to VA Spinal Cord Injury Treatment Centers."

We made our review pursuant to the Budget and Accounting Act, 1921 (31 U.S.C. 53), and the Accounting and Auditing Act of 1950 (31 U.S.C. 67).

Copies of this report are being sent to the Director, Office of Management and Budget; the Administrator of Veterans Affairs; and the Secretary of Defense.

Elmer B. Staats

Comptroller General
of the United States

Contents

ABBREVIATIONS

DOD	Department of Defense
GAO	General Accounting Office
VA	Veterans Administration

COMPTROLLER GENERAL'S REPORT TO THE CONGRESS

COMPLICATIONS INCURRED BECAUSE OF DELAYS IN TRANSFERRING PATIENTS TO VA SPINAL CORD INJURY TREATMENT CENTERS

Veterans Administration
Department of Defense
B-133044

D I G E S T

WHY THE REVIEW WAS MADE

GAO reviewed the spinal cord injury program of the Veterans Administration (VA) to determine if there were problems with admitting patients to specialized treatment centers.

Basic facts

During the past several years the VA spinal cord injury program has attracted much congressional interest.

VA has recognized the medical importance of treating spinal cord injury patients in a specialized environment, and, as of February 1973, had established 15 specialized treatment centers with a total of 1,282 beds.

VA, military, and private physicians advised GAO that newly injured spinal cord patients should be admitted to specialized centers as soon as possible--within a maximum of 30 days--to reduce occurrence of medical complications.

GAO visited four spinal cord treatment centers in VA hospitals in California, Illinois, New York, and Wisconsin and seven military hospitals in California, Illinois, New York, and Washington, D.C. (See apps. III and IV.)

FINDINGS AND CONCLUSIONS

Spinal cord injury patients--particularly servicemen--were not being transferred to VA specialized treatment centers as soon as medically feasible.

Therefore, many patients incurred medical complications which slowed their rehabilitation, lengthened their hospitalization, and increased the cost of health care.

GAO reviewed the patient medical records of all 177 patients initially admitted to four spinal cord treatment centers during fiscal year 1972 to determine the number of days between the injury and admission to VA specialized treatment centers.

Only 24 of the 177 patients, about 14 percent, arrived at the center within 30 days of injury.

--Only 2 of 64 servicemen transferred from military hospitals arrived within 30 days.

--Only 6 of 51 patients transferred from other VA hospitals without centers arrived within 30 days.

--Only 16 of 62 patients transferred from non-Federal hospitals arrived within 30 days. (See p. 10.)

Also 110 patients incurred several intermediate transfers from the hospital of initial admittance to hospitals without centers before admission to a VA center. (See p. 11.)

Servicemen were often detained at military hospitals for administrative processing before transfer to VA hospitals with spinal cord injury centers. (See p. 13.)

Centers and VA's Central Office had done little to educate veterans and non-Federal hospital officials on availability of specialized care at VA centers or the need for such patients to promptly obtain it. (See p. 16.)

In the opinion of VA physicians at the four centers, about one-third of their patients could be appropriately accommodated in lower level care facilities because their condition had stabilized and they no longer required the level of care provided at the centers.

Transfer of these patients to such facilities would make more specialized beds available for newly injured veterans. (See p. 16.)

VA physicians believe most community nursing homes are not suitable for spinal cord injury patients, and VA has not developed enough suitable lower level care facilities for such patients within its hospital system.

Therefore, many stabilized patients continue to occupy costly special care beds at VA centers. (See p. 18.)

RECOMMENDATIONS

Veterans Administration

To improve the spinal cord injury program, the Administrator of Veteran Affairs should:

--Require VA hospitals to submit written justifications to the Chief Medical Director at VA's Central Office for all cases taking more than 30 days to transfer patients to VA treatment centers.

--Work with the military to develop a system to expedite transfer of patients to centers.

--Initiate a program to inform non-Federal hospital officials and veterans of the medical advantages and availability of specialized care at VA centers.

--Make more effective use of centers by identifying patients who need less than the specialized care provided there and insuring that adequate facilities are available to provide the needed alternative, less costly care. (See p. 20.)

Department of Defense (DOD)

The Secretary of Defense should revise military procedures and regulations to permit transfer of spinal cord injury patients to VA treatment centers as soon as medically feasible. (See p. 20.)

AGENCY ACTIONS AND UNRESOLVED ISSUES

VA agreed with GAO's recommendations and reported actions planned to implement them. DOD agreed to revise military procedures and regulations as GAO recommended. (See p. 20.)

MATTERS FOR CONSIDERATION BY THE CONGRESS

This report informs the Congress of opportunities to improve VA's spinal

cord injury program. GAO believes the findings in this report are of general interest to the Congress and should be useful to the Congress in its future deliberations on the VA medical program.

CHAPTER 1

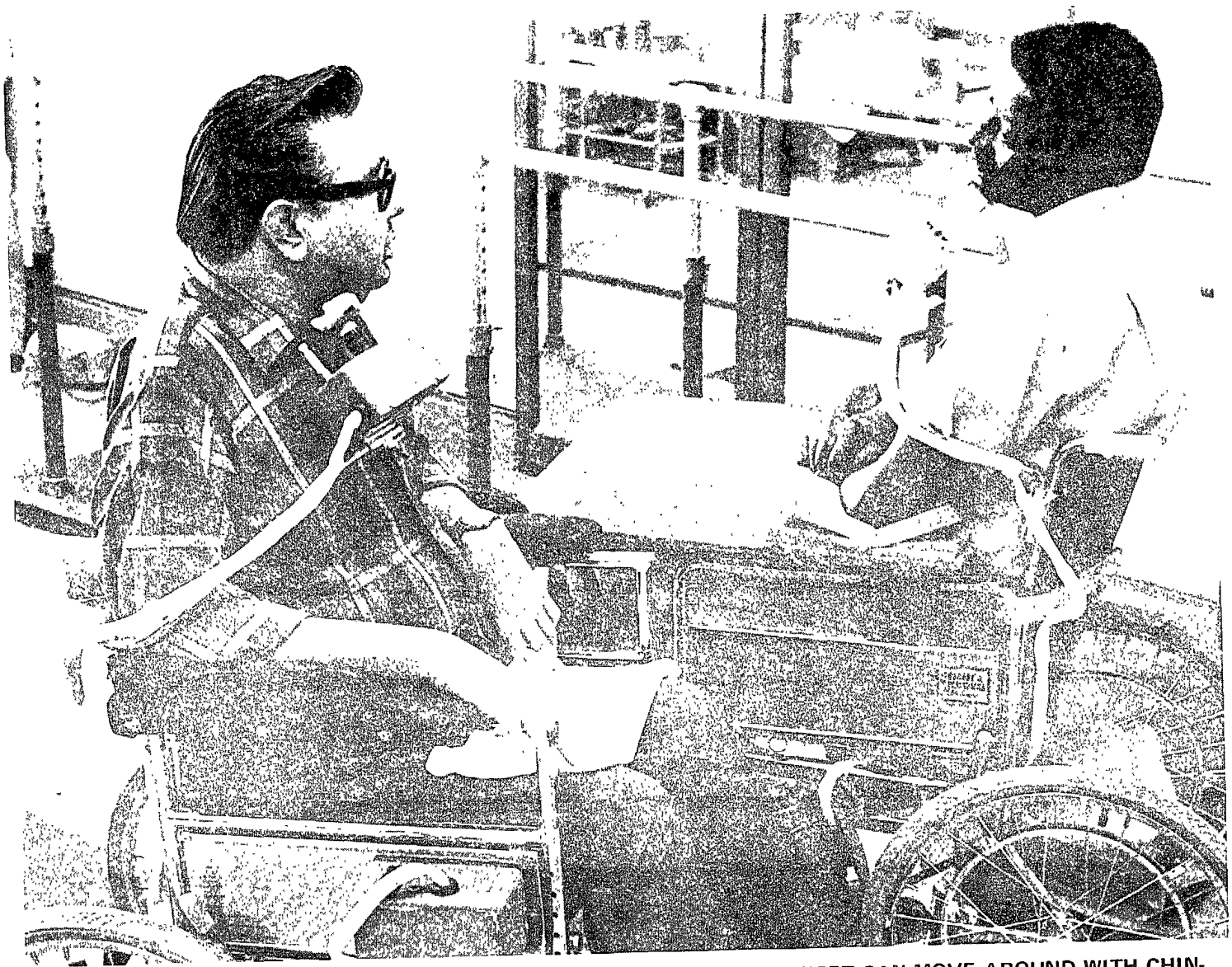
INTRODUCTION

Section 610 of title 38 of the United States Code provides that veterans who have medical disabilities--incurred or aggravated in the line of military duty--are entitled to all hospital care necessary to treat these disabilities. Veterans may also receive hospital care to treat conditions which are non-service-connected if they cannot pay for it.

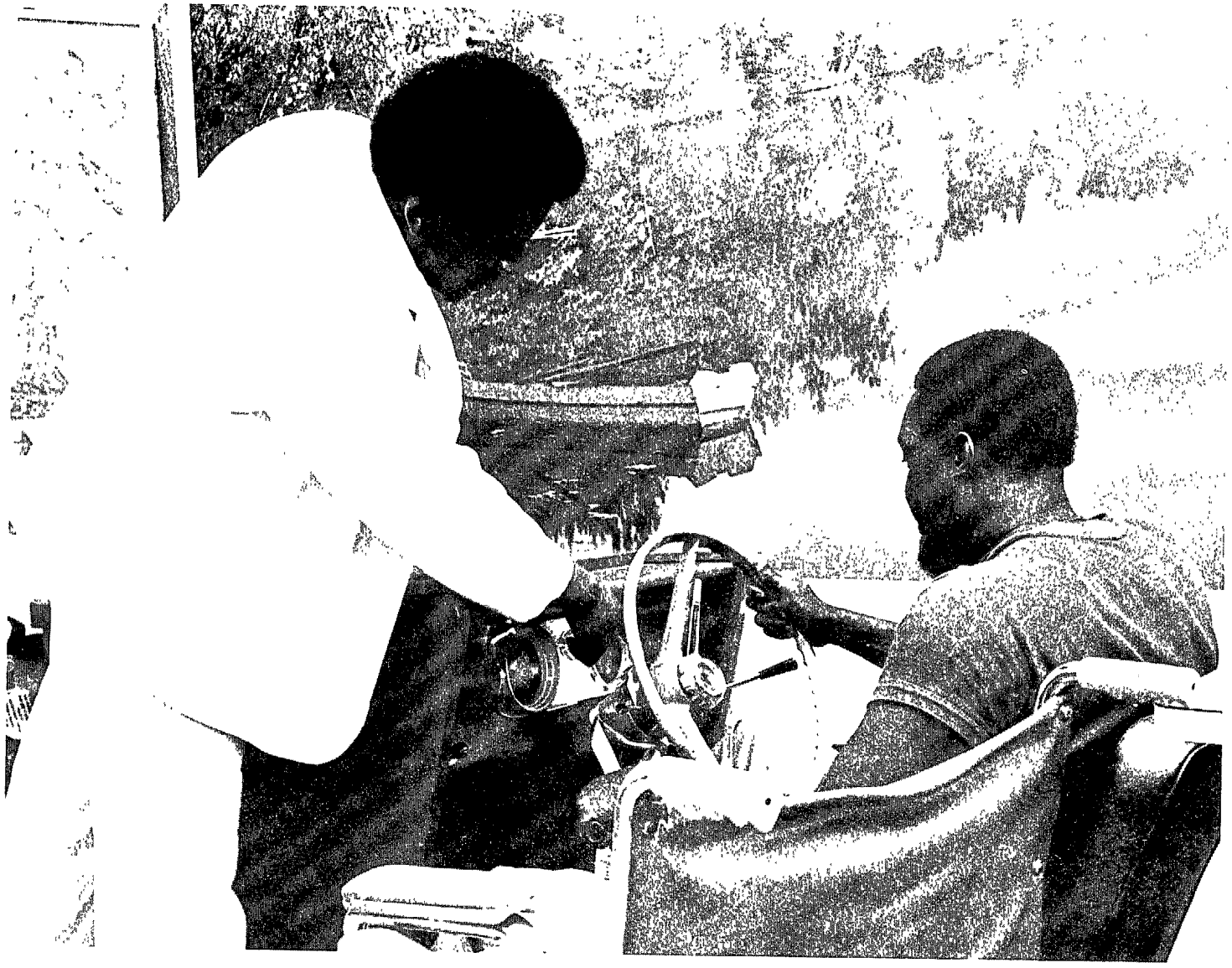
The Veterans Administration (VA) may also provide hospital treatment to certain active duty military patients who have not been discharged from service.

To help provide medical care to veterans, VA operates 170 hospitals. In addition to normal hospital services, specialized services-such as open-heart surgery, organ replacement, and spinal cord injury treatment--are available within the VA hospital system. VA's Department of Medicine and Surgery administers these hospitals and services.

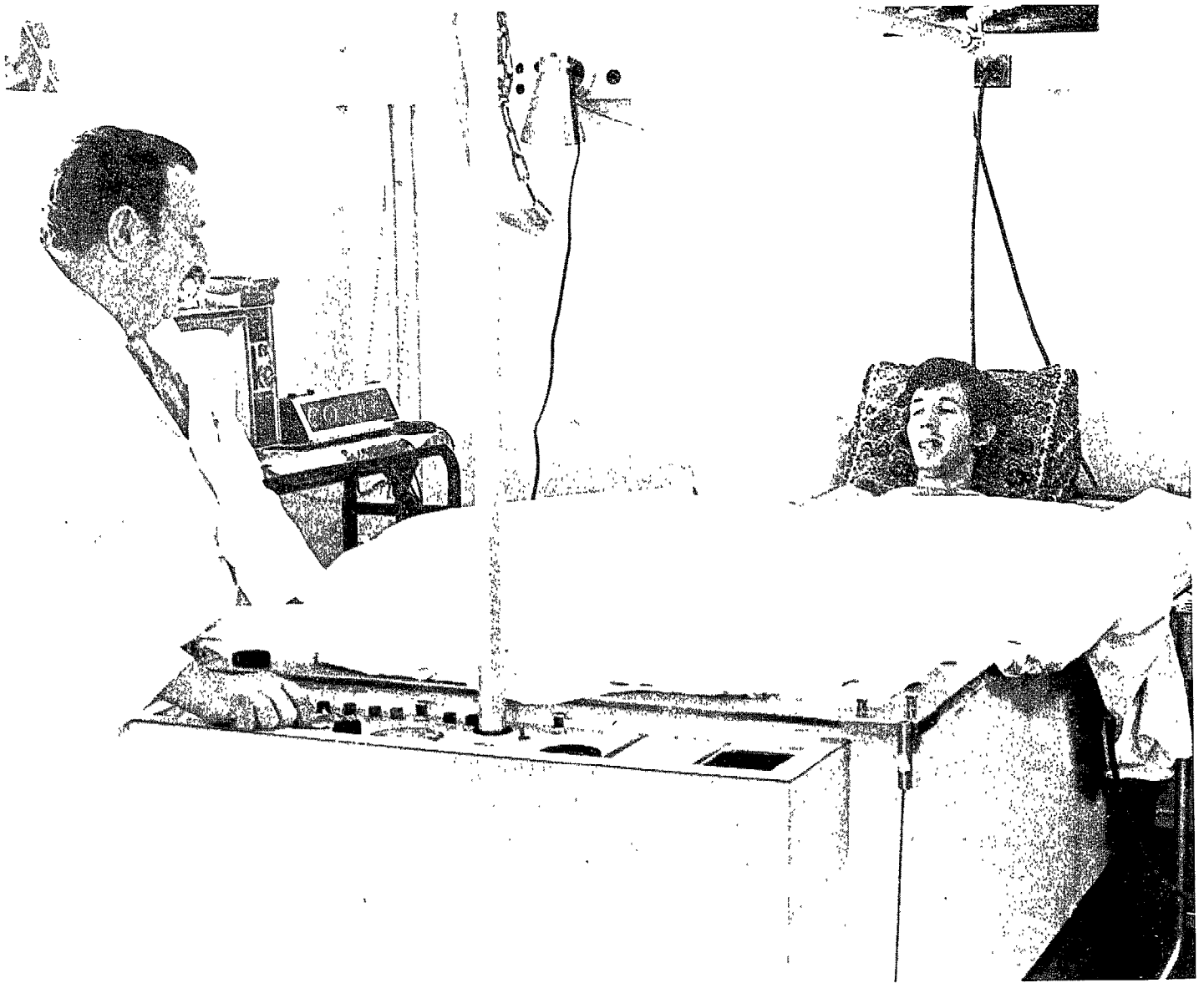
VA estimates that about 20,000 veterans are paralyzed to some extent as a result of spinal cord injuries. Initial and followup treatment of such injuries requires a full range of medical, social, and psychological specialties. As of February 1973 VA has established 15 specialized treatment centers with 1,282 beds to provide this care. The photographs on pages 6 to 9 illustrate some of the specialized equipment at these centers.



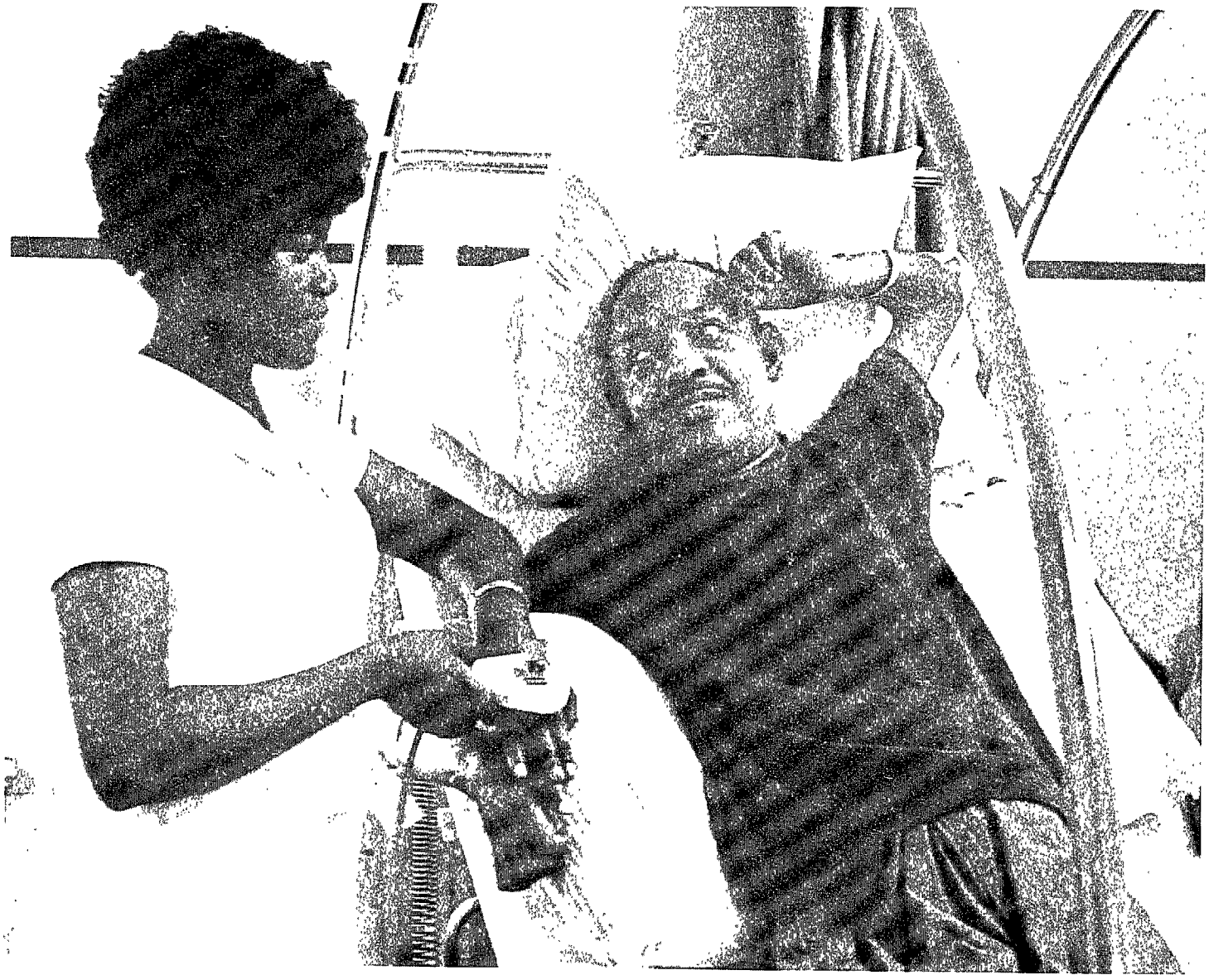
SPINAL CORD INJURY PATIENTS WHO HAVE LOST USE OF HANDS AND FEET CAN MOVE AROUND WITH CHIN-CONTROLLED ELECTRIC WHEELCHAIRS.



VA PHYSICAL THERAPIST INSTRUCTS PARAPLEGIC IN OPERATION OF HAND-CONTROLLED AUTOMOBILE.



QUADRAPLEGIC PATIENT RESTS IN FLUIDIZED-PARTICLE BEDS DESIGNED FOR USE OF SPINAL CORD INJURY PATIENTS.



MOTORIZED CIRCULAR BED CAN CHANGE ORIENTATION OF PATIENT'S POSITION IN A 360° CIRCLE TO IMPROVE BLOOD CIRCULATION AND MAINTAIN THE GENERAL HEALTH OF NONMOBILE PATIENTS

CHAPTER 2

COMPLICATIONS INCURRED BECAUSE OF DELAYS IN TRANSFERRING PATIENTS TO SPINAL CORD INJURY TREATMENT CENTERS

Spinal cord injury patients--particularly servicemen--were not being transferred to VA specialized treatment centers as soon as medically feasible. Therefore, many patients incurred complications which slowed their rehabilitation, lengthened their hospitalization, and increased the cost of health care. VA and military physicians said newly injured spinal cord patients should be admitted to specialized treatment centers as soon as possible.

At the four VA centers visited, 177 spinal cord injury patients were initially admitted during fiscal year 1972. Medical records for all 177 patients showed that few were admitted to these centers within 30 days of injury.

The following table summarizes the time between injury and admission to the four VA centers for the 177 patients.

	Days between injury and admission to center					
VA Center	1 to 30	31 to 60	61 to 90	Over 90	Total	Average (note a)
	—(Number of patients)—					
Bronx, N.Y.	-	2	1	6	9	141
Hines, Ill.	5	14	12	14	45	93
Wood, Wis.	3	4	7	10	24	93
Long Beach, Calif.	16	28	18	37	99	83
Total	24	48	38	67	177	

[a]Total number of days between injury and admission to centers for all patients divided by total number of patients.

As the following table shows, patients transferred to centers from military hospitals were delayed the longest.

Days Between Injury and Admission to VA Center

Hospitals transferred from	1 to 30	31 to 60	61 to 90	Over 90	Total	Average
	(number of patients)					
Non-Federal	16	21	9	16	62	75
Military (note a)	2	12	17	33	64	103
Other VA	6	15	12	18	51	91
Total	24	48	38	67	177	

[a]Some military patients were initially admitted to private hospitals. However, the major part of hospitalization was at military facilities and patients were under military jurisdiction.

Many patients who transferred from VA hospitals without centers had been previously hospitalized at non-Federal or military hospitals. Nevertheless, of the 51 patients transferred from VA hospitals without treatment centers, 33 had remained at those VA hospitals over 30 days.

Also most spinal cord injury patients are transferred from the hospital of their initial admittance to hospitals without specialized treatment centers before ultimately arriving at VA hospitals which do have centers. For example, some patients were transferred from one military hospital to one or more other military hospitals before arriving at the VA center. Of 168 patients for whom complete records were available, 110, or 65 percent, had at least one and as many as five intermediate transfers. These transfers delayed the specialized treatment which the centers furnish.

EFFECT OF THESE DELAYS

A study made in 1972 under the auspices of the Department of Health, Education, and Welfare recommended early admission of spinal cord injury patients to specialized treatment centers as a means of reducing the occurrence of medical complications which lengthen hospitalization.

The study pointed out that reducing the occurrence of these complications requires the attention of specially trained personnel on a 24-hour basis. Most hospitals cannot provide this care because the cost is not justified by the small number of spinal cord injury patients they treat. Some of the complications identified in the study and the estimated cost of treating them for spinal cord injury cases follow.

Complication	Estimated cost of treatment
Pressure sores	$7,000 each
Renal infections	$4,000 to $6,000
Pneumonia	$3,000
Bladder stones	$500
Kidney stones	$5,000

The study also pointed out:

--Spinal cord injury patients can become depressed during recovery; a severe depression can considerably extend hospitalization.

--An inadequate level of acceptance of the disability created by the injury can add 30 to 60 days to the stay.

--The severe pain which often follows spinal cord injury frequently leads to drug addiction, alcoholism, profound dependency, or injudicious surgery; all of these increase hospitalization.

To assess the effects of delay, we reviewed records of 51 patients who had incurred long delays in being

transferred from military, civilian, and VA hospitals without specialized centers with the VA physicians at the centers. In their professional judgment, 19 patients had sustained medical complications, such as urinary infections, decubitus ulcers, and kidney and bladder stones, which could have been prevented by earlier admission to a center; 17 patients suffered no apparent complications from the delays; and medical records contained insufficient data to render an opinion on the other 15.

CAUSES OF DELAYS

Military transfers

Individuals injured in the military incurred the longest delays before being admitted to VA spinal cord treatment centers. Administrative, rather than medical, reasons almost always caused the delays.

Army, Navy, and Air Force regulations and procedures state that military spinal cord injury patients generally cannot be transferred to VA facilities until the following administrative procedures are completed.

1. Medical evaluation board--military patients must be medically evaluated at military facilities to determine the likelihood of their return to duty.

2. Line of duty investigation--as part of the determination of the patient's eligibility for military disability benefits, an investigation must be conducted to determine if the disabling injury was incurred in the line of duty.

3. Physical evaluation board--on the basis of the medical evaluation, line of duty investigation, and other information, a board of military officers makes recommendations regarding the eligibility of the patient for retention, separation, or disability retirement and benefits.

Military officials stated that in most cases the administrative processing takes a minimum of 4 to 8 weeks.

The following table shows how processing delayed the transfer of one patient.

Action	Cumulative days from injury
Patient injured in accident in Germany and taken to local military hospital.	1
Patient transferred to military hospital in United States (medically fit for transfer to VA facility at this time per military physician).	13
Medical evaluation board convened and found patient unfit for duty.	44
Physical evaluation board refused to process patient because line of duty investigation report had not been received.	66
Line of duty investigation report received.	177
Physical evaluation board processed patient.	200
Patient transferred to VA treatment center.	220

In the opinion of the military treating physician, the patient was medically able to be transferred to a VA center within 2 weeks of injury. The VA treating physician stated that this long delay extended his overall hospitalization and rehabilitation.

In another case, a serviceman was injured in an accident in Florida on April 20, 1971, and admitted to a non-Federal hospital in Tampa. On June 19, 1971, 50 days later, he was transferred to Walter Reed Army Medical Center, Washington, D.C., and on September 28, 1971, 153 days after the injury, was transferred to a VA treatment center. The VA physician there stated that the patient arrived with two medical complications--bladder infection and a decubitus ulcer. He stated both complications could have been prevented had the patient arrived soon after injury.

Long delays at military hospitals were common. For example, the following table shows the delays encountered by 19 patients processed from four military hospitals in California during fiscal year 1972 to VA's largest treatment center--Long Beach.

Type of hospital	Days Between Injury and Admission to Center: 1 to 30	31 to 60	61 to 90	Over 90	Total	Average
	—(number of patients)—					
Army	-	5	3	2	10	62
Navy	-	-	2	1	3	83
Navy (Marine)	-	1	1	2	4	83
Air Force	-	-	-	2	2	168
Total	-	6	6	7	19	

In addition, Walter Reed Army Medical Center--which processed more spinal cord injury patients during fiscal year 1972 than any other military hospital--was taking as long to transfer patients as the military hospitals in California.

Hospital	Days Between Injury and Admission to Center: 1 to 30	31 to 60	61 to 90	Over 90	Total	Average
	—(number of patients)—					
Walter Reed Army Medical Center	5	12	8	35	60	101

Physicians at these military hospitals stated that patients are almost always medically able to be transferred immediately or within several days after injury to a VA center. The patients had been detained for administrative processes--medical boards, line of duty investigation, physical evaluation boards--which both medical and administrative officials of the military stated could have been completed without retaining the patient at the military hospital. For example, medical evaluations could be made at VA hospitals or by using information provided by VA physicians. This would permit earlier transfer to VA treatment centers which the physicians advised us would be in the best medical interests of the patients.

Transfers from Non-Federal and VA Hospitals

About two-thirds of the patients admitted to VA spinal cord injury centers had been transferred from other VA hospitals or from non-Federal hospitals. We did not attempt to determine the reasons for the delays in transfers because the hospitals were dispersed geographically and in most instances no more than one patient had been transferred from each non-Federal hospital.

However, VA centers and VA's Central Office had done little to educate veterans and non-Federal hospital officials about the availability of spinal care at VA centers or the need for patients to promptly obtain it.

In a November 1971 letter to all VA medical facilities, the VA Chief Medical Director stated that VA's policy requires transfer of patients to specialized treatment centers within 30 days. His letter expressed concern that spinal cord injury patients were being detained at VA nontreatment centers for extended periods and instructed VA hospital directors to take action to insure compliance with the transfer policy. As discussed previously, the majority of patients transferred during fiscal year 1972 from VA hospitals without specialized treatment centers had been detained at those hospitals for over 30 days.

CERTAIN PATIENTS REMAIN IN VA CENTERS LONGER THAN NECESSARY

VA's Central Office and physicians at VA treatment centers estimate that patients generally reach a stabilized condition, not requiring the intensive medical and rehabilitational efforts of a spinal cord injury center, within 6 to 12 months after admission. Most of them return to their homes or enter substitute settings, such as a board and care home. However, certain patients--without suitable home settings--who require lower level care may continue to occupy acute care beds at VA centers for 1 year or more, because of a lack of suitable lower care facilities. The following table shows the time that patients were being treated at the centers at the time of our review.

Although VA recognizes the need for alternative facilities for certain spinal cord injury patients, it has not adequately provided such facilities.

CONCLUSIONS

Many spinal cord injury patients are not being transferred to VA special treatment centers as soon as medically feasible. Delays encountered have resulted in medical complications, lengthened hospital stays, and increased treatment costs. The delays have resulted because (1) VA has not adequately enforced its policy requiring the prompt transfer of all spinal cord injury patients to specialized treatment centers, (2) non-Federal hospital officials are not transferring veterans with such injuries to VA centers as promptly as they should, and (3) the Department of Defense (DOD) requires that all administrative procedures be completed before a patient can be transferred from a military hospital to a center.

Because of the importance of getting spinal cord injury patients into specialized care as soon as possible, VA should strictly enforce its transfer policy and require written justification for any delay exceeding 30 days. VA should also initiate a program to apprise the veterans and non-Federal hospitals of the availability of the centers and to work with the military to devise a system to promptly transfer military patients to VA centers. The transfer of military patients should be determined by their medical condition and not by the time required to complete administrative procedures.

Also many spinal cord injury patients--those no longer requiring care in special treatment centers--could be cared for in alternative, less costly facilities. Although VA has recognized the need for prolonged care facilities for such patients, it has not provided adequate facilities. We believe the effectiveness of VA's program could be improved if the data which centers submit to VA's Central Office identified all patients not requiring the specialized care provided at centers and, on the basis of this data, VA's Central Office took action to increase the availability of alternative facilities where these patients could be transferred.

RECOMMENDATIONS

Veterans Administration

We recommend that the Administrator of Veterans Affairs

--require VA hospitals to submit written justifications to the Chief Medical Director at VA's Central Office for all cases taking more than 30 days to transfer patients to VA treatment centers,

--work with the military to develop a system to expedite transfer of patients to VA centers,

--initiate a program to inform non-Federal hospital officials and veterans of the medical advantages and availability of specialized care at VA centers, and

--make more effective use of centers by identifying patients who need less than the specialized care provided there and insuring that adequate facilities are available to provide the needed alternative, less costly care.

Department of Defense

We recommend that the Secretary of Defense revise military procedures and regulations to permit transfer of spinal cord injury patients to VA centers as soon as medically feasible.

AGENCY COMMENTS

Veterans Administration

VA stated :

--It agreed with all the recommendations. (See app. I.)

--It is rewriting its manual to require VA hospitals to submit written justifications for all cases in which spinal cord patients are not transferred to VA treatment centers within several days after injury.

--It will take action to initiate a program to inform non-Federal hospital officials and veterans of the medical advantages of specialized care at VA spinal cord treatment centers.

--A program should be developed whereby VA physicians could provide the medical evaluation necessary for the military administrative processing of servicemen with spinal cord injuries. Subsequently, the Director of the VA Spinal Cord Injury Service said VA is evaluating its relationship with the services and plans to designate an individual as a liasion to work with the military.

--It agreed that a high priority should be given to developing a range of community facilities for spinal cord patients. Subsequently, the Director of the VA Spinal Cord Injury Service advised us it is placing more emphasis on placing spinal cord patients in the community after initial treatment during the acute stages of disability.

Department of Defense

DOD stated:

--It agreed that the transfer of military patients should be determined by their medical condition and not by the time required to complete administrative procedures.

--It will revise military procedures and regulations to permit the transfer of spinal cord injury patients as soon as medically possible.

--It will instruct the physical evaluation boards to process spinal cord cases without regard to whether a line of duty investigation report has been received, to preclude the occurrence of medical complications caused by transferral delays. (See app. II.)

CHAPTER 3

SCOPE OF REVIEW

We reviewed VA's spinal cord injury program because it has been the focus of much congressional interest and VA has greatly expanded it in recent years. VA has reported that it spent about $30 million in fiscal year 1972 to treat disabled veterans in spinal cord injury treatment centers.

Our review was made at four selected VA hospitals in California, Illinois, New York, and Wisconsin which operated specialized spinal cord injury treatment centers (see app. I) and at VA's Central Office in Washington, D.C. At each hospital we reviewed the medical records of all spinal cord injury patients initially admitted to the hospitals during fiscal year 1972 and analyzed the records to determine the number of days which elapsed between injury and admission to the centers. We asked VA physicians responsible for treating the veterans to analyze selected patient records and to comment on the effects of delayed admissions.

For all patients in the centers at the time of our review, we determined the time they had been in the centers. We asked the VA physicians responsible for treating the patients to identify those no longer requiring the acute care provided there.

We also visited seven selected military hospitals in California, Illinois, New York, and Washington, D.C. (see app. II), Offices of the Surgeons General of the Army and Air Force, and the Bureau of Medicine and Surgery of the Department of the Navy. We reviewed records of selected spinal-cord-injured servicemen and discussed the military procedures for transferring these patients to VA.

VETERANS ADMINISTRATION
OFFICE OF THE ADMINISTRATOR OF VETERANS AFFAIRS
WASHINGTON, D.C. 20420

NOVEMBER 13, 1973

Mr. Frank M. Mikus
Assistant Director, Manpower
and Welfare Division (801)
U. S. General Accounting Office
Room 137, Lafayette Building
811 Vermont Avenue, N. W.
Washington, D. C. 20420

Dear Mr. Mikus:

We have reviewed your draft report entitled "Medical Complications Incurred Because Of Delays In Transferring Patients To Spinal Cord Injury Treatment Centers At Veterans Administration Hospitals", and have also had the opportunity to discuss the draft with your staff representatives.

We agree with the recommendations made in this report and believe that the following actions are feasible for implementation:

Recommendation 1. "Require VA hospitals to submit written justifications to the Chief Medical Director at Central Office for all cases where it takes more than 30 days to transfer the patient to a VA treatment center."

We agree. However, we recommend that the time period be reduced from 30 days to "within several days after injury." According to this report, "physicians at military hospitals stated that patients are almost always medically able to be transferred immediately or within several days after injury to a VA treatment center." We are confident that the same circumstances pertain to Spinal Cord Injury (SCI) patients in the VA hospital system. We are in the process of rewriting our manual to effect this shorter transfer time.

Recommendation 2. "Work with the military to develop a system to expedite the transfer of patients to VA treatment centers."

We believe that a program should be developed in which VA physicians could provide adequate medical evaluation necessary for the military administrative processing of the SCI serviceman.

Mr. Frank M. Mikus
Assistant Director
Manpower and Welfare Division
U. S. General Accounting Office

Recommendation 3. Action will be taken to initiate a program to inform non-federal hospital officials and veterans of the medical advantages and availability of specialized care at VA spinal cord injury centers.

Recommendation 4. The report is accurate in indicating that highest priority should be given to developing a range of community facilities and resources which would provide the veteran several options related to his specific needs. Some of these options would include: extension and full exploration of Spinal Cord Injury Home Care Units; group home or apartment living; and, surrogate homes. We also recognize that there are some older SCI veterans, who for health reasons, may have a need for bed space in our existing VA nursing home care units; however, we do not recommend building additional facilities specifically for this segment of the SCI population.

We do not agree with certain statements in the draft and offer the following comments for your consideration before preparing the final report:

[See GAO note, p. 25.]

a. Page [5], paragraph 4, second sentence presently reads: "Initial treatment of spinal cord injuries requires a full range of medical, social, and psychological specialities."

We believe it should read: Initial and follow-up treatment of spinal cord injuries requires a full range of medical, social and psychological specialties.

b. In regard to pages 13 and 14, medical complications are the most frequent and generally the more significant of the adverse effects caused by transfer delays. Therefore, the paragraph and table describing medical complications that are now on page 14 would be more appropriately placed on page 13 following the first paragraph under the heading "Effects of delays in transferring patients".

Mr. Frank M. Mikus
Assistant Director
Manpower and Welfare Division
U. S. General Accounting Office

We do not believe that all spinal cord injury patients are significantly depressed during their recovery. Therefore, we feel that the statement on page [12] following "The study also stated that:" which presently reads, "while all spinal cord injury patients are depressed during their recovery; if a severe depression occurs, it can add 30 days to the hospital stay;" should read: It is not uncommon for spinal cord injury patients to be depressed during their recovery; if a severe depression occurs, it may cause a considerable extension of the hospital stay.

[See GAO note.] c. Page [18], last paragraph presently reads: "The physicians estimate that staffing at these alternative facilities would be one-third to one-half that at the treatment centers because of the reduced medical needs of the stabilized patients."

We believe it should read: We believe that the medical staffing at alternative facilities could be reduced. This would free physicians and some nurses who are needed for more acute medical care, and would reduce the overall staffing costs. However, we believe that such facilities must have adequate staffing to provide the necessary support for the daily living assistance required by these patients. Staffing should also be provided to effect a social program which would work towards outplacing these patients in the community.

Thank you for the opportunity to review this draft, and if you have any questions concerning our comments my staff will be available.

Sincerely,

FRED B. RHODES
Deputy Administrator

GAO note: Numbers in brackets refer to the final report.

APPENDIX II

ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, D. C. 20301

HEALTH AND
ENVIRONMENT

15 NOV 1973

Mr. Charles S. Collins
Assistant Director
Manpower and Welfare Division
General Accounting Office
Washington, D. C. 20548

Dear Mr. Collins:

On behalf of the Secretary of Defense, we have considered the findings, conclusions and recommendations contained in the GAO Draft Report "Medical Complications Incurred Because of Delays in Transferring Patients To Spinal Cord Injury Treatment Centers At Veterans Administration Hospitals." (OSD Case #3708)

The Department of Defense fully agrees that the transfer of military patients should be determined by their medical condition and not by the length of time required to complete administrative procedures. The availability of spinal care at designated VA hospitals and the need for patients to promptly obtain this specialized care will be re-emphasized to Medical Service officials. Military procedures and regulations will be revised to permit the transfer of spinal cord injury patients as soon as it is medically possible. To preclude the incurrence of medical complications because of transferral delays, Physical Evaluation Boards will be instructed to process these cases without regard to whether a line-of-duty investigation report has been received.

We appreciate the helpful comments made to improve the care provided this very special category of patients.

Sincerely,

Vernon McKenzie
Acting Assistant Secretary

VA FACILITIES WHERE REVIEW WAS PERFORMED

Organization	Location	Description
VA Central Office	Washington, D.C.	
Long Beach Hospital	Long Beach, California	1,684-bed general hospital, including a 205-bed spinal cord injury center
Hines Hospital	Hines, Illinois	1,539-bed general hospital, including a 160-bed spinal cord injury center
Wood Hospital	Wood, Wisconsin	935-bed general hospital, including a 56-bed spinal cord injury center
Bronx Hospital	Bronx, New York	1,018-bed general hospital, including a 94-bed spinal cord injury center

DEPARTMENT OF DEFENSE ORGANIZATIONS WHERE REVIEW WAS PERFORMED

Organization	Location	Description
Office of the Surgeon General of the Army	Washington, D.C.	
Bureau of Medicine and Surgery, Department of the Navy	Washington, D.C.	
Office of the Surgeon General of the Air Force	Washington, D.C.	
Letterman General Hospital	San Francisco, California	510-bed Army general hospital
Walter Reed Army Medical Center	Washington, D.C.	800-bed Army general hospital
St. Albans Navy Hospital	New York, New York	650-bed general hospital
Navy Hospital, San Diego	San Diego, California	1,415-bed general hospital
Navy Hospital, Camp Pendleton	Oceanside, California	335-bed general hospital at Camp Pendleton Marine Corps Base
Great Lakes Navy Hospital	Great Lakes, Illinois	440-bed general hospital
March Air Force Base Hospital	Riverside, California	175-bed general hospital

PRINCIPAL OFFICIALS

RESPONSIBLE FOR THE ADMINISTRATION OF

ACTIVITIES DISCUSSED IN THIS REPORT

	Tenure of office	
	From	To
VETERANS ADMINISTRATION		
ADMINISTRATOR OF VETERANS AFFAIRS:		
D. E. Johnson	June 1969	Present
DEPUTY ADMINISTRATOR:		
F. B. Rhodes	May 1969	Present
CHIEF MEDICAL DIRECTOR:		
M. J. Musser, M.D.	Jan. 1970	Present
DEPARTMENT OF DEFENSE		
SECRETARY OF DEFENSE:		
M. R. Laird	Jan. 1969	Jan. 1973
E. L. Richardson	Jan. 1973	May 1973
W. P. Clements (acting)	May 1973	Present
SURGEON GENERAL OF THE ARMY:		
Lt. Gen. H. B. Jennings	Jan. 1970	Present
SURGEON GENERAL OF THE NAVY:		
Vice Adm. G. M. Davis	Feb. 1968	Feb. 1973
Vice Adm. D. L. Custis	Feb. 1973	Present
SURGEON GENERAL OF THE AIR FORCE:		
Lt. Gen. K. B. Pletcher	Dec. 1968	Apr. 1970
Lt. Gen. A. A. Towner	May 1970	July 1972
Lt. Gen. R. A. Peterson	Aug. 1972	Present

AN EQUA OPPORTUNITY EMPLOYER

UNITED STATES
GENER[illegible] ACCOUNTING OFFICE
WA[illegible]NGTON, D.C. 20548

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE,$300

POSTAGE AND FEES PAID
U. S. GENERAL ACCOUNTING OFFICE

THIRD CLASS