



**SERVING
WITH
PRIDE**



A M V E T S

NATIONAL
HEADQUARTERS
4647 Forbes Boulevard
Lanham, Maryland
20706-4380
TELEPHONE: 301-459-9600
FAX: 301-459-7924
E-MAIL: amvets@amvets.org

12 January 2016

The Honorable Bob McDonald
Secretary, Department of Veterans Affairs
801 Vermont Avenue, NW
Washington, D.C. 20420

Dear Secretary McDonald:

On behalf of AMVETS (American Veterans), a leader since 1944 in preserving the freedoms secured by America's armed forces and providing support for Veterans, Active Duty military, the National Guard/Reserves, their survivors and families, I am writing to restate our strong opposition to proposed changes to the current Veterans Health Administration (VHA) policies.

It has come to our attention that the draft nursing services handbook, VHA Handbook 1180.03: VHA Nursing Handbook, proposes changes to VHA policies which would fundamentally, and we feel adversely, impact the delivery of care to veterans. For the purpose of this letter, our focus will be the substandard way in which anesthesia would be delivered to our nation's veterans.

The term anesthesia can be attributed to the Greeks for whom it meant "loss of sensation". Nowadays, anesthesia has many clinical applications including: pain relief; anxiety reduction; procedural or conscious sedation; and muscle or nerve paralysis. Due to the many risks and complexity involved in selecting the appropriate medication or combination of medications, the care needed to properly calculate the appropriate dosage, as well as the need to properly administer and diligently monitor anesthesia in patients with variety of primary and secondary conditions, highly specialized training and experience are required. It's also important to mention that there are some very serious risks associated with the use of various forms of anesthesia, including suffocation, allergic reaction, seizures, organ failure, heart attacks, stroke and even death.

It is our understanding that currently, and for many years previous, policies regarding anesthesia delivery were governed by the Anesthesia Services Handbook, which encourages the use of a physician-led anesthesia care team. The Handbook states that "...care needs to be approached in a team fashion taking into account the education, training and licensure of all practitioners." The current Anesthesia Services Handbook also provides flexibility to local physician Chiefs of Anesthesiology to set departmental policy and deliver anesthesia in the manner most effective for that facility. AMVETS believes that the existing policies and system of anesthesia delivery in the VHA assures that safe, high quality anesthesia care is delivered to our Veterans.

High quality health care for our Veterans is of paramount importance to AMVETS and given the health difficulties of our Veteran population, AMVETS is apprehensive that the proposed changes in nursing services may have

unforeseen adverse implications for the health of our Veterans. While patient care in some areas of medicine, for example primary care, may be unaffected by these proposed changes, AMVETS strongly believes that more complicated disciplines require physician involvement. Patients who utilize the VHA have more diseases and health complications than other patient populations. For example, veterans commonly suffer from many issues, including hypertension, diabetes, and chronic lung disease. Given the risks associated with anesthesia and the fact that these factors increase the risk for anesthesia related complications, it is essential that a physician direct and manage the delivery of anesthesia in the VHA.

In consideration of the of myriad risks associated with the administration and monitoring of anesthesia, and the high-risk nature of the veteran population served by the VHA, AMVETS believes that anesthesia care should remain in the hands of physician anesthesiologists, when possible, and that local chiefs retain control over the delivery of anesthesia at the facility level. AMVETS further urges that current policies related to the delivery of anesthesia within the VHA be retained and that the draft Nursing Services Handbook be revised to accommodate the existing Anesthesia Services Handbook. As in all things, the health and wellbeing of our American Veterans remains our primary concern.

Furthermore, I urge you to carefully weigh the concerns and input from the VA's own anesthesiologists prior to making any changes to the current policies related to physician-led anesthesia care teams within the VA. It is also my understanding that the physician-led anesthesia care model is practiced by the top 100 highest-rated hospitals in the United States. Do our veterans deserve any less?

Finally, this situation appears to be a case of comparing apples to oranges. The training, clinical experience and credential requirements between physicians and nurses are vastly different. A CRNA requires an average of 2 – 3 years post-baccalaureate education plus at least one year's experience in an acute care nursing setting, while an Anesthesiologist is required to successfully complete 8 years of post-baccalaureate education including a residency. With these types of disparities, and others, separating CRNAs from Anesthesiologists it would seem to be impossible to say that the two positions are in any way equivalent.

In summary, please understand that AMVETS is very well aware that no healthcare in this country would be able to take place without the skills and dedication of our nurses! Thank you for your service and dedication as well as, your attention to and careful consideration of this critically important matter.

Sincerely,

A handwritten signature in black ink that reads "Adam M. Zumatto". The signature is fluid and cursive, with the first name "Adam" and last name "Zumatto" being more prominent than the middle initial "M".

National Legislative Director
AMVETS
301-683-4016
dzumatto@amvets.org